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Rheumatic Fever And Post-streptococcal Reactive Arthritis

Version of 2016

3. EVERYDAY LIFE

3.1 How might the disease affect the child and the family's daily life?

With proper care and regular check-ups, most children with rheumatic fever lead a normal life. However, family support during flare-ups is recommended for patients with carditis and chorea.
The main concern is long-term compliance with antibiotics prevention. Primary care services must be involved and education is needed to improve compliance with treatment, especially for adolescents.

3.2 What about school?

If there is no residual heart damage detected during regular check-ups, there is no special recommendation for daily activities and routine school life; children can proceed with all activities. Parents and teachers should do whatever they can to allow the child to participate in school activities in a normal way, in order not only for the child to be successful academically but also to be accepted and appreciated by both peers and adults. During acute phases of chorea, some limitations during school tasks are expected, and families and teachers may have to cope with this for 1 to 6 months.

3.3 What about sports?

Playing sports is an essential aspect of the everyday life of any child.

One of the aims of therapy is to allow children to conduct a normal life as much as possible and to consider themselves not different from their peers. All activities can therefore be performed as tolerated. Nevertheless, restricted physical activity or bed rest may be necessary during the acute phase.

3.4 What about diet?

There is no evidence that diet can influence the disease. In general, the child should enjoy a balanced, normal diet for his/her age. A healthy, well-balanced diet with sufficient protein, calcium and vitamins is recommended for a growing child. Overeating should be avoided in patients taking corticosteroids because these drugs may increase appetite.

3.5 Can climate influence the course of the disease?

There is no evidence that climate can affect the disease manifestations.

3.6 Can the child be vaccinated?

The physician should decide which vaccines the child can receive, considering case by case. Overall, vaccinations do not appear to increase the disease activity and do not cause severe adverse events in patients. However, live-attenuated vaccines are generally avoided because of the hypothetical risk of inducing infection in patients receiving high dose immunosuppressive drugs or biologic agents. Non-live composite vaccines appear to be safe in patients, even those receiving immunosuppressive drugs, although most studies cannot fully assess rare vaccination-induced harm.
A patient on high dose immunosuppressive drugs should be advised by their physician to measure pathogen-specific antibody concentrations after vaccination.

3.7 What about sexual life, pregnancy, birth control?

There are no restrictions on sexual activity or pregnancy due to the disease. Nevertheless, all patients taking medications should be very careful about the possible effects of these drugs on a foetus. Patients

are advised to consult their physician about birth control and pregnancy.