**Juvenile idiopathic arthritis (JIA)**

Juvenile idiopathic arthritis (JIA) is inflammation (swelling) of one or more of your joints. It first occurs before your 16th birthday.

JIA is slightly more common in girls. It most commonly occurs in pre-school age children or teenagers.

There are different types of JIA and symptoms vary between the different types. Knowing which type you have helps assess the likelihood you'll grow out of JIA. Read more about the [different types of JIA](http://www.arthritisresearchuk.org/arthritis-information/conditions/juvenile-idiopathic-arthritis/different-types.aspx).

JIA may be difficult to control in some people, but most cases will be well controlled with treatment most of the time. If you have arthritis as part of another condition, it's often managed in a very similar way to JIA.

**What should I look out for?**

If you have any of these symptoms for more than a couple of weeks, you should see a doctor:

* painful, swollen or stiff joint(s)
* joint(s) that are warm to touch
* increased tiredness
* a fever that keeps returning
* a limp but no injury.

If you think that you or someone you know may have JIA, book a GP appointment as soon as possible. Tell them your symptoms and concerns. They'll consider referring you to a paediatric rheumatology consultant.

**What causes?**

We don't completely understand what causes JIA. In fact, that's what ‘idiopathic’ means. What we do know is that JIA is an autoimmune disease. Your immune system is your body’s way of defending itself against injury, illness or bacteria. Your body can defend itself by causing inflammation or swelling. But when you have JIA, your body creates inflammation in a joint or joints when it doesn’t need to. This inflammation then causes stiffness and pain. Is JIA genetic? It's very rare to have two people in the same family with JIA, but we do know that genetic factors are involved. This is to do with the genes that are passed down from your parents. JIA is thought to be due to a combination of genetic factors and trigger factors from the environment, for example the infections that your immune system has been in touch with. There’s no evidence that a specific infection causes JIA, but an infection may trigger your immune system's response that then carries on and affects your joints. –

**What effects can JIA have on my body?**

JIA can have different effects on your body, though your symptoms may vary from day to day.

**Flare-ups**

Flare-ups of JIA (where symptoms get worse) can happen after:

* infections
* periods of stress
* changes in medication.

But they can often happen for no apparent reason.

Flare-ups can:

* reduce your appetite
* reduce energy levels
* cause joint pain, swelling and stiffness.

Sometimes you'll be able to manage the symptoms with an non-steroidal anti-inflammatory drug (NSAID) such as ibuprofen for a few days or weeks. But if your symptoms are troubling you or they carry on you should contact your rheumatology team.

**Stiff joints**

Your joints may feel stiffer after resting, for example first thing in the morning.

To help with stiffness. you should do some gentle activity. Swimming can be very good, especially in a warm pool. You might need to adapt this if you're having a flare-up.

**Mood**

JIA can affect sleep patterns. You may also feel fed up as a consequence of joint pains, frustrated at not being able to do everything you want to, or due to difficulties with medication. It's very important to share these concerns with the paediatric/adolescent rheumatology team.

**Eye inflammation**

Between 10 and 20% of people with JIA will develop a potentially serious inflammatory eye condition called uveitis.

As many as half of young people who develop uveitis could develop complications, such as cateracts or glaucoma, or need eye surgery. If it's left untreated, uveitis can potentially lead to sight loss.

Uveitis can cause pain and redness in the eyes, but it can also develop without any noticeable symptoms. The type most associated with JIA, chronic anterior uveitis, doesn't cause any pain or redness.

It's important to be screened by an eye specialist (opthalmologist) so that it doesn't go undetected. They'll check your sight and then carry out an exam with a bright light. The exam is painless.

The treatment for uveitis is initially steroid drops. Drugs called methotrexate, tocilizumab and adalimumab can also be prescribed. Arthritis Research UK is funding studies which are looking at the effectiveness of these drugs in treating uveitis.

**Puberty**

JIA probably won't affect puberty, but sometimes arthritis or some medications (for example steroids) can make the changes of puberty happen later.

In girls, periods can become irregular if arthritis is very active. Some of the medications, such as methotrexate, can have the same effect.

If you're worried about how you look or about changes happening to your body, discussing this with your family, friends, your school nurse or rheumatology team can be helpful.

**Growth**

JIA probably won’t affect your growth, but sometimes having severe arthritis and/or being on steroid tablets can slow growth. If your growth is slower than normal for a time, it can often catch up later, especially when arthritis is well controlled.

If active arthritis is left untreated in a joint, the growth of that joint can be affected. It’s important to get control of the arthritis before that happens.

**Teeth**

You may have trouble with your teeth if you have difficulty brushing, but also because of effects of medications. It's important to have regular dental check-ups. You may need orthodontic advice if arthritis has affected your jaw.

You might find that an electric toothbrush is helpful. They can do some of the work for you to help make sure you clean your teeth thoroughly.

If possible, ask for sugar-free drugs. If you take medications by mouth, brushing your teeth after is a good idea.