This booklet provides information and answers to your questions about living with this condition.
If you’re a young person with arthritis (aged 13–20), then this booklet is for you. Inside we’ll give you basic information about juvenile idiopathic arthritis (JIA) and what to expect from the condition and its treatments. We’ll also offer advice on the important issues when growing up with arthritis and direct you to other sources of help, including other organisations and useful websites and booklets.

At the back of this booklet you’ll find a brief glossary of medical words – we’ve underlined these when they’re first used in the booklet.
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About this booklet

If you’re a young person with arthritis (aged 13–20), then this booklet is for you. The content has been driven by recent research involving young people with arthritis, like you, and what they said they wanted to know. It was written by a group of people, including doctors, physiotherapists, occupational therapists and nurses, who regularly look after young people with arthritis. If we’ve left anything out or if you have any comments about the booklet please get in touch so we can continue to improve the information we provide for young people like you (see Where can I find out more? section of this booklet).

The booklet is divided into three parts:

- **Part One** explains what arthritis means for young people, including the main types and treatments.
- **Part Two** discusses how arthritis can affect the way you grow up.
- **Part Three** offers practical advice and details of other sources of information if you’re looking for help with benefits, learning and training, work or driving.

Throughout the booklet you’ll hear about the real life experiences of three young people with arthritis: Mandy* (aged 14), Louise (aged 23) and Nicholas (aged 17). We hope you find their stories encouraging. (*all names have been changed).

Even if you’re over 16, doctors will still use the term JIA because it’s different from adult arthritis.

Part One: About juvenile idiopathic arthritis (JIA)

This section explains what JIA means as an illness affecting young people. It describes the main symptoms, the main types of JIA and the different treatments.

What is juvenile idiopathic arthritis (JIA)?

JIA is the short name for juvenile idiopathic arthritis. But what does the name mean?

- **Juvenile** means that the arthritis began before you were 16 years old.
- **Idiopathic** means that the cause is unknown.
- **Arthritis** means that one or more of your joints are inflamed (i.e. they’re swollen, painful and stiff, and you may not be able to move them as far as normal).
The term JIA is relatively new and so you may hear older terms used, such as juvenile chronic arthritis (JCA) and juvenile rheumatoid arthritis (JRA). These mean exactly the same thing. The new term is now used by doctors worldwide to describe the different forms of arthritis in young people.

What causes JIA?
To be honest, we don’t know the exact cause of JIA. There’s no clear evidence that it’s inherited (runs in families), but we do know that a young person’s genetic make-up (the genes inherited from parents) is a factor. There’s also no evidence that an infection causes JIA. Sometimes children and young people may have had a sore throat or other infection just before they developed JIA, but so far no link has been proven.

We think that JIA is due to a combination of genetic factors and trigger factors from the environment, for example an infection that hasn’t yet been identified.

Are all joint pains due to JIA?
No, not all joint pains are due to arthritis and not all forms of arthritis are JIA. Joint pains in young people are common and in most cases don’t last long and cause no long-term problems. In fact, it’s really uncommon for arthritis to be the cause of joint pain in children and young people.

How is JIA diagnosed?
There’s no test for JIA. Your doctor will ask questions and examine you, and this will help to rule out other types of illness that can cause joint pain. You may have a number of tests, including some of those listed below.

What tests are there?
Let’s have a closer look at some of the tests you might need:

**Blood tests** – are often used to make a diagnosis. These can look for the following:

- **Haemoglobin** – a test for the red blood pigment haemoglobin. A lack of this is called anaemia. When there’s a lot of inflammation, young people can become anaemic, causing them to feel tired.
• **Erythrocyte sedimentation rate (ESR)** – this is one type of test for inflammation but it’s not specific for arthritis (i.e. the level can be raised in other situations such as a bad throat infection). Similarly, **C-reactive protein (CRP)** is another test for inflammation but isn’t specific to arthritis.

• **Autoantibodies** – these are proteins in the blood that are present with types of arthritis but can also be found in some healthy people. Other antibodies checked for include:
  - **rheumatoid factor**, which may be found in a few teenagers with polyarthritis (arthritis in many joints)
  - **anti-nuclear antibodies (ANA)**, which may indicate the possibility of **uveitis** (inflammation of the eye).

**X-rays** – x-rays of the affected joints are usually needed to allow the doctor to look at any joint damage that you may have. **Ultrasound** and **magnetic resonance imaging (MRI)** scans – ultrasound scans (similar to scans of babies in pregnant women) and MRI scans are other ways to look at your joints.

**Aspiration of a joint** – this is where the fluid from a swollen joint is removed to be tested in a lab, to check for possible infection.

**Other tests** – sometimes you may need to have other tests such as a chest x-ray or a heart scan (called an echocardiogram) that look for inflammation of the covering of the heart (pericarditis), which can occur in the systemic-onset type of JIA (see What are the different types of JIA? section of this booklet).

**Mandy (aged 14)**

‘My arthritis started when I was 8 and it affected my knees. I remember them being really swollen and feeling very heavy, but they didn’t hurt much. I didn’t feel I was ill but I knew my mum and dad were really worried about me. I went to the hospital and saw the doctor, who told me and my mum that I had arthritis.’

**What are the different types of JIA?**

There are several different types of JIA, some of which are milder than others. You’ll need to know which type you have because this will help your doctor to plan your treatment and give you advice. Let’s have a look at the different types of JIA:

**Oligoarthritis**

This is the most common form of JIA. But what does the name mean?

**Oligo** = few.

So this form of JIA is where only a few joints (less than 5) are swollen.

**Who gets it?**

Oligoarthritis most commonly develops in under-5s, and girls are affected more than boys in this age group. In older children (for example age 8 and above), this type of arthritis is more likely to affect boys.
Key information
What you should know about oligoarthritis:

- Oligoarthritis affects about two-thirds of children and young people with arthritis and most commonly affects one or both knees.
- This form of arthritis is often mild and is the most likely to go away and leave little or no damage to your joints.
- This type of arthritis has the highest chance of you developing chronic anterior uveitis (inflammation of the eye), so you’ll need regular eye checks with an ophthalmologist (eye specialist). This eye inflammation doesn’t cause a red or painful eye but still can cause reduced vision if it isn’t treated. This is why regular checks are important.

Polyarthritis JIA
This is the next most common type of JIA. But what does the name mean?

Poly = many.

So polyarthritis is where many joints are swollen.
Who gets it?
Polyarthritis can begin at any age. When it occurs in the teenage years, particularly in girls, it may be very similar to adult-type rheumatoid arthritis. Early treatment to slow the disease and prevent long-term damage is important.

Key information
What you should know about polyarthritis:
- This type of JIA tends to cause painful swelling in the fingers, toes, wrists, ankles, hips, knees, neck and jaw.
- It may come on suddenly or can steadily involve more joints over a period of months.
- You may feel unwell and tired and occasionally develop a slight fever.
- The symptoms may grumble on into adult life but it can go into a state where all the symptoms disappear. This is called remission.
- A blood test will show whether a marker called rheumatoid factor is present in your blood.

Extended oligoarthritis
Key information
What you should know about extended oligoarthritis:
- With this form of JIA, you have oligoarthritis in the first 6 months and then develop problems with many joints (5 or more) after that.
- This type of JIA can cause damage to your joints and your doctor may suggest early treatment with drugs like methotrexate to keep this damage to a minimum (see What treatments are there for JIA? section of this booklet).

Enthesitis-related JIA
This form of JIA affects the places where tendons attach to the bone (these places are called entheses), causing inflammation. It often affects the joints of the leg and spine.

Who gets it?
Enthesitis-related JIA usually affects boys more than girls. It often starts in the early teenage years.

Key information
What you should know about enthesitis-related JIA:
- In contrast to the uveitis seen with the other types of JIA, this type of JIA is associated with a red painful eye – acute uveitis.
- You may develop stiffness in the neck and lower back in your teens or as a young adult.
- There may be a family history of ankylosing spondylitis or inflammatory bowel disease because of a particular genetic marker called HLA-B27.
Psoriasis is a scaly skin rash, and with this you can also get joint pain known as psoriatic arthritis.

Who gets it?
This type of JIA usually develops at around 8–9 years old and is more common in girls.

Key information
What you should know about psoriatic arthritis:
- This arthritis usually affects the fingers and toes, but it may affect other joints too.
- Uveitis is also fairly common but it’s the painless type that doesn’t look red.
- The joints may be affected before the skin rash appears – your doctor may look closely at your fingernails and toenails for early signs of psoriasis and may ask if anyone in your family has the condition.

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Systemic-onset JIA
This is the rarest type of JIA.

Who gets it?
It can affect children and young people at any age, with boys affected as much as girls.

Key information
What you should know about systemic-onset JIA:
- In this form of arthritis, joint pain is part of a general illness involving fever, tiredness, rash, loss of appetite and weight loss.
- You may have enlarged glands in your neck, under your arms and around your groin area. Your doctor may find your spleen and liver are enlarged, and, very occasionally, the covering of the heart is inflamed.
- In the first few weeks there may be no sign of swollen joints, and the diagnosis may be uncertain. Lots of tests may be needed to confirm the diagnosis and this can be a worrying time.
- The long-term development of this form of JIA can be difficult to predict but usually the fever and rash will settle, although the arthritis may sometimes grumble on for several years before settling.

Undifferentiated arthritis
Sometimes young people don’t fit neatly into the above groups and the condition is defined as undifferentiated arthritis. It may not seem a very useful category, but it’s one that doctors sometimes have to use.
Louise (aged 23)

‘Between the ages of 6 and 12 my arthritis was a painful nuisance. For example, by the end of games lessons my ankles and knees hurt, and when teachers were picking girls to do the can-can in the class they didn’t pick me. Certainly arthritis marked me out as different, something I resented strongly, because to me arthritis was an irritation and not a central part of my life.’

Eye inflammation

Uveitis is inflammation of the eye and this can happen with JIA. The younger you are, the more at risk you are. If it does develop and persists it can cause blurred vision or even loss of vision. The most common type of uveitis with JIA is chronic anterior uveitis, which doesn’t cause pain or a red eye and may only be picked up by frequent checks by an ophthalmologist. It’s really important that you tell your doctor or rheumatology nurse about any changes you notice in your eyes.

What effects can JIA have on my body?

Sometimes having arthritis can cause problems with everyday activities and can have an effect on your general health.

Varying symptoms

The symptoms of your arthritis can vary from day to day, depending on if the arthritis is:

- **active** – joints are inflamed, warm to the touch, swollen and painful
- **inactive** – joints no longer feel warm or swollen, although they might still be painful and stiff.

Flare-ups (where the arthritis gets worse) can happen after viral infections, stress, changes in medication or sometimes for no apparent reason. Flare-ups can reduce your appetite, may cause anaemia, and make you feel ‘run down’ and tired.
**Effect on puberty**

Adolescence is a time of change in many ways. Some of the biggest changes are those that are happening to your body. Puberty can be a worrying time for many young people, but it’s important to remember that for most young people with JIA, the condition won’t affect puberty.

Sometimes, though, having arthritis and being on some medications (e.g. steroids) can make the changes of puberty happen later. In girls, periods can become irregular if the arthritis is very active. Some of the medications, such as methotrexate, can have the same effect.

If you’re worried about how you look or about any changes happening to your body try talking it over with your family, friends, school nurse or rheumatology team.

**Growth problems**

You may be worrying that you aren’t as tall as your friends or about how tall you’ll be as an adult. For most people arthritis won’t affect how you grow, but sometimes having severe arthritis and/or being on steroid tablets can slow your growth. If active arthritis is left untreated in a joint, the growth of that particular joint can be affected so it’s important to get control of the arthritis before that happens. Remember, though, that if your growth is slower than normal it can often catch up later, and especially when your arthritis is well controlled.

**Dental care**

Regular dental check-ups are especially important if you have JIA, as young people with the condition tend to have more trouble with their teeth – partly because of difficulty with brushing. If your arthritis has affected your jaw you may need orthodontic advice.

**What treatments are there for JIA?**

The aim of your treatment is to:

- control the symptoms of arthritis (pain, stiffness and swelling)
- let you lead an active life at school or college
- enable you to enjoy an active family and social life
- help you become an independent adult.

It’s important to do all of these things but at the same time try to reduce any side-effects caused by the medicines.

There’s a great deal of research into the treatment of arthritis and several new medicines are being developed. Let’s look at the main types of treatment and the areas in which you can help yourself:

**Medicines**

Medicines can’t cure arthritis, but they can control the symptoms and help to reduce the possibility of joint damage. An increasing number of medicines are now available.
Painkillers (analgesics):
• These drugs help to control the pain of arthritis.
• Common painkillers include paracetamol, codeine or combinations e.g. co-codamol.
• They have to be taken regularly for maximum effect, which lasts hours not days.
• Side-effects include constipation, drowsiness and feeling a bit spaced-out.

Non-steroidal anti-inflammatory drugs (NSAIDs):
• These often help to reduce pain, stiffness and swelling.
• Examples of the many NSAIDs include ibuprofen, piroxicam, naproxen and diclofenac.
• These have to be taken regularly to get maximum effect, which lasts hours not days.
• Side-effects include indigestion and other stomach problems. The risk of this happening can be reduced by always taking them with food. You should tell your doctor or rheumatology nurse if you develop any stomach pains or cramps.

Nicholas (aged 17)
‘I’ve had arthritis since I was 12. It started in my feet and I was really shocked when I was told I had arthritis. I had to have steroid injections into my knees and ankles. It was really hard telling my mates why I was missing school – I’m sure they thought I was skiving when I had to go to the physiotherapist or the clinic for blood tests or to see the doctor.’
Disease-modifying anti-rheumatic drugs (DMARDs):

- These drugs dampen down inflammation and can reduce the joint damage caused by arthritis.
- Methotrexate is the most commonly used DMARD in JIA. It can be given as a weekly dose by mouth or injection.
- Side-effects of methotrexate are rare, but you’ll need regular blood tests to check for them. The most common side-effect is a feeling of sickness for 24–48 hours afterwards. This can be controlled with the use of folic acid and/or anti-sickness medication.
- These drugs are slow to become effective and you may not notice any benefit for several months.

Biological therapies:

Biological therapies is a name given to some newer drugs that have been available for about 10 years. Just like DMARDs, they slow down the progress of arthritis and reduce pain, swelling and stiffness. Like DMARDs they work by suppressing the immune system, and they’re called biological therapies because they were developed from research into the biology of arthritis. For example, it was found that a particular substance in the body, called TNF or tumour necrosis factor, is very important in causing JIA and other forms of arthritis, so doctors developed anti-TNF drugs to treat these forms of arthritis.

- The main biological therapy used for JIA is etanercept. These drugs are used if you don’t respond to DMARDs such as methotrexate. They work by blocking the process of inflammation and are given as injections or via a drip.
- Other biological therapies, such as infliximab and adalimumab (which are both anti-TNF drugs too), are now becoming more available for children and young people with JIA.

Nicholas (aged 17)

‘I’ve been taking methotrexate since I was 13. I know it has helped my arthritis, but I hated it because I knew I couldn’t drink [alcohol] with it – what was I supposed to do when my friends were going out for a laugh at the weekend? I just wanted to be like them and have a few drinks, so I stopped taking the tablets. I got scared though because my arthritis got worse.

Then when it started again, I was still drinking and used to lie to the doctor and say I didn’t drink [alcohol] at all. I didn’t like lying, but I was scared she’d stop the methotrexate and then my arthritis would get worse again.’

‘Then one night at the pub I met David, who’s 28 and has arthritis. He has new hips and knees. He drives a car and has a job. His arthritis is much worse than mine, but he was a laugh. He’s on methotrexate too, and he told me I could drink alcohol ‘a bit’. He told me to check with the nurse at the clinic. I talked with her a lot and I now understand more about my arthritis and that methotrexate is helping me to feel better.’
Corticosteroids:
Often known simply as steroids, these drugs control inflammation, pain and stiffness. They can be given as tablets (these are usually prednisolone), by injection into a joint (an intra-articular injection) or by a drip into a vein (intravenous methylprednisolone).

A common treatment for young people is a steroid injection into the affected joint.

- Injections are very effective for many months, are very well tolerated and cause very few side-effects. If lots of joints are injected at the same time, occasionally stretch marks can occur and acne gets worse.

- In younger children intra-articular injections will be done under general anaesthetic, but as you get older these may be done under sedation, with gas and air (entonox) or awake with a local anaesthetic. This helps prepare you for adult clinics where joint injections are always given with a local anaesthetic when you’re awake.

Steroid tablets are used less for young people than steroid injections.

- Side-effects with large doses and longer courses (over weeks and months) can include worsening acne, stretch marks, weight gain, slowing of growth, high blood pressure, easy bruising and osteoporosis. Steroids can also increase the risk of infection.

- Short courses (for a few days or up to a week) or low doses tend to have few or no side-effects. Your doctor will try and limit side-effects by putting you on a low dose or short course, and if you’re still growing you may be advised to take these drugs every other morning so that your growth isn’t affected.

- Your doctor will give you a steroid card which tells people you’re on steroids. Always carry this with you.

- Steroids should never be stopped suddenly (except if you’ve only been on them for under 2 weeks) as you can become very ill.

Eye drops:
These will be used if you have eye inflammation. They’re used to reduce the inflammation, prevent the swollen iris from sticking to the lens and to reduce pressure inside the eye. Some of the medicines used for the arthritis, such as methotrexate and the biological therapies, can be used to treat eye inflammation if the eye drops alone aren’t enough.

Key points about your drug treatments
The risk of chickenpox – Chickenpox can be more severe if you’re taking
corticosteroids, methotrexate or biological therapies. If you haven’t had chickenpox (or aren’t sure) then tell your doctor or rheumatology nurse. They’ll give you advice on what to do if you get chickenpox or have been around someone with the condition. You may be able to have a vaccine.

**Avoid certain vaccines** – You mustn’t have certain vaccines (‘live’ vaccines) if you’re taking methotrexate or biological therapies. These include vaccines against rubella (German measles) and BCG for tuberculosis (TB). However, most other vaccines are well tolerated and effective and it’s a good idea to have them. Check with your nurse or doctor. It’s always important to check which vaccines you’ll need if you’re travelling abroad, so think about this if you’re planning to take a gap year or go on holiday.

**Avoid drinking alcohol** – Alcohol makes your liver more sensitive to the effect of methotrexate, which increases the risk of liver damage. You may be advised not to drink alcohol at all, but in truth many young people do drink some alcohol without apparent side-effects with their liver. It’s important to discuss what safe limits are with your doctor as this will vary with your age and size. For example, in older teenagers a sensible compromise is a maximum of 5 units a week. A unit is half a pint of ordinary strength lager, cider or beer, or a single measure (25 ml) of spirits.
Use reliable contraception – If you’re taking drugs like methotrexate and are sexually active, it’s important that you use effective contraception. This drug can damage sperm in a man and eggs in a woman and may cause serious harm to a developing baby.

If you want to have a baby or become a father in the future then methotrexate must be stopped at least 3 months beforehand. Discuss this with your doctor or nurse. If you do have unprotected sex then you should seek advice urgently from your nurse, GP or local sexual health clinic.

As with all young people, using condoms is important to prevent sexually transmitted infections (STIs) even when using hormonal contraception.

Tips for taking your medicines

Nobody likes taking medicines, but sometimes they’re necessary. Lots of people, young and old, find it difficult to remember to take them. Here are some handy hints to try and help.

You can help yourself to remember by:

- keeping track with a chart on your bedroom wall or a calendar
- asking someone to help you remember
- having a ‘Don’t forget’ sticker on the mirror to remind you
- set a reminder on your mobile or computer.

To make sure you take them on time:

- take them around a daily activity like brushing your teeth or with meals
- set your watch or phone to remind you.

Avoid missing doses by:

- planning ahead – make sure you have a drink close by so you can take tablets
- having a bottle or pill box you take when you go out (and don’t forget to fill it up).

Don’t forget to order your repeat prescriptions at your GP surgery!
If you’re having problems with your medicines or are worried about their side-effects, discuss it with your doctor or rheumatology nurse. They may be able to reassure you, offer a solution or even an alternative.

**Does it matter if I miss a dose of my medicines?**

It depends on what medicine you miss:

- **NSAIDs and analgesics** – missing the odd dose will make little difference but you may feel a little more stiff and sore.
- **DMARDs** – missing the occasional dose will make little difference. But after several missed doses, you risk a serious flare-up in your arthritis.
- **Steroids** – these should never be missed as you can become ill very quickly. If you do forget to take a tablet or if you’re sick (vomit) within an hour of taking your regular dose, then repeat the dose as soon as you remember. If you forget to take steroids over several days you may feel dizzy and have headaches and/or abdominal pain, and you must tell your doctor immediately. Carry your steroid card with you at all times – this will help remind you and, importantly, others if you’re too unwell to tell someone else.

**Physiotherapy and occupational therapy**

Physiotherapy and occupational therapy can help your arthritis, relieve pain, improve your ability to get on with life, and provide exercises to stretch soft tissues, build up muscles and improve your heart and lung fitness.

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**Mandy (aged 14)**

‘I had to take some medicine every day and then go into hospital for a few weeks to have an anaesthetic and have my knees drained and some steroid medicine put inside them. It didn’t hurt a bit and I didn’t have to stay in hospital. After that I had loads of exercises to do, which were a bit boring to do at home but my physiotherapist was fun and we had a laugh. She explained why I had to wear splints on my knees at night.’

Your therapists (physiotherapist and occupational therapist) will assess you and develop a programme for your individual needs so that you’re able to do the activities you want and need to do in your daily life. They may give you exercises and coping strategies and sometimes they may provide equipment to make daily activities easier.
Let’s have a look at some of the things your therapist can help you with:

**Pain relief**

In addition to taking your painkilling medicine, there are various ways to relieve pain, such as hot and cold pads, TENS, acupuncture, massage, hydrotherapy and relaxation. Your physiotherapist will be able to advise you on these. If you’re in pain you can try distraction techniques like doing a fun activity or having a laugh with friends. If your sleep is affected because of pain, it’s good to have a regular routine and some method of pain relief before bed.

**Exercise**

As a general rule you should try to exercise every day. Physiotherapists will help you with this by giving you an exercise plan to follow that suits your needs.

Your exercise plan will aim to make your muscles stronger and more flexible, which may help prevent damage to your joints and improve your movement. If you have a flare-up or a specific joint problem your physiotherapist will help you to improve or regain your strength.

You shouldn’t use free weights without getting advice from your physiotherapist first. Instead, use equipment such as a multigym where the weights are controlled.

**Posture**

A good upright posture is important to keep your body working efficiently. This means keeping the muscles strong enough to keep the back straight, with the shoulders relaxed but held back and the head up. This is particularly important when you’re sitting using a computer. Your therapists can give you tips to improve your posture and exercises to strengthen the core of your body (the muscles of your stomach and back).

**Splints and insoles**

The use of splints to rest or protect a joint may be needed, for example the wrist joints are often a problem as your written and computer work at school increases. Physiotherapists, occupational therapists and orthotists will be able to provide you with these. Splints will help stabilise your joints and give support to allow you to keep going for longer periods.
A podiatrist will be able to provide you with insoles. Insoles will give added support to your feet and ankles and can often help to relieve pain in your knees and hips.

**Protecting your joints**

It’s important to be aware of joint protection even if your arthritis is well controlled. The muscles and soft tissues which hold your joints in place can be put under strain as you use them. Use supports for the joints if necessary and ensure that your muscles are as strong as possible. Your therapists will give you advice about the best ways to protect your joints when out and about or doing certain tasks.

**Body beautiful!**

Stiffness and pain in your joints or having weak muscles may mean you have difficulty in reaching some parts of your body. Your therapists can provide equipment to help with your daily routine of washing and getting ready. For example, a hairbrush can be adapted by adding longer handles or larger grips. Another handy tip is to wrap elastic bands around the handles of make-up pencils.
or toothbrushes to make them thicker. An occupational therapist can give advice and provide equipment to help you be independent – for example, an aid to get in and out of the bath, if necessary.

**Mobility**
Most young people with JIA have normal mobility. However, you may need to allow extra time to get from place to place, especially if you have to use stairs. Crutches may be needed to help with walking, or if you find walking distances becomes a problem then a wheelchair may be used. Your therapy team will advise you on what mobility aids you may need and give you tips for getting about.

To ensure you get the right wheelchair for your needs an assessment will be necessary. Remember that a wheelchair is an aid to your mobility, not a replacement for it.

**How can I help myself?**
The first thing you can do to help yourself is to find out as much as you can about your condition so that you know what to expect and how it could affect you in the future. Booklets like this and talking to your rheumatology team will all help.

Another really important thing you can do to help yourself is to improve your general health. You can do this by eating healthily, getting lots of exercise, getting enough sleep, not smoking and avoiding illegal drugs and too much alcohol.

**Exercise**
As mentioned earlier, you should work your muscles and joints every day to maintain flexibility and improve strength and stamina. Exercise is important for general fitness, protecting against osteoporosis and helping you to relax.

Your general fitness will be helped by regular exercise. Weight-bearing exercise (such as walking) will help prevent osteoporosis and keep you fit. Other weight-bearing exercises such as running, dancing or team sports like netball and basketball should also be suitable. Ask for advice on this if you aren’t sure.

Try to set aside 15–20 minutes each day to work out. This doesn’t need to be too energetic but you should check that each joint in your neck, spine, arms and legs moves fully. As your arthritis becomes controlled and your general fitness improves you can make the exercises a bit harder.

**Exercise is important for general fitness and it can help you to relax.**
Diet
Your diet is very important when you’re growing up as it keeps you healthy and makes your bones strong. It’s important to take steps when you’re young to help prevent osteoporosis in the future. Eating plenty of dairy products (for example milk, cheese and yoghurt) will help. Generally speaking, you should aim for a well-balanced diet with plenty of fruit and vegetables and a high fibre content, avoiding too much fat.

Will I need surgery?
Some young people with severe arthritis will benefit from surgery when other treatments haven’t helped. However, such procedures are now much rarer due to the more effective drug therapies available.

A soft tissue release can be helpful when muscles or tendons have become too tight around a joint. This is most often done for hip problems.

A joint replacement may be necessary when a joint becomes very painful and deformed after many years of arthritis. Joint replacements are usually considered only after you’ve stopped growing. Joint replacement surgery is very uncommon in teenagers and young adults.

A synovectomy, where the lining of a joint (synovium) is removed, can be useful if you have one badly inflamed joint and local steroid injections haven’t worked well enough.

Louise (aged 23)
‘When I was 15 my arthritis started to take over. Gradually my mobility got worse. My hips and knees needed replacing. I look back on those years and feel sadness because it was a tough and painful time. I was actually given the choice of extensive surgery or an electric wheelchair. Thankfully, with the support of my family, I chose the first option.

‘Thankfully for me, my parents were happy to support me while I went back to college. I then continued on to university where I did a degree in communication. I firmly believe that it doesn’t matter that I qualified later than my peers. It certainly hasn’t affected my career prospects.’
What is the outlook?

In most cases, childhood arthritis has a good outcome. You should look forward to a future that’s no different from those of your friends and classmates.

In at least 30% of cases, however, arthritis can remain active into adult life. Some young adults with JIA have joint damage that limits their daily activities to some extent and a few may need joint replacements. Other problems can sometimes occur. Some people are physically smaller than average or have osteoporosis as a result of their arthritis and/or treatment with steroids.

A successful outcome in JIA requires many things, including:

• a positive approach
• an experienced team working alongside your GP
• a caring, helpful environment with support from family, friends and teachers.

You also need to know how to get help that you can understand, know who to approach and be confident enough to ask for support and advice.
Adolescence is an exciting time when you go through many changes both physically and socially. Arthritis can affect many of these changes...

...and these changes can affect your arthritis.
Part Two: Growing up with arthritis

The stages you go through as a young person are the same whether you have arthritis or not and include:

- finding out who you are (i.e. developing your personal and sexual identity)
- becoming independent from your parents or parent figures (this includes taking increasing responsibility for health, education, managing money matters, being able to ‘stand up for yourself’, being independently mobile and eventually running a home)
- developing relationships outside the family
- planning for the future, including finding a job or career.

About your general health

Adolescence is an exciting time when you go through many changes, both physically and socially. Arthritis can affect many of these changes and these changes can affect your arthritis. Your rheumatology team will be interested in any concerns or worries you may have in these areas.

Having arthritis when you’re a teenager or young adult can seem especially tough. Apart from having to cope with the condition and its treatment, you’re also faced with a very important time at school or college, with decisions to be made about career choices. You’re also facing many changes in your body, developing new relationships with friends and perhaps also intimate relationships. But what sort of problems can JIA cause and how can they be dealt with?

Home

As you grow up, your relationship with your family changes. Sometimes this happens without any problems but sometimes there may be tensions and disagreements. But your family can be valuable allies and it’s important to keep talking to them, even if you don’t agree all the time!

Most young people will want to leave home eventually and set up on their own. In order to do this, it’s important for you to learn how to become independent and confident in looking after yourself.

Education (and beyond)

You really need to think about what you want to do when you’re older and how you’re going to make it happen. Try and get the best education you can, but remember there are other important aspects to preparing for the world of work, including:

- learning to speak up for yourself
- being aware and knowledgeable about arthritis and how it affects your life
- gaining work experience
- becoming independent at home, at school and in your health care.
Planning your future can be difficult if you’re uncertain about how your arthritis will affect you. You might be tempted to miss school or college. You need to remember that most young people with JIA do get through education successfully, and putting in the effort at school or college now can help you for a number of years in adult life by giving you more options in terms of work or further studies.

**Emotional wellbeing**

You may feel anxious about developing relationships if you feel you look different. You may feel singled out for special treatment by your teachers, parents and doctors. Talk about your concerns with them. If you feel you can be more independent, let them know.

Occasionally there might be problems with bullying at school. It’s important to discuss bullying with friends, parents and your teachers. This often stops the bullying quickly with little fuss. Don’t let the problem linger.

Everybody has to deal with different feelings and emotional stresses. It’s likely that as a young person with arthritis you’ll feel fed-up or sad at some point. However, it’s normal to feel like that from time to time and for most people those feelings come and go. Keeping your mind healthy as well as your body will help you cope. You might want to try:

- learning some relaxation skills, such as simple meditation
- finding good friends and spending time with them
- writing down what makes you upset or stressed – this can help you understand what’s making you feel down
- putting what you’re feeling into words, a painting, drawing or music
- listening to some music you enjoy.
Activities
Friends outside your family circle are important, as a happy social life is central to your self-esteem and well-being. However, sometimes you may have trouble joining in with your friends because of your arthritis. For example, you may have to rely on others such as parents for transport when friends are travelling on their own, or days out with friends may be difficult if you can’t walk as far.

There are things you can do to help with this though. Talk openly to your friends about your limits and ask to plan activities with them in mind. You could ask a close friend to travel with you on public transport or meet you if you need to be dropped off by a parent. If you’re old enough, learning to drive may help you to be less reliant on your family and become more independent (see Driving and getting about section of this booklet).

Drugs
Adolescence is the time when many people first come across alcohol, cigarettes and illegal drugs. You may feel tempted or pressured to try them out. It’s important for you to understand the risks of these and the side-effects on your health if you do decide to try them. Both illegal drugs and alcohol can interact with the medicines used for arthritis.

If you have any questions or concerns about drugs or alcohol there are many sources of information and people who’ll listen in confidence, including your rheumatology team – so please ask!

Whatever your age, you have the right to confidentiality from professionals – and that means that they’ll keep anything you tell them private unless you or someone else is at risk of serious harm. If a professional has to break confidentiality they’ll always tell you first how they’re going to break it and with whom.

Sex
As you grow up, you become aware of your own sexuality. It’s normal for this to sometimes cause worries for you, and you may find it difficult to talk about. Concerns like these are often helped by talking to someone in confidence. You may worry about whether joint pain or affected joints will cause problems physically with having sex. Advice can be offered for these issues; for example, comfortable positions to use during sex can be suggested which are good for both partners, with and without arthritis.

If you’re having sex, it’s important to practise safe sex and use condoms. As well as preventing pregnancy, these can protect you against STIs including HIV and chlamydia. If you’re on medications like methotrexate, contraception is vital as these drugs can harm an unborn baby.
Parenthood
Most young people with arthritis can have healthy babies and enjoy parenthood normally. It’s worth remembering that the risk of your baby having JIA is extremely small.

You’ll be advised by your rheumatology team not to become pregnant or father a child while you’re on methotrexate or biological therapies. However, if you’ve been on methotrexate in the past, then there’s no reason why you shouldn’t be able to become pregnant or be a father after you’ve been off methotrexate for a suitable period of time.

Growing up with arthritis there may be times when you’ll be tempted to stop taking your medication, wearing your splints and doing your exercises. If you do feel tempted to do this, please try to talk to someone about how you feel first. Stopping your medication or treatment is only likely to make your arthritis worse.

Who can I talk to?
It’s important for you to feel that the issues above can be discussed with someone who’ll listen in confidence and give you neutral advice. The first people you might want to contact include the following:

Your school/college nurse, school doctor or tutor:
• ideally should know that you have arthritis – this can be done by you, your parents/guardians, your rheumatology team or your GP with your consent and will help them understand your condition and any problems you may face
• can give advice on general health issues such as diet, weight problems, sexual health, contraception, bullying and smoking
• will discuss issues confidentially – they won’t have to tell your parents unless you’re at risk of serious harm.

A member of your rheumatology team (nurse, doctor or therapist):
• will treat whatever you tell them as confidential (as detailed above).

Ask your doctor or nurse beforehand if you’re unsure what confidentiality means.

See the back of this booklet for a list of other organisations, publications and useful addresses that can offer help or information.

It can also help to talk about day-to-day concerns with friends and family. You don’t have to try and cope with things on your own.

Mandy (aged 14)
‘I don’t think my friends really believed me when I told them I had arthritis, and that upset me a lot at the time. But after I had my knees injected they’ve never been swollen again, and I was able to be normal again at school and start doing swimming and PE.’
The changing relationship with your doctor

As you grow older, your relationship with your doctor changes. As a child, your doctor would have tended to talk about you to your parents, who were responsible for your health care. As an adult you’re expected to see a doctor on your own, explain your problems, understand the explanations and treatments given, and be responsible for your appointments and taking medication. If you’re currently looked after in a children’s department you’ll need to be transferred to an adult rheumatology department. This may involve a change of doctor, physiotherapist, occupational therapist or nurse and usually a change of hospital, maybe in a different town or city.

Transition is the term used to describe the preparation process of the changeover of roles as young people move from child-to adult-centred health services.

⚠ Have your say! It’s your right to ask to be seen alone by any professional you feel confident and safe talking to, whatever age you are. Your rheumatology team will help explain the importance of this choice to your parent(s).

Being seen independently of your parents and asking questions about your arthritis should help build the relationship between you and your doctor. This relationship needs to be open, frank and with both sides able to discuss issues in a friendly manner, and with you being involved in the decision-making process. You should always ask questions if you don’t understand or want more information about something. Anything you talk about will be treated as confidential – it’s between you and your doctor.

You may not be able to see the same doctor each time, as an adult rheumatologist often has to look after more patients than a paediatric rheumatologist. You may also have less frequent appointments and not get seen for as long when you visit the clinic, so learn to make the best use of this short time by practising any questions before you go.

When should planning for transition start?

You should start planning for transition early, ideally as soon as possible once your arthritis has been diagnosed. This will need to be carefully co-ordinated between you, your family, your school and your rheumatology team.

Ideally, the transition process should address the following:
Your health issues – such as your condition, any limitations this may cause and your general health.

Social issues – such as problems with everyday tasks or activities and your relationships with your friends, family and partner.

Education and vocation – such as your Individualised Education Plan, which may include a Statement of Special Educational Needs (see below). Your future education plans, such as higher education or vocational qualifications, will also need to be considered, as will careers advice (from an agency experienced in counselling people with arthritis) and any work experience opportunities.

Your future rheumatological care – this will include details of the adult rheumatology team, the hospital, plans for monitoring and prescription of medication and an approximate date for your transfer to adult healthcare. At the time of transfer you should be given a copy of your transfer summary. This is the information sent from the paediatric rheumatologist to the adult rheumatologist.

It’s important that you and your doctor discuss your future. Your doctor may be able to give advice on how your arthritis may be in the future – information that’s vital to planning your higher education and work.
Individual Education Plans and Statements of Special Educational Needs

Young people with arthritis might be eligible for an Individualised Education Plan (IEP) in school.

Parents can now work with teachers and schools to develop an IEP to help their child succeed in education. The IEP sets out the goals for a child during the school year, as well as any special support the student will need to achieve them.

Some young people with arthritis will need a Statement of Special Educational Needs, which is put together after a formal assessment of your difficulties. This system exists in all parts of the UK. This document is produced by one of your teachers and may contain advice from those health professionals involved in your care.

The statement will identify special educational and other needs you may have, and it must be reviewed annually. From when you’re 14 years old, this annual review will include input from the careers advisory service and sometimes Social Services. If you have such a statement then it’ll form part of your Individualised Education Plan (IEP).

The teacher who puts together your Statement of special Educational Needs is called a special educational needs co-ordinator (SENCO).

Part Three: How to find out more

This section offers practical advice and sources of further information if you’re looking for help with benefits, learning and training (including further and higher education), work and driving.
Money matters

Key information
• Many benefits specifically for young people don’t start until you’re 16, and those you’re already on will usually continue and at age 16 will be paid to you directly.
• If your circumstances change (for example if you enter further/higher education) then your benefits may change.
• Benefits may be available to help you continue education.
• Some benefits depend on your level of disability.
• Some benefits are means-tested and are paid to you if you don’t have enough money to live on.
• Be patient – it may take a while between you applying for benefits and you receiving them.

If you’re 16 or over your main benefits may be:
• DLA – Disability Living Allowance
• IB – Incapacity Benefit
• IS – Income Support.

The table below gives a summary of these and some of the other benefits that may be available.

Benefits at a glance

<table>
<thead>
<tr>
<th>Type of benefit</th>
<th>Available for</th>
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<tbody>
<tr>
<td>Disability Living Allowance (DLA)</td>
<td>Disabled people who have care needs and significant mobility needs</td>
</tr>
<tr>
<td>Incapacity Benefit (IB)</td>
<td>Disabled people who are unable to go out to work</td>
</tr>
<tr>
<td>Disabled Person’s Tax Credit (DPTC)</td>
<td>Disabled people who are unable to go out to work at least 16 hours per week</td>
</tr>
<tr>
<td>Income support (IS)</td>
<td>People on a low income</td>
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<tr>
<td>Housing Benefit (HB)</td>
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<td>Council Tax Benefit (CTB)</td>
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<tr>
<td>Social Fund/ Social Fund Crisis Loan</td>
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<tr>
<td>Direct payment schemes (via Social Services)</td>
<td>Personal assistance</td>
</tr>
<tr>
<td>Independent Living Funds</td>
<td></td>
</tr>
<tr>
<td>Carer’s Allowance (CA)</td>
<td>Carers</td>
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</tbody>
</table>
Many universities and colleges provide specialist support services.

Where can I find out more?
Ask for information from your local Benefits Agency or try the Benefit Enquiry Line (see Related organisations section of this booklet). Good information on benefits is also available on the Department of Work and Pensions (DWP) website, listed in the Related organisations section of this booklet.

Seek professional help from a disability organisation, either general (such as RADAR or Contact a Family) or specialist (such as Arthritis Care). If you’re in doubt, contact the Citizens Advice Bureau. Connexions advisors or Disabled/Independent Living Centres can also advise on benefits.

Mandy (aged 14)
‘When I went to high school my knees were fine, and I had no medicines to take or exercises to do. I was really pleased that I got picked for the school swimming team.’

‘When I leave school I don’t know what I want to do yet, but I want to work with children. Maybe I’ll be a nurse.’

Learning and training

Key information
• It’s important to think about learning and training early (and talk about it with your school and family)
• It’s good to do the sort of small jobs others your age do (such as babysitting, jobs around the house or perhaps a Saturday job if it’s not too physically demanding).
• If you get pocket money, think about opening a bank account. You may need this later if you’re entitled to benefits.
• Many universities and further education colleges will be happy to discuss your needs with you in advance of you applying for a place. Most will be able to arrange for you to make a fact-finding visit. Many provide or help organise specialist support services and help with finding the right accommodation.
• You’ll need to contact the universities or colleges early, well before applying for courses through UCAS or the institution. After applying, if you find that facilities aren’t suitable, ask UCAS to allow you to substitute an alternative choice.
• Studying from home is also becoming more of a possibility. Some of the new LearnDirect centres have disabled facilities.
Where can I find out more?
There are lots of sources of help and ideas. These include the following:

- Connexions Personal Advisor (at school or through the local Connexions office or local Education Department).
- SKILL: National Bureau for Students with Disabilities. This agency can help you with issues relating to college and university education.
- Department for Education website gives details of Disabled Students’ Allowances (DSAs). DSAs are available to help with any extra costs you have to pay to attend a course that are because of a medical condition; for example, a non-medical personal helper, major items of specialist equipment, travel and other course-related costs. To apply for a DSA you’ll need to contact your Local Education Authority (LEA), who’ll assess your course-related needs.
Louise (aged 23)

‘I’ve been working now in public relations for 2 years and have recently moved into my own flat. Independence has been something I’ve had to work for and as a result means a great deal to me. Arthritis can be a painful nuisance – but it’s not the sum of Louise C.’

Key information

- Voluntary work gives you experience, a track record, something for your CV and, who knows, perhaps a way into work. Choose something you’ll enjoy and find interesting. Check out www.do-it.org.uk for some great ways into voluntary work.

- Work experience is becoming more and more important to potential employers. It might be an idea to try a wide range of placements, so you can judge how much effect your arthritis might have on different jobs.

- If you’re going to be interviewed for a job, practise beforehand and think about the questions they’ll ask, what you’d bring to the job and what you’ll want to know.

Work

It’s never too early to start planning for your future, and doing jobs around the house or schoolwork can really help prepare you for employment as an adult. Let’s look at what you can do to get ready for the world of work.
Disability Employment Advisers (DEAs) can tell you about Permitted Work that allows you to do some work while still receiving benefits. They can give advice, test out your skills, recommend and find training, and help you find suitable employment.

The Disability Discrimination Act (1995) (DDA) means that employers aren’t allowed to discriminate against you and have to make ‘reasonable adjustments’ to the workplace (if they employ 15 or more people) to make it suitable for your needs.

Where can I find out more?

Connexions Personal Advisors (through the local Connexions office, local Education Department or online) can offer career advice.

DEAs can be contacted via your local Jobcentre or Jobcentre Plus office.

Your local Jobcentre Plus office can provide you with all the information and support you’ll need to get the most out of your working life.

In some parts of the country Jobcentre Plus runs Pathways to Work pilots offering an even greater range of programmes and support from specialist advisers. Ask at your local Jobcentre or Jobcentre Plus office if this operates in your area.

Driving and getting around

Learning to drive is an important step towards growing up and becoming independent. If you have queries about getting around, either by car or just getting around buildings, there’s a lot of help available.

Key information

You may be able to start to learn to drive at age 16 if you’re on a higher rate Disability Living Allowance, but you’ll need a provisional licence.

If you’re in the higher rate of DLA you can use your allowance to hire or buy a car or a powered wheelchair.

There are many driving centres around the UK and they can offer advice on subjects including choice of vehicle, driving tuition and the fitting of car adaptations.
Where can I find out more?

- Centre for Accessible Environments – This is the recognised centre of excellence for the UK on the practicalities of making sure buildings are accessible to everyone. The centre is an information and training resource to the construction industry, architects, the care professions and disabled people. It produces videos, design tools, access audits and design guides.

- Motability – This is a charity that helps disabled people and their families to become more mobile. Motability can also provide a list of authorised dealers nationwide for wheelchairs, scooters and vehicles.

- Forum of Mobility Centres – This is a network of organisations which aim to help people achieve independent mobility as drivers, passengers and wheelchair users.

- Ricability – For car chairs, hoists, etc. and related information including devices which help wheelchair users get into a car.

Nicholas (aged 17)

‘I feel better in myself and know that I have to accept my arthritis is there, but I can still get on with my life. I’m going to college to do A-levels and want to be a journalist.’
Glossary

**Acupuncture** – a method of obtaining pain relief that originated in China. Very fine needles are inserted, virtually painlessly, at a number of sites (called meridians) but not necessarily at the painful area. Pain relief is obtained by interfering with pain signals to the brain and by causing the release of natural painkillers (called endorphins).

**Anaemia** – a shortage of haemoglobin (oxygen-carrying pigment) in the blood which makes it more difficult for the blood to carry oxygen around the body.

**Ankylosing spondylitis** – an inflammatory arthritis affecting mainly the joints in the back, which can lead to stiffening of the spine. It can be associated with inflammation in tendons and ligaments.

**Anti-nuclear antibodies (ANA)** – antibodies that are often found in the blood of people with forms of arthritis other than reactive arthritis. A test for anti-nuclear antibodies is sometimes carried out to rule out other conditions that can mimic reactive arthritis.

**Autoantibodies** – these are proteins in the blood which are present with certain rheumatic conditions. Rheumatoid factor and anti-nuclear factor are autoantibodies.

**Chlamydia** – the most common sexually transmitted infection (STI) in the UK. It’s a bacterium that can remain dormant for years and is a major cause of infertility.

It may have no symptoms. This infection can act as a trigger for reactive arthritis.

**C-reactive protein (CRP)** – a protein found in the blood. The level of C-reactive protein in the blood rises in response to inflammation and a blood test for the protein can therefore be used as a measure of inflammation or disease activity.

**Echocardiogram** – a type of scan that uses ultrasound waves to create detailed pictures of the inside of the heart. This test helps show the structure and movement of the heart.

**Erythrocyte sedimentation rate (ESR)** – a test that shows the level of inflammation in the body. Blood is separated in a machine with a rapidly rotating container (a centrifuge), then left to stand in a test tube. The ESR test measures the speed at which the red blood cells (erythrocytes) settle.

**Haemoglobin** – a protein found in red blood cells which contains the pigment that gives blood its colour. Because it can combine with, and then release, oxygen, it allows the blood to carry oxygen around the body. When it’s low, this is known as anaemia.

**HIV** – Human immunodeficiency virus, the virus which can cause AIDS

**HLA-B27** (human leukocyte antigen B27) – a gene which is often present in people who have conditions such as reactive arthritis, psoriatic arthritis or ankylosing spondylitis.
**Hydrotherapy** – exercises that take place in water (usually a warm, shallow swimming pool or a special hydrotherapy bath) which can improve mobility, help relieve discomfort and promote recovery from injury.

**Immune system** – the tissues that enable the body to resist infection. They include the thymus (a gland that lies behind the breastbone), the bone marrow and the lymph nodes.

**Inflammation** – a normal reaction to injury or infection of living tissues. The flow of blood increases, resulting in heat and redness in the affected tissues, and fluid and cells leak into the tissue, causing swelling.

**Magnetic resonance imaging (MRI)** – a type of scan that uses high-frequency radio waves in a strong magnetic field to build up pictures of the inside of the body. It works by detecting water molecules in the body’s tissue that give out a characteristic signal in the magnetic field. An MRI scan can show up soft-tissue structures as well as bones.

**Occupational therapist** – a therapist who helps you to get on with your daily activities (e.g. dressing, eating, bathing, school, leisure) by giving practical advice on keeping as independent as possible in these activities, and if necessary advising on aids, appliances and altering your technique.

**Ophthalmologist** – a doctor who specialises in eye problems.

**Orthotist** – a trained specialist who prescribes and fits special shoes and orthoses.

**Osteoporosis** – a condition where bones become less dense and more fragile, which means they break or fracture more easily.

**Physiotherapist** – a therapist who helps to keep your joints and muscles moving, helps ease pain and keeps you mobile.

**Podiatrist** – a trained foot specialist. The terms podiatrist and chiropodist mean the same thing, although podiatrist tends to be preferred by the profession. NHS podiatrists and chiropodists are state-registered, having followed a 3-year university-based training programme. The podiatrist or chiropodist can deal with many of the foot problems caused by arthritis.

**Psoriasis** – a common skin condition characterised by patches of thickened, red and inflamed skin often with silvery scales. New skin cells are produced more quickly than normal leading to a build-up of excess skin cells. The condition is sometimes associated with psoriatic arthritis.

**Rheumatoid arthritis** – a common inflammatory disease affecting the joints in adults (not children), particularly the lining of the joint. It most commonly starts in the smaller joints in a symmetrical pattern – that is, for example, in both hands or both wrists at once.
**Rheumatoid factor** – a blood protein produced by a reaction in the immune system. Only a few young people with JIA are positive for this test.

**TENS** – transcutaneous electrical nerve stimulation. A device which uses small pulses of electricity to relieve pain.

**Ultrasound** – a type of scan that uses high-frequency sound waves to examine and build up pictures of the inside of the body.

**Uveitis** – inflammation of the eye.
Where can I find out more?
If you’ve found this information useful you might be interested in these other titles from our range (note: the following booklets were written for adults and adult conditions and may not be totally relevant to you):

**Conditions**
- Ankylosing spondylitis
- Osteoarthritis
- Osteoporosis
- Psoriatic arthritis
- Rheumatoid arthritis

**Therapies**
- Hydrotherapy and arthritis
- Occupational therapy and arthritis
- Physiotherapy and arthritis

**Surgery**
- Hand and wrist surgery for arthritis
- Hip replacement
- Knee replacement
- Shoulder and elbow joint replacement

**Self-help and daily living**
- Diet and arthritis
- Everyday living and arthritis
- Keep moving
- Meet the rheumatology team
- Sex and arthritis
- Splints for arthritis of the wrist and hand

**Drug leaflets**
- Adalimumab
- Etanercept
- Drugs and arthritis
- Infliximab
- Local steroid injections
- Methotrexate
- Non-steroidal anti-inflammatory drugs
- Steroid tablets

You can download all of our booklets and leaflets from our website or order them by contacting:

**Arthritis Research UK**
PO Box 177
Chesterfield
Derbyshire S41 7TQ
Phone: 0300 790 0400
www.arthritisresearchuk.org

**Useful websites**

**Do-it: Volunteering made easy**
www.do-it.org.uk

**Learning to drive or ride**
www.direct.gov.uk/en/Motoring/LearnerAndNewDrivers/LearningToDriveOrRide/index.htm

**MyHealth Passport**
MyHealth Passport is a customised, wallet-size card that gives you instant access to your paediatric medical information. It can be used when you go to a new doctor or if you visit accident and emergency.
www.sickkids.ca/myhealthpassport
Arthritis Research UK
Arthritis – a guide for teenagers

NHS Teen Life check
(for 12–15 year-olds)
www.nhs.uk/lifechecktools/teenlifecheck/Pages/Introduction.aspx

Staying positive
Staying positive workshops are for 12–18 year-olds and are run by people with long-term conditions aged 14–25. Check out the website to see if there are any being run in your area.
www.staying-positive.co.uk

Teenage Health Freak website
www.teenagehealthfreak.org

Teens First For Health – by Great Ormond Street Hospital
www.childrenfirst.nhs.uk/teens/index.html

Young Minds – The voice for young people’s mental health and wellbeing
www.youngminds.org.uk/my-head-hurts

Youth heath talk website – a website about young people’s real life experiences of health and lifestyle
www.youthhealthtalk.org

Related organisations
The following organisations may be able to provide additional advice and information:

Arthritis and general health

Arthritis Care
18 Stephenson Way
London NW1 2HD
Phone: 020 7380 6500
Helpline: 0808 800 4050
www.arthritiscare.org.uk

As well as running support groups and the helpline service mentioned above, Arthritis Care runs courses, workshops and weekends and a magazine for 15–20 year-olds, ‘No Limits’.

Children’s Chronic Arthritis Association (CCAA)
Ground Floor Office, Amber Gate
City Walls Road
Worcester WR1 2AH
Phone: 01905 745595
www.ccaa.org.uk

National Drugs Helpline
(also called Talk to Frank)
Phone: 0800 776 600
24 hours, 7 days a week
www.talktofrank.com
Confidential help for anyone worried about their own or someone else’s alcohol and/or drug abuse.

National Osteoporosis Society
Camerton
Bath
BA2 0PJ
Phone: 0845 130 3076
Helpline: 0845 450 0230
www.nos.org.uk
www.bonezone.org.uk

Smoking Quitline (Quitbecause)
Phone: 0800 002 200
www.quitbecause.org.uk
www.quit.org.uk
Free support and advice for young people wanting to give up smoking.
**Contraception**

**Brook**
421 Highgate Studios
53–79 Highgate Road
London NW5 1TL
Phone: 020 7284 6040
Helpline (for advice or to find your nearest advisory centre): 0800 018 5023
24-hour recorded information line: 020 7950 7700
www.brook.org.uk
A free confidential service specialising in sexual and contraceptive advice for young people up to the age of 25. Counselling is also available.

**fpa (formerly the Family Planning Association)**
50 Featherstone Street
London EC1Y 8QU
Phone: 020 7608 5240
Helplines (for confidential advice on contraception and sexual health): 0845 310 1334 (England) 028 9032 5488 (Northern Ireland) 0141 576 5088 (Scotland)
www.fpa.org.uk

**Learning, working and benefits**

**Careers advice**
www.connexions.gov.uk
You can contact a careers adviser, now called a Connexions Personal Adviser, through your school, or via the local Connexions office in your town or city. Check the Connexions website and select the ‘Connexions Direct’ section to find your local office. Or look in the phone book under ‘Careers Advice’, or ‘Connexions’.

**Benefit Enquiry Line for People with Disabilities**
(Run by the Department for Work and Pensions)
Phone: 0800 882200
www.dwp.gov.uk
The enquiry line can also give advice on forms completion or, if you can’t complete them, help arrange for a Disability Benefit Centre locally to assist you. The website has details of all the benefits available and information on entitlement.

**Department for Education**
Sanctuary Buildings
Great Smith Street
London SW1P 3BT
Phone: 0870 000 2288
www.dfes.gov.uk
Provides information on learning and training, Disabled Students’ Allowances, and links to other useful sources of information.

**Employment/benefits**
www.jobcentreplus.gov.uk
Your Jobcentre or Jobcentre Plus office can put you in touch with your local Disability Employment Adviser. For information on benefits, see the Benefits Enquiry Line entry above.

**LearnDirect**
Phone: 0800 101 901
www.learndirect.co.uk
Offers a range of online courses and has a network of centres which can provide computer access and assistance.
**Open University**  
PO Box 197  
Milton Keynes  
MK7 6BJ  
Phone: 0870 333 4340  
www.open.ac.uk  
Offers degree courses by distance learning.

**SKILL: National Bureau for Students with Disabilities**  
Chapter House  
18–20 Crucifix Lane  
London SE1 3JW  
Phone: 020 7450 0620  
Helplines: 020 7657 2337  
or freephone: 0800 328 5050  
www.skill.org.uk

**Mobility**

**Centre for Accessible Environments (CAE)**  
70 South Lambeth Road  
London SW8 1RL  
Phone: 020 7840 0125  
www.cae.org.uk  
The recognised centre of excellence for the UK on the practicalities of ensuring buildings are accessible to everyone. It acts as an information and training resource to the construction industry, architects, the care professions and disabled people. It produces videos, design tools, access audits and design guides.

**Forum of Mobility Centres**  
www.mobility-centres.org.uk  
A network of organisations which aim to help people achieve independent mobility as drivers, passengers and wheelchair users. Can provide information on driving centres around the UK and offer advice including choosing a vehicle, driving tuition, and the fitting of car adaptations. The website gives contact details for all the mobility centres within the Forum and details of the services they provide.

**Motability**  
Warwick House  
Roydon Road  
Harlow, Essex CM19 5PX  
Phone: 01279 635999  
Helpline (car schemes): 0845 456 4566  
Helpline (wheelchair and scooter scheme): 0845 607 6260  
www.motability.co.uk  
A charity which helps disabled people and their families become more mobile. Can also provide a list of authorised dealers nationwide for wheelchairs, scooters and vehicles.

**Ricability**  
Unit G03  
The Wenlock Business Centre  
50–52 Wharf Road  
London N1 7EU  
Phone: 020 7427 2460  
Textphone: 020 7427 2469  
www.ricability.org.uk
**General**

**ChildLine**
Phone: 0800 1111
24 hours, 7 days a week
www.childlineorg.uk
Free confidential helpline/online for young people with any worries or in distress. If lines are busy – please keep trying and you will get through.

**Citizens Advice Bureau (CAB)**
Phone: 020 7833 2181
www.citizensadvice.org.uk
Can provide advice on benefits and help with filling in application forms. To find your local office, see the telephone directory under ‘Citizens Advice Bureau’ or the Yellow Pages under ‘Counselling and Advice’, or contact Citizens Advice:

**Dial UK (Disability Information & Advice Line)**
St Catherine’s, Tickhill Road
Doncaster DN4 8QN
Phone: 01302 310123
www.dialuk.org.uk
The helpline will put you in touch with a local office for information in your area.

**Disability Now**
6 Market Road
London N7 9PW
020 7619 7323
www.disabilitynow.org.uk
‘Disability Now’ is available as a fortnightly printed newspaper or in website form at the web address shown above.

**Disabled Living Centres**
Assist UK
Redbank House
4 St Chad’s Street
Manchester M8 8QA
Phone: 0870 770 2866
www.dlcc.org.uk

**Family Fund**
Unit 4, Alpha Court
Monks Cross Drive
Huntington
York YO32 9WN
Phone: 0845 130 4542
www.familyfund.org.uk
Provides grants and information for families who care for disabled or seriously ill children aged 15 and under.

**RADAR (Royal Association for Disability & Rehabilitation)**
12 City Forum, 250 City Road
London EC1V 8AF
Phone: 020 7250 3222
www.radar.org.uk

**Please note:** we have made every effort to ensure that the information given above, and the details of benefits, schemes, government departments and agencies given in the text, is correct at the time of going to press. However, details may change and you should check the latest information with the organisation concerned.

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έναντι του σταθμού Μετρό (στάση Αμπελόκηποι)

Τηλ: 210-6463800
Fax: 211-0123400
E-mail: jroutsias@med.uoa.gr
Web: www.routsias-lab.gr
Το εργαστήριο μας αποτελεί ένα διαγνωστικό εργαστήριο ανάφορα για την πραγματοποίηση μικροβιολογικών, βιοχημικών, αιμοαναλυτικών, αναστολολογικών και οφθαλμολογικών εξετάσεων. Στο εργαστήριο μας εκτελούνται και ποιο εξετασμένες εξετάσεις όπως μοριακός ελέγχος με PCR (πχ για την μέτρηση ικονοφόρου, ελέγχο θρομβοβιολογίας κλπ), αναστολολογικός ελέγχος δυσανεξίας σε διαιτοφύλες παράγοντες και μέτρηση Τ-λεμφόκυτταρικής αναπνοής απαντήσεως. Τέλος περιλαμβάνονται ερευνητικα πρωτόκολλα που περιλαμβάνουν ανάλυση βιολογικών δειγμάτων, ιατρική επεξεργασία αποτελεσμάτων και ανάπτυξη "in house" διαγνωστικών μέθοδων, όπως ELISA με "custom peptides" κλπ.


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ΔΙΑΓΝΩΣΤΙΚΟ
ΙΑΤΡΕΙΟ

ΙΩΑΝΝΗΣ Γ. ΡΟΥΤΣΙΑΣ

ΚΑΤΑΛΟΓΟΣ
ΠΑΡΕΧΟΜΕΝΩΝ
ΥΠΗΡΕΣΙΩΝ
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**ΠΑΙΛΑΒΗ ΑΠΟΤΕΛΕΣΜΑΤΩΝ**
Αποτελέσματα εξετάσεων: Οι ιατροί έχουν τη δυνατότητα να βλέπουν τα αποτελέσματα των δικών τους ασθενών, καθώς και υπό την εποπτεία των ιατρικών εργαστηρίων.

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**ΜΙΚΡΟΒΙΟΛΟΓΙΚΟ ΔΙΑΓΝΩΣΤΙΚΟ ΙΑΤΡΕΙΟ**

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**ΚΑΤΑΛΟΓΟΣ ΠΑΡΕΧΟΜΕΝΩΝ ΥΠΗΡΕΣΙΩΝ**

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**ΙΩΑΝΝΗΣ Γ. ΡΟΥΤΣΙΑΣ**

**ΜΙΚΡΟΒΙΟΛΟΓΙΚΟ ΔΙΑΓΝΩΣΤΙΚΟ & ΕΡΕΥΝΗΤΙΚΟ ΕΡΓΑΣΤΗΡΙΟ**