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> JUVENILE IDIOPATHIC ARTHRITIS

Arthritis attacks children too



ILLUSTRATION: BAILEY HOBBS

For youngster Bailey Hobbs, arthritis is a “big red monster.” Bailey is among one in 1,000 Canadian children who lives with Juvenile Idiopathic Arthritis.

BY TAMMY LABER

Contrary to popular belief, arthritis is not just an older person's disease. Some forms can affect children still in diapers. Bailey Hobbs was diagnosed with a form of childhood arthritis when she was only one year old.

“When she was learning to walk, we noticed she wouldn't put any weight on one leg. At first our doctor in Owen Sound thought she had twisted her knee somehow, but it didn't get better,” explains Bailey's mother, Tracey Hobbs. “Eventually we were sent to the Hospital for Sick Children where they realized it was arthritis.”

Bailey is among one in approximately 1,000 Canadian children living with this disease – one of the most common chronic childhood disorders.

While its exact cause is unknown, Childhood or Juvenile Idiopathic Arthritis (JIA) occurs in children under age 16. It affects boys and girls, doesn't usually run in families and cannot be passed from one person to another. “I was shocked,” Mrs. Hobbs said. “There is no arthritis in my family.”

With childhood arthritis, the

body's immune system stops working properly and attacks healthy tissues. As in Bailey's case, JIA is typically diagnosed when a child suffers prolonged joint pain, stiffness and swelling (inflammation) that has not been caused by an injury or other illness.

Not only is this inflammation painful, when it is severe, it can actually slow the child's growth.

While a child's growth usually returns to normal once the arthritis has improved, there can be changes in the growth of affected joints. For example, knee inflammation may cause one leg to grow slightly faster than the other. Jaw inflammation may result in a small chin. Inflammation can even affect the eyes.

Such serious potential complications make early diagnosis and treatment of JIA crucial. “We wish we had found out what was wrong earlier,” Mrs. Hobbs says. “Bailey is now seven and she has one leg that is three centimetres longer than the other.”

There is no cure yet for JIA. Still, there are medications that, taken regularly, can reduce the inflammation, which helps make exercise programs more effective and minimizes permanent joint damage. The medication

prescribed depends on the severity and type of the child's arthritis.

“Bailey is on very aggressive drug therapy. Before she was just on anti-inflammatories, but her arthritis has spread from being just in one knee to both knees, both ankles and four of her fingers,” Mrs. Hobbs said. “Now she is on a drug normally used for chemotherapy, to shut down her immune system and thereby reduce the arthritis. We are trying to keep her fingers working so she will be able to hold a pen and use a keyboard.”

Arthritis in children can sometimes last for as few as three to 12 months and then disappear forever. Most children, however, have an up-and-down course of “flares” and states of remission that lasts years.

While flares may be triggered by infections such as a common flu, usually, the cause is not identified. Fortunately, for most children, flares become less severe and frequent with time. But there are no guarantees.

Bailey calls arthritis her “big red monster,” a metaphor she captured in an illustration she drew for The Arthritis Society. Unfortunately, she may have to cope with this “monster” for a lifetime. ■