

PROSTATE CANCER: SBRT A CURATIVE OPTION B12

## MIND &amp; BODY

## Child has arthritis, not growing pains

**Kids with juvenile idiopathic arthritis can be treated and go on to lead normal lives**



Joyce Teo

When primary school pupil Denisse Kong, 11, first complained of aches around her ankles and heels more than two years ago, her parents dismissed it as growing pains.

"We even bought her a bigger pair of shoes," said her mother, Ms Anna Seah, an allied health professional.

However, the aches did not go away. Denisse started to miss physical education lessons because she felt very tired.

Then, she experienced stiffness in other parts of her body. "She started to walk slowly. We thought she was just tired and I'd help her with her schoolbag," said Ms Seah, 40.

Things became clearer after Denisse was hospitalised for a prolonged high fever.

"She didn't complain much about the joint pains, but her mother saw that she was moving a lot slower and she couldn't put on her shoes because her feet were so swollen," said Dr Elizabeth Ang, a consultant at the division of paediatric allergy, immunology and rheumatology, National University Hospital (NUH).

"She had so many joints that were painful and swollen that it was hard for her to move, even in bed."

Denisse was diagnosed with juvenile idiopathic arthritis (JIA), a

condition in which kids experience joint pain, stiffness and swelling.

The number of JIA cases here has slowly risen in the past eight years.

At KK Women's and Children's Hospital, about 40 to 50 new young patients have emerged every year since 2013, compared with 30 to 40 each year from 2009 to 2012, said Associate Professor Thaschawee Arkachaisri, its senior consultant and head of rheumatology and immunology service, department of paediatric subspecialties.

Prof Thaschawee said there are about 400 children with JIA in Singapore, being treated at KKH or elsewhere. NUH sees one to two new cases a month. He attributed the rise to increased awareness among paediatricians and the public, though awareness remains very low.

"The awareness of childhood-onset arthritis is lacking not only among the general public, but also among healthcare professionals. This may lead to a delay in diagnosis and treatment," he said.

Joint inflammation can be treated and children affected by it can go on to lead normal lives, he said. "What I want to stress about this disease is that if it goes undetected or if you delay treatment for years, the child can become permanently crippled or disabled."

Not only does arthritis result in pain and limitation in movement, but it also causes long-term bone and joint damage, he said. Juvenile arthritis can also cause limb-length discrepancy in children, he added.

When Prof Thaschawee first arrived in Singapore about six years



Denisse Kong, 11, diagnosed with JIA when she was nine, now injects herself with biologics, once every four days. PHOTO: COURTESY OF ANNA SEAH

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**ASSOCIATE PROFESSOR THASCHAWEE ARKACHAISRI** from KK Women's and Children's Hospital.

ago from the United States, where he had worked, he saw a few children who had irreversible joint deformities as a result of JIA that was left untreated for several years.

As arthritis causes pain and swelling, the child would not want to use the joint or joints that hurt. If the condition goes undetected and the joint is not used, the bone and muscle near it will become smaller and weaker.

Most patients achieve normal joint movement after treatment, said Dr Liew Woei Kang, consultant paediatrician at SBCC Baby & Child Clinic, Gleneagles Medical Centre.

JIA is the most common form of chronic arthritis in kids. It occurs in children aged 16 and below and has seven sub-types, including enthesitis-related arthritis, which affects more boys than girls and is the most common form of JIA here.

Dr Ooi Pei Ling, an associate consultant at NUH's division of paediatric allergy, immunology and rheumatology, said JIA is an autoimmune condition where the body's immune system mistakenly attacks healthy cells in the joints. Doctors do not fully understand why this happens.

But with early detection, diagnosis and treatment, children with JIA can grow and develop normally, said Prof Thaschawee. They do not look any different from other kids once the disease is under control.

Thanks to a new group of drugs called biologics, doctors can now control close to 100 per cent of JIA. In the past, patients may not always experience normal growth and joint function, even with early treatment, said Prof Thaschawee.

These drugs can cost around \$2,000 a month, but subsidies are available from the Government and the National Arthritis Foundation.

"Once the arthritis is in remission for about six months, we will wean the patient off the medication before eventually stopping it," he said.

However, JIA may recur as it is a chronic disease.

Studies have shown that the earlier the arthritis goes into remission with treatment, the less likely it will recur, said Dr Ang.

For Denisse, life has greatly improved. In hospital about two years ago, she was "like a wooden block", but she could sit up and turn her head after the first treatment, said her mother.

Denisse is now growing well and has resumed playing badminton with her older sister, she said.

Dr Ang said it has been a difficult journey for Denisse, who has systemic JIA, the most severe form of the disease. It affects the whole body and not just the joints.

She became completely well only after starting daily injections. She now injects herself with the drugs once every four days. "I take a deep breath and I just jab," she said.

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MISCONCEPTIONS B13

## Juvenile Idiopathic Arthritis

# Don't touch, mum, my joints hurt

## Parents should take note of signs of juvenile arthritis

Joyce Teo

Polytechnic student Shandy Ng, 17, has had a swelling in her left foot for a few years now.

She had also complained of a slight pain and tightness in her foot and had been walking with a slight limp for three to four years before that, said her father, Mr Ng Boon Khee.

These are the symptoms of juvenile idiopathic arthritis (JIA), a chronic disease that causes inflammation of the joints in children.

Associate Professor Thaschawee Arkachaisri, senior consultant and head of rheumatology and immunology service at the KK Women's and Children's Hospital's (KKH) department of paediatric subspecialties, diagnosed Shandy with JIA last year, after she was referred to the hospital for a scan to check a

bone growth issue. Before that, her father had taken her to a few doctors, all of whom could not pinpoint the problem.

"She did ballet and dance when she was younger. We thought it was the ballet training and dancing that caused the problem," said Mr Ng.

He took her for physiotherapy. Seeing no improvement after nearly a year, the physiotherapist referred her to KKH.

Dr Ooi Pei Ling, an associate consultant at the division of paediatric allergy, immunology and rheumatology, National University Hospital, said: "Children with JIA experience joint pain, stiffness and swelling that last for six weeks or more.

"This inflammation can occur in any joint in the body, including the limbs, back and even the jaw."

A small proportion of children with JIA also develop eye inflammation, which may cause vision loss if left untreated, she said.

Early treatment is key. Doctors will try to stop the inflammation of the joints as fast as they can, to

minimise the risk of joint damage.

The longer the joint is left inflamed, the higher the risk of joint damage, said Prof Thaschawee. He highlighted four signs of arthritis:

- **Joint or limb pain:** The child will not allow anyone to touch the affected joint or limb because it is painful. Parents often dismiss joint pains as growing pains. But with growing pains, kids do not limp and do not avoid using their limbs. Unlike joint pains, growing pains occur only at night.
- **Refusal to walk:** The child will refuse to walk or use the affected joint or limb. He will not be as active as before due to the pain or stiffness.
- **Joint swelling:** Parents should check for swollen fingers or knees, as younger children may not complain about the pain.
- **Morning stiffness:** This lasts longer than an hour when the child gets up in the morning. With arthritis, if you do not move, you will get stiffer. The child would be experiencing this daily and not just on one morning.



When a child is diagnosed with JIA, doctors will try to stop the inflammation of the joints as fast as they can, to minimise the risk of joint damage. PHOTO: ISTOCKPHOTO

STIFFNESS AND SWELLING

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DR OOI PEI LING, associate consultant, division of paediatric allergy, immunology and rheumatology, National University Hospital.

## Misconceptions

Dr Elizabeth Ang, a consultant at the division of paediatric allergy, immunology and rheumatology, National University Hospital, clears up misconceptions about juvenile idiopathic arthritis (JIA), a chronic condition that causes joint pain, swelling and stiffness in children below the age of 16.

### MYTH: Once my child has JIA, I must accept that pain is a part of his life.

I often hear this from children or parents whose children have very bad arthritis. I want to tell them, no. We can make the child well, get the arthritis in remission and let him lead a normal life. The pain from joint inflammation can be treated.

### MYTH: X-rays or blood tests are used to diagnose arthritis.

Arthritis is diagnosed based on history (what the patient tells doctors) and a physical examination.

X-rays may indicate the severity of disease. An ultrasound or magnetic resonance imaging scan may help to confirm the diagnosis.

Blood tests are not useful for diagnosing arthritis and the result may only be abnormal if there is widespread joint involvement. They are done only when a child is diagnosed with arthritis to get clues to the prognosis.

### MYTH: JIA is related to food.

No, it is not. However, doctors do advise patients to maintain a healthy, balanced diet for overall good health and to prevent obesity. Being overweight will put additional stress on the joints.

### MYTH: Medications are not useful because they are just painkillers.

The type of treatment used depends on the number and type of joints affected, and the severity of the arthritis.

Non-steroidal anti-inflammatory drugs like ibuprofen or naproxen are used in arthritis for their anti-inflammatory effect, and the reduction of pain is one indication that the inflammation is subsiding. Rheumatologists do not use them for the painkilling effect alone.

Many new drugs have been developed in the past 15 years which allow children to get good control of their arthritis with fewer side effects. These drugs, known as biologics, must be given as injections or infusions.

### MYTH: Children with arthritis should be excused from physical exercise.

Once the arthritis is under control, the child should be allowed to do all the physical activities and sports he wants.

In fact, regular physical activity will help to reduce the pain of arthritis and allow the child to develop strong bones and muscles.

Joyce Teo