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Juvenile Idiopathic Arthritis

Version of 2016

4. EVERYDAY LIFE

4.1 Can diet influence the course of the disease?

There is no evidence that diet can influence the disease. In general, the child should follow a balanced, normal diet for his/her age. Overeating should be avoided in patients taking corticosteroids, as these drugs increase appetite and food with high calories and sodium should be avoided during corticosteroid treatment, even if the child is taking a small dose.

4.2 Can climate influence the course of the disease?

There is no evidence that climate can affect the disease manifestations. However, morning stiffness may persist longer in cold damp weather.

4.3 What can exercise and physical therapy add?

The purpose of exercise and physical therapy is to enable the child to optimally participate in all daily activities of life and fulfil all desired social roles. Furthermore, exercise and physical therapy can be used to encourage active healthy living. To be able to achieve these goals, healthy joints and muscles are important. Exercise and physical therapy can be used to achieve better joint mobility, joint stability, muscle flexibility, muscle strength, coordination and endurance (stamina). These aspects of musculoskeletal health allow the child to successfully and safely engage in school activities and extra-curricular activities, such as active leisure time activities and sports. Treatment and home exercise programmes can be helpful to reach the required strength and

fitness level.

4.4 Are sports allowed?

Playing sports is an essential aspect of the everyday life of a healthy child. One of the aims of JIA therapy is to allow children to conduct a normal life as far as possible and to consider themselves not different from their peers. Therefore, the general recommendation is to allow patients to participate in sport activities and to trust that they will stop if a joint hurts, while advising sport teachers to prevent sport injuries, in particular for adolescents. Although mechanical stress is not beneficial for an inflamed joint, it is assumed that the minimal damage that could result is much smaller than the psychological damage of being excluded from playing sports with friends due to the disease. This choice is part of a more general attitude that tends to encourage the child to be autonomous and able to cope by himself with the limits imposed by the disease.

Apart from these considerations, it is better to favour sports in which mechanical stress to the joints is absent or minimal, such as swimming or riding a bike.

4.5 Can the child attend school regularly?

It is extremely important that the child attends school regularly. Limited mobility can be a problem for school attendance; it may cause difficulty walking, fatigue, pain or stiffness. It is therefore important in some cases to get the school team and peers to be aware of the child’s limitations, to provide mobility facilities, ergonomic furniture and aids for handwriting or writing (e.g laptop). Physical education and sports participation are encouraged within the limitations of mobility due to disease activity. It is important that the school team has an understanding of JIA and is also aware of the disease course and that unpredictable relapses may occur. Plans for home teaching may be needed. It is also important to explain the child’s potential needs to teachers: proper tables, regular movements during school hours to avoid articular stiffness, possible difficulty in writing. Patients should take part, whenever possible, in gym classes; in this case, the same considerations discussed above in terms of sports should be taken into account.

School for a child is what work is for an adult: a place where he/she learns how to become an autonomous person who is productive and independent. Parents and teachers must do whatever they can to encourage sick children participate in school activities in a normal way in order to have academic success, but also a develop social skills with peers and adults in order to be accepted and appreciated by friends.

4.6 Are vaccinations allowed?

If a patient is being treated with an immunosuppressive therapy (corticosteroids, methotrexate, biologic agents), vaccination with live attenuated microorganisms (such as anti-rubella, anti-measles, anti-mumps, anti-polio Sabin and BCG) must be postponed or avoided due to the potential risk of infections spreading as a result of reduced immune defences; ideally, these vaccinations should be given before starting therapies with corticosteroids, methotrexate or biologic agents.
Vaccines that do not contain living microorganisms but only infectious proteins (anti-tetanus, anti-diphtheria, anti-polio Salk, anti-hepatitis B, anti-pertussis, pneumococcus, haemophilus, meningococcus) can be administered; the only risk is vaccination failure due to the condition of immunosuppression, in such a way that the vaccine provides less protection. However, it is recommended that the vaccine schedule is followed for young children, even with less protection.

4.7 Will the child have a normal adult life?

This is one of the main goals of therapy and it can be achieved in the majority of cases. Therapy of JIA has indeed improved dramatically and, with the new drugs, it will be even better in the future. The combined use of pharmacological treatment and rehabilitation can now prevent joint damage in the majority of patients.
Close attention should also be paid to the psychological impact of the disease on the child and family. A chronic disease like JIA is a difficult challenge for the whole family and, of course, the more serious the disease, the harder it is to cope with it; child will cope less well with the disease if the parents don’t. The parents have a strong attachment towards their child and, in order to prevent the child from any possible problem, they may become overprotective.
A positive-thinking attitude of parents who support and encourage the

child to be independent as much as possible, despite the disease, will be extremely valuable; this will help the child to overcome difficulties related to the disease, to successfully cope with their peers and to develop an independent, well-balanced personality.
Psychosocial support should be offered by the paediatric rheumatology team when needed.
Families association or charities might also help families to cope with the disease.