



# Juvenile arthritis

Web report | Last updated: 25 Aug 2020 | Topic: [Chronic musculoskeletal conditions](#) |

## Citation

AIHW

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## About

Juvenile arthritis includes several different kinds of arthritis occurring in children, causing significant pain, disability and restrictions in school and other activities. Juvenile arthritis is estimated to affect around 1 child in every 1,000 aged 0-15 and is more common in girls than boys.

Cat. no: PHE 258

- [What is juvenile arthritis?](#)
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### Findings from this report:

- Juvenile arthritis is estimated to affect around 1 child in every 1,000 aged 0-15
  - In 2017-18, there were 1,445 hospitalisations for juvenile arthritis in children aged 0-15
  - In 2017-18, the hospitalisation rate for juvenile arthritis in girls was 1.9 times that of boys
  - From 2008-09 to 2017-18 juvenile arthritis hospitalisations increased from 21 to 29 per 100,000 children aged 0-15 years
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## What is juvenile arthritis?

Juvenile arthritis (also known as juvenile idiopathic arthritis) is a general term used to describe inflammatory arthritis in children that begins before their 16th birthday and lasts at least 6 weeks.

Children with juvenile arthritis are mostly affected in just one or a few joints. Typically, joints involving long bones (such as the knees, elbows, wrists and ankles) are affected. Some children are also affected in areas other than joints such as the eyes, skin or other body tissues.

If not properly treated, juvenile arthritis can affect a child's growth and development, causing joint damage, growth abnormalities and permanent disability.

### Signs and symptoms

The impact of juvenile arthritis varies from child to child, and even from day to day in the same child. Joint stiffness and pain may be mild one day but so severe the next day that the child has difficulty moving or is unable to move at all. Typically, juvenile arthritis has an unpredictable pattern of activity, where periods without symptoms are followed by a sudden reappearance of signs and symptoms known as 'flare-ups'.

### How many children have juvenile arthritis?

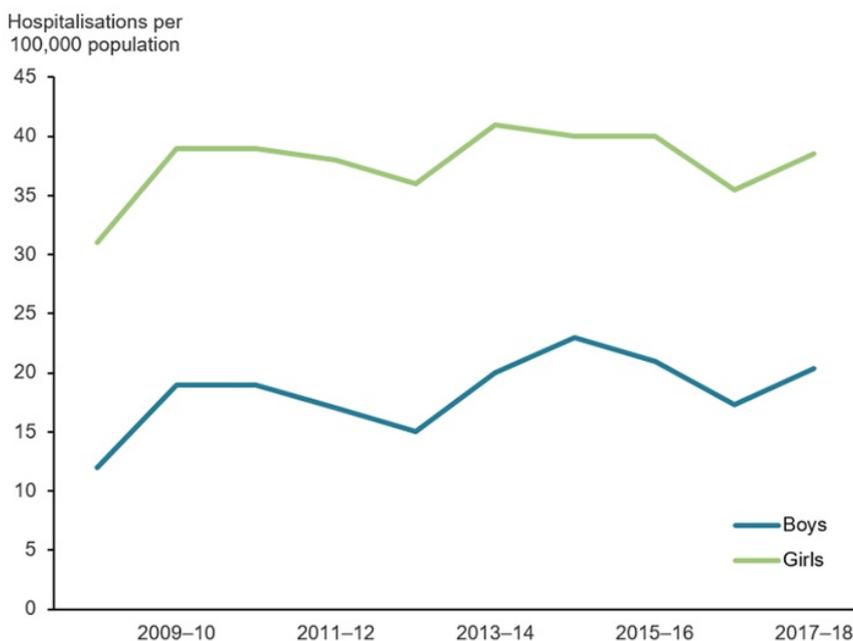
Based on self-reported data from the Australian Bureau of Statistics (ABS) 2017-18 [National Health Survey \(NHS\)](#), juvenile arthritis is estimated to affect around 1 child in every 1,000 aged 0-14 (ABS 2018). However, the number of cases of juvenile arthritis is difficult to estimate because it is an uncommon condition and this estimate has a wide margin of error.

### Treatment and management of juvenile arthritis

Based on the AIHW [National Hospital Morbidity Database \(NHMD\)](#), in 2017-18, there were 15,815 hospitalisations for children aged 0-15 with the principal diagnosis of musculoskeletal conditions. Juvenile arthritis accounted for 9.1% of these hospitalisations (with a total of 1,445 hospitalisations).

Juvenile arthritis is more common in girls than boys. In 2017-18, the hospitalisation rate for girls (39 per 100,000 population) was 1.9 times that of boys (20 per 100,000 population) (Figure 1). From 2008-09 to 2017-18 hospitalisation rates for juvenile arthritis increased from 21 to 29 per 100,000 children aged 0-15 years.

**Figure 1: Rate of hospitalisation for juvenile arthritis, children aged 0-15, by sex, 2008-09 to 2017-18**



Source: AIHW National Hospital Morbidity Database ([Data table](#)).

### Treatment options for juvenile arthritis in hospital

**Splints:** Medical devices can be used to restrict movement in the arm, leg or spine. Splints may be worn to protect damaged joints and to minimise further damage.

**Pain management:** Aside from taking medications, there are other strategies that can be used to manage pain during procedures and everyday life. These may include relaxation, deep breathing, distraction from pain, and education regarding strategies for dealing with and thinking about pain.

**Joint injections:** Medications can be injected directly into the joint. These medications are usually corticosteroids, which are anti-inflammatory drugs that slow down the accumulation of cells that cause inflammation.

**Joint aspiration:** This procedure collects fluid from the joint to determine if there is infection. Alternatively, it can be used to drain a swollen joint to relieve pain and improve mobility.

**Joint replacement:** This procedure replaces damaged joint structures with artificial components.

## Medication

Medicines recommended to manage the pain and inflammation associated with juvenile arthritis are paracetamol, codeine, and non-steroidal anti-inflammatory drugs (NSAIDs) (Arthritis Foundation 2019). Disease-modifying anti-rheumatic drugs (DMARDs) and biologic disease-modifying anti-rheumatic drugs (bDMARDs) are specialised immunosuppressant medications that alter disease progression (Arthritis Foundation 2019).

## Quality of life

Children with juvenile arthritis and their families can be severely affected by the treatment and limitations resulting from juvenile arthritis. Children with severe juvenile arthritis can have a lower health-related quality of life, with the disability and pain affecting their physical and social wellbeing (Lundberg et al. 2012). These children may also exhibit emotional difficulties and a delay of psychological development leading to low self-esteem, a distorted self-image, and more anxiety and depression than their peers (Bomba et al. 2013). Older children may experience several activity limitations at school, ranging from complete inability to attend school or inability to participate in school activities (such as difficulty in sitting, writing, participating in sports etc.) (Arthritis Care 2011; Bouaddi et al. 2013).

In some cases, caring for a child with juvenile arthritis may place considerable demands on parents and carers. They may experience financial hardship and psychological distress compared with parents with children without the condition (April et al. 2012).

## References

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## Data

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[Data tables: Juvenile arthritis 2020](#)

Data

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