Diagnosing Juvenile Arthritis

A guide for health professionals working with Aboriginal and Torres Strait Islander children and families



JAFA Juvenile Arthritis Foundation Australia

Acknowledgement of Country

The Juvenile Arthritis Foundation Australia (JAFA) acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Owners of the land on which we live and work. We recognise their continuing connection to land, water and community and pay our respects to Elders both past and present.

What is juvenile arthritis?

- Juvenile arthritis, correctly named **juvenile idiopathic arthritis (JIA)**, is a painful, inflammatory autoimmune disease of unknown cause, diagnosed in children under 16.
- JIA is the most common childhood rheumatic disease (CRD), making up about **80%** of CRDs.
- JIA should not be confused with growing pains or acute rheumatic fever, which can present with similar signs and symptoms.
- There is currently **no literature** on the specific prevalence of JIA in First Nations children, or to suggest that the prevalence differs from that of the broader Australian population.
- Typical JIA symptoms include **stiff** (especially morning stiffness), **swollen** and **sore joints**. Some children may also develop a rash, fever or uveitis.
- Diagnosis relies on a **detailed history** and thorough **physical examination**.



Why is it important?

JIA is painful, potentially disabling and always serious



It is one of the **MOST** common chronic childhood diseases and **THE** most common childhood rheumatic disease.

An estimated
6,000-10,000
children aged 0-16, and
30,000
Australians aged 0-24 have juvenile onset arthritis - similar numbers to diabetes in the same age group.



More than **80%** of children with JIA experience daily pain, and many have flares (acute episodes) which, in some children, require hospitalisation.

JIA can cause
permanent disability
from joint damage, and it is not uncommon for young people with JIA to need joint replacements in their teens, twenties and thirties.



Up to **20%** of children with JIA will get uveitis, which can cause loss of vision up to and including blindness.



JIA carries a high burden of **mental, social and financial impacts** for the child and family[1].

[1] Bond D, Von Huben A, Lain S, Colagiuri S, Nassar N. The IMPACT Study: Investigating the Mental, Physical, Social And Financial CosTs (IMPACT) of Juvenile Idiopathic Arthritis and Related Childhood Rheumatic Diseases. Sydney, Australia: Juvenile Arthritis Foundation Australia; 2023 Nov. Available from: https://bit.ly/3TRszAR

What can be done about it?

- **Early diagnosis is critical** to preventing or reducing life-long pain and disability.
- All forms of JIA need long-term care and close monitoring by a **paediatric rheumatologist and multidisciplinary team**, including paediatric rheumatologists, nurses, Aboriginal health workers, allied health professionals and ophthalmologists.
- All treatment aims to:
  - drive the arthritis into **early remission** before joints can be damaged
  - **prevent and control pain** while ensuring normal growth and development
- **Treatment** may include anti-inflammatories, methotrexate, corticosteroids (orally, by subcutaneous injection or joint injections), and biologics.
- **Education** for the child and family, **support** and attention to **emotional wellbeing** are also vital for good outcomes.



What can YOU do?

STIFF | SWOLLEN | SORE JOINTS

Recognise and refer

Symptom onset is gradual, persistent and consistent

STIFF

Especially morning stiffness that improves with movement

SWOLLEN

May appear red and warm to touch

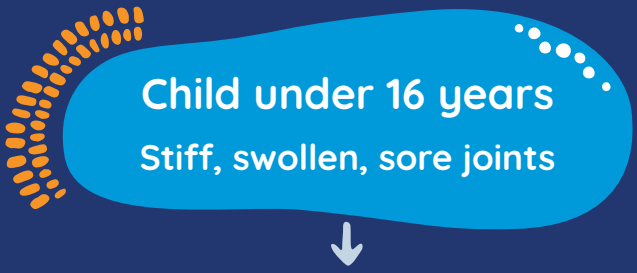
SORE

May affect one, a few, or many large and small joints

May restrict or alter movement and/or function

Scan the QR code to find out more

Diagnosing juvenile arthritis



Suspect Juvenile Idiopathic Arthritis (JIA)

What should I do?

ASK ABOUT

Morning stiffness
Joints affected
Duration

EXAMINE

Joints
Movement
Vision

INVESTIGATIONS

There is NO definitive test for diagnosing JIA
FBC, ELFT, ESR and CRP may be helpful to rule out other cause
ANA, HLAB27 may be detected in JIA but are not diagnostic
X-rays usually not helpful in the early stages of the disease
Ultrasound may be useful but is not diagnostic

CAREFUL HISTORY IS THE MOST USEFUL TEST

Contact Paediatric Rheumatologist/Service

Find a paediatric rheumatologist here:
www.jafa.org.au/hcphub/find/

About JAFA

The Juvenile Arthritis Foundation Australia (JAFA) is the only national charity dedicated exclusively to understanding and addressing the needs of the up to 30,000 young Australians aged 0-24 years with juvenile idiopathic arthritis or a related childhood rheumatic disease.

Find out more about JAFA
www.jafa.org.au

This resource was developed by the Juvenile Arthritis Foundation Australia (JAFA) to support health professionals working in First Nations communities.

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