

## Treatment Recommendations for Children with Juvenile Idiopathic Arthritis

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### DESCRIPTION

The most frequent type of arthritis in children under the age of 16 is juvenile idiopathic arthritis, formerly known as juvenile rheumatoid arthritis. Joint pain, edoema, and stiffness can all be symptoms of juvenile idiopathic arthritis. Some children may only have symptoms for a few months, while others may have them for years. Juvenile idiopathic arthritis can have major consequences, including growth issues, joint damage, and ocular inflammation. Controlling pain and inflammation, enhancing function, and preventing damage are the main goals of treatment.

### Diagnosis

Joint pain can be caused by a variety of issues, making it challenging to diagnose juvenile idiopathic arthritis. Although no one test can definitively establish a diagnosis, tests can help rule out other illnesses with similar signs and symptoms. The following are some of the most common blood tests for suspected cases:

- Erythrocyte Sedimentation Rate (ESR)
- C-reactive protein
- Antinuclear antibody
- Rheumatoid factor
- Cyclic Citrullinated Peptide (CCP)

**Imaging scans:** Other diseases, including as fractures, tumours, infection, or congenital deformities, may be ruled out via X-rays or magnetic resonance imaging. After the diagnosis, imaging may be performed to monitor bone formation and detect joint deterioration on a regular basis.

### Treatment

The goal of treatment for juvenile idiopathic arthritis is to keep your child's physical and social activity at a normal level. Doctors may utilize a combination of measures to reduce pain and swelling, retain full movement and strength, and avoid complications in order to do this. The drug used to treat juvenile

idiopathic arthritis in children are chosen to reduce the pain, improve function, and reduce the risk of joint damage. Typical drugs include the following:

- Non-Steroidal Anti-inflammatory Drugs (NSAIDs) are medications that are used to treat inflammation (NSAIDs). Ibuprofen (Advil, Motrin, and others) and naproxen sodium (Aleve) are two drugs that relieve pain and swelling. Stomach distress is a common side effect, as are renal and liver disorders.
- Disease-Modifying Antirheumatic Drugs (DMARDs) are used when NSAIDs alone fail to treat symptoms of joint pain and swelling, or if there is a substantial risk of future injury, doctors turn to these drugs. DMARDs are used to reduce the progression of juvenile idiopathic arthritis when used with NSAIDs. Methotrexate is the most widely prescribed DMARD for children (Trexall, Xatmep, others). Nausea, low blood counts, liver difficulties, and a mildly increased risk of infection are all possible side effects of methotrexate.
- Biologic agents are the Tumor Necrosis Factor (TNF) blockers including etanercept (Enbrel, Erelzi, Eticovo), adalimumab (Humira), golimumab (Simponi), and infliximab (Infliximab) are part of this emerging class of medications known as biologic response modifiers (Remicade, Inflectra, others). These drugs can aid in the reduction of systemic inflammation and the prevention of joint injury. They can be combined with DMARDs and other drugs. Abatacept (Orencia), rituximab (Rituxan, Truxima, Ruxience), anakinra (Kineret), and tocilizumab (Tocilizumab) are examples of biologic medicines that suppress the immune system in slightly different ways (Actemra). All biologics have the potential to raise infection risk.

**Therapies:** Additional exercise and safety equipment recommendations may be made by a physical therapist or an occupational therapist for the child. Splints or joint supports can help project joints and keep them in a suitable working condition.

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