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Familial Mediterranean Fever

Version of 2016

3. EVERYDAY LIFE

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

The child and the family may already have experienced major distress before FMF is diagnosed, with frequent medical consultations because of severe abdominal, chest or joint pain, with no apparent or obvious cause. Some children undergo unnecessary surgery due to misdiagnosis of appendicitis. After the diagnosis is made, the goal of the medical treatment should be to obtain, for both the child and the parents, an almost normal life. FMF patients need long-term regular medical treatment; compliance with colchicine may be low, particularly in adolescence; this may put the patient at risk of developing amyloidosis later in life.

A significant problem is the psychological burden of the disease and its life-long treatment. Psychosocial support and patient and parent education may be of great help.

3.2 What about school?

Frequent attacks cause major problems with school attendance; colchicine treatment will improve this.

Information about the disease at school may be useful, in particular to provide advice on what to do in the event of an attack.

3.3 What about sports?

Patients with FMF who are receiving life-long colchicine can do any

sport they wish. The only problem might be attacks of protracted joint inflammation, which may cause limitation of motion in affected joints.

3.4 What about diet?

There is no specific diet recommended.

3.5 Can climate influence the course of the disease?

No, usually not. It is however suggested that the course of FMF may be influenced by country of residence, rather than climate per se. This is an area of ongoing research, since it is unknown why this is.

3.6 Can the child be vaccinated?

Yes, the child can be vaccinated.

3.7 What about sexual life, pregnancy, birth control?

Patients with FMF might have fertility problems before colchicine treatment due to active FMF; once colchicine has been prescribed and the disease is controlled, this problem disappears. A decrease in the number of sperm caused by colchicine is very rare at the treatment doses recommended for FMF. Female patients do not have to stop taking colchicine during pregnancy or breast-feeding.