

Treating Juvenile Idiopathic Arthritis (JIA)

An estimated 300,000 children in the United States live with Juvenile Idiopathic Arthritis (JIA), representing nearly **1 child out of every 1,000**. Growing up with JIA can be challenging; however, with care from a team of rheumatology professionals, most children with arthritis live full and active lives.



Medications, Treatments & Management

NEW Biologic Disease-Modifying Antirheumatic Drugs (bDMARDs)

Biologic DMARDs and conventional DMARDs are safe and the most effective medications for treating JIA. To achieve both disease control and best possible outcomes, the [American College of Rheumatology's 2022 guidelines](#) recommend the early use of biologic DMARDs.



Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

NSAIDs and oral glucocorticoids should be used sparingly and as a bridge until a more definitive treatment is available.



Why Take DMARDs over NSAIDs?

NSAIDs, treat the symptoms of arthritis... but these therapies are not targeted treatments for the disease itself. DMARDs help to protect your joints by reducing inflammation... **and** slowing down the progression of the disease.



Non-Medication Treatment

NEW Physical Therapy and Occupational Therapy (PT and OT)

PT and OT services can help children living with JIA learn skills that allow for improved participation in activities of daily living, family routines, sports activities, and occupations. These therapies also maintain and improve joint range of motion, strengthening, and endurance.



Diet Recommendations

Supplements and/or herbal interventions **are not recommended therapies** for JIA. While a healthy, well-balanced, age-appropriate diet is strongly recommended, no specific diet has been proven or shown to treat JIA.



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There is no cure for JIA, but close coordination of new medications with your rheumatology care team, remaining active, and having a healthy lifestyle help. Comprehensive care requires the input of the patient, parents, caregivers, and providers. The ACR encourages you to speak with your care team about which treatments are appropriate for you.

NOTE: Our most recent guidelines differ substantially from earlier ACR guidelines reflecting the availability of new treatments such as an increased experience with and availability of bDMARDs as well as a deeper understanding of JIA pathogenesis and long-term risks of undertreatment.

DISCLAIMER: This document and its contents are not medical advice, and do not replace professional care or a physician's advice.