

# JUVENILE RHEUMATOID ARTHRITIS

## Symptoms or Behaviors

- Joint swelling
- Pain
- Stiffness
- Limping
- Limited movement
- Slow movement
- Fever
- Skin rash
- Swollen lymph nodes
- Eye inflammation
- Growth problems
- Weight gain
- Prolonged absences
- Emotional problems
- Increased stress
- Depression

## About the Disorder

Juvenile Rheumatoid Arthritis (JRA) is defined as a chronic condition causing joint inflammation for at least 6 weeks in a child 16 years of age or younger. In most cases it's not a lifelong disorder, and the symptoms fade after several months or years. JRA is thought to be an autoimmune disorder. This means that the body attacks its own cells and tissues. It's unknown why this happens, but both heredity and environment seem to play a role.

Inflammation causes redness, swelling, warmth, and soreness in joints, although many children with JRA do not complain of joint pain. Any joint can be affected and inflammation may limit the mobility of affected joints. One type of JRA can also affect the internal organs. Physicians classify JRA into three different types based on the number of joints involved, the symptoms and the presence or absence of certain antibodies found by a blood test. (Antibodies are special proteins made by the immune system.) These classifications help the physician determine how the disease will progress.

- **Pauciarticular JRA.** This affects four or fewer joints. Typically, it affects larger joints, such as knees. Children with pauciarticular JRA sometimes develop eye inflammation.
- **Polyarticular JRA.** This affects many joints. Small joints such as those in the hands and feet, are most commonly affected.
- **Systemic JRA.** Also known as Still's disease, systemic JRA affects many areas of the body, including joints and internal organs. In addition to joint swelling, symptoms of systemic JRA include fever and rash.

Typically, there are periods when symptoms of JRA are better or disappear (remission) and times when symptoms are worse (flare-ups). JRA is different in each child—some just have one or two flare-ups and never have symptoms again, while others experience many flare-ups or even have symptoms that never go away.

Treatment for JRA focuses on maintaining a normal level of physical and social activity. To accomplish this, a combination of strategies may be necessary to relieve pain and swelling, maintain full movement and strength, and prevent complications. To achieve these goals, physicians recommend treatments to reduce swelling, maintain full movement in the affected joints, relieve pain, and identify, treat and prevent complications. Most children with JRA need medication and physical therapy to reach these goals.



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## Educational Implications

JRA can strain a student's participation in social and after school activities and make schoolwork more difficult. Juvenile arthritis can affect the student's mobility, strength and endurance. Students may come to school with varying degrees of pain and stiffness. The nature of these diseases may cause irregular absences, because arthritis can go from symptom-free periods to flares of swelling and pain very quickly. Students may be feeling: pain and fatigue from disease symptoms, desire to be like peers, isolated, insecure, anger and depression about the restrictions imposed by the disease and embarrassment about having the disease.

## Instructional Strategies and Classroom Accommodations

- Treat the student, as much as possible, like other students.
- Develop a plan for medication administration.
- Encourage participation in physical activities, but modify activities to recommendations of the student's doctor and/or physical therapist.
- Adjust school schedule for optimal performance.
- Give extra time to change class.
- Plan stretch breaks to relieve stiffness.
- Depending on symptoms, a different chair or desk may be needed.
- Writing may be difficult when arthritis affects the student's hands.
  - Extend timed written assignments/tests or allow oral responses.
  - Use foam shells to build up pens and pencils.
  - Use computers or other electronic devices for assignments.
  - Record or copy another student's notes.
  - Give teacher's notes or overheads to the student.
  - Shorten or modify long written assignments.
- Provide extra set of textbooks, so that these books won't need to be carried home and recruit a "buddy" to help carry heavy items.
- Make arrangements for assignments to be sent home when the student misses school because of his or her condition.
- If needed, provide hot or cold packs for stiffness.
- School nurse may develop Individualized Health Plan addressing the needs of the student

## Resources

**National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)**  
National Institutes of Health  
1 AMS Circle  
Bethesda, MD 20892-3675  
877-226-4267 (free of charge)  
[www.niams.nih.gov](http://www.niams.nih.gov)

**American Juvenile Arthritis Organization**  
1330 West Peachtree Street  
Atlanta, GA 30309  
800-283-7800 (free of charge)  
[www.arthritis.org](http://www.arthritis.org)

**American Juvenile Arthritis Organization:**  
North Central Chapter  
1902 Minnehaha Ave. W.  
St. Paul, MN 55104  
(800) 333-1380

Northeast Branch (Duluth):  
(218) 727-4730

Red River Valley Area Branch  
(Thief River Falls): (218) 681-1805

**Kids on the Block, Inc**  
9385-C Gerwig Lane  
Columbia, MD 21046  
800-368-5437 (free of charge)

Publications:  
*Raising a Child With Arthritis: A Parent's Guide.* Arthritis Foundation, Atlanta GA 1998.

*Keeping A Secret: A Story About Juvenile Rheumatoid Arthritis.*  
Melas, E. M., & Hartmann, A.  
(Illustrator), Murphy-Melas, E. & Mellins, E. D., Health Press, 2001.