

Studies on physical outcomes in the Childhood Arthritis Prospective Study

Growth

- Juvenile Idiopathic Arthritis (JIA) is commonly associated with slow or delayed growth.
- Factors thought to cause slow growth in JIA include steroid medication, inflammation, joint damage, nutrition and hormones.
- The frequency of growth problems has fallen with new treatments, but poor growth is still thought to affect 1 in 10 children with JIA.



Aim

To investigate growth and factors related with slow growth in children with JIA using data from CAPS.

Methods

- A study period of 2 years was chosen.
- The height of most children was measured routinely during hospital clinic appointments and recorded in the hospital case notes.
- All children from CAPS with height measurements available were included in this study.
- Statistical analysis to find predictors of poor growth at 2 years.

Results

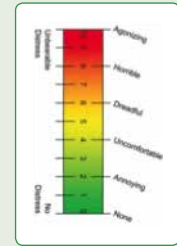
- At diagnosis, the average height was similar to children without arthritis.
- 16% of children had very slow growth over the first 2 years of disease.
- Longer disease duration and younger age at diagnosis predicted a shorter height at 2 years.

Did you know...

that if your growth is slower than normal it can often catch up later, especially when your arthritis is well controlled?

Physical Outcomes

- Up to 1 in 3 children with JIA are reported to have joint pain and swelling disease continuing into adulthood.
- JIA can be variable, with periods of joint pain and swelling followed by remission.



Aim

To identify factors that predict limitations in physical activity and function 3 years after diagnosis of JIA.

Methods

- A study period of 3 years was chosen
- 699 children from CAPS were included in this study.
- Statistical tests were used to find predictors of physical function. This included a parent's assessment, a physician's assessment, number of joints with pain and swelling, age and gender. We measured physical function using the CHAQ score, a simple questionnaire designed to rate physical ability.

Results

- Half of children showed moderate to severe limitations at diagnosis and one third still reported moderate to severe limitation after 3 years.
- The strongest predictor for severe limitation at 3 years was severe limitation at diagnosis.

