



PARENT LINK- INFORMATION SHEET no. 1

Arthritis

1. What is arthritis?

Childhood arthritis is a condition that causes inflammation, pain and swelling in one or more joints. If joints remain inflamed for several months and no cause can be found, the condition is called chronic arthritis. One in 1000 children of school age is affected. The general heading for all forms of childhood arthritis is Juvenile Chronic Arthritis (JCA). The disease can occur any time throughout childhood but usually starts between the ages of one and four.

- 1 Pauci-articular arthritis. This is the most common form. Only one or two joints are affected, normally a knee or ankle. Apart from pain in the joints, the pupil will be well. Regular specialist eye checks are made as one third of sufferers are at risk of inflammation of the eyes (chronic iridocyclitis), a potentially serious condition.
- 2 Polyarthrititis. The disease begins with a rash and high fever, and spreads quickly. Many joints are inflamed. Pupils may feel unwell.
- 3 Systemic arthritis. This used to be known as Still's disease. Symptoms include inflamed joints, fever, rashes, fatigue and visual impairment.

Treatment for all forms is long-term, but the outlook is usually good.

Some children recover within a year, some will have a more prolonged

illness, but most will be able to lead normal independent lives as

adults.

2. Implications

There are no associated learning difficulties, but education may be interrupted if spells in hospital are likely. Remember that symptoms can vary from day to day.

- **Stiffness**

Stiffness and joint pains in the early morning may last for several hours. Stiffness in the hands affects all fine motor skills, such as handwriting. Splints are sometimes used to rest a joint or correct a deformity, and are also used to keep a joint, such as the wrist, in the best position while the hand is in use.

- **Mobility**

Movement around the school may be painful and difficult, especially if carrying bags and equipment. The pupil may need to use crutches and may be vulnerable at busy times.

- **Tiredness**

This may be as a result of the disease itself or there may be other reasons, such as frustration, or lack of sleep (due to unaccustomed splints or leg traction at night).

- **PE**

Exercise is important, but take advice from a physiotherapist on suitable activities. Swimming is excellent.

3. Strategies

* You will need to draw up a health plan, if necessary, in consultation with medical staff, parents and pupil.

- Allow extra time for all activities. This includes time taken for movement around the school and in lessons to avoid stiffness, negotiating stairs, manipulating buttons, and visiting the toilet, for example.
- Ensure that the pupil isn't always last in the queue.
- Give priority access to ICT.
- Avoid body contact sports if advised to do so
- Allow opportunities to develop independence skills
- Consider adaptations, such as special pencils, adapted cutlery or toilet aids. These may be appropriate if the pupil is significantly affected by the severity of the disease, or has a Statement. An occupational therapist will advise on suitability.
- *Remember the pupil's needs when planning visits or vocational experience placements.*

4. More information

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