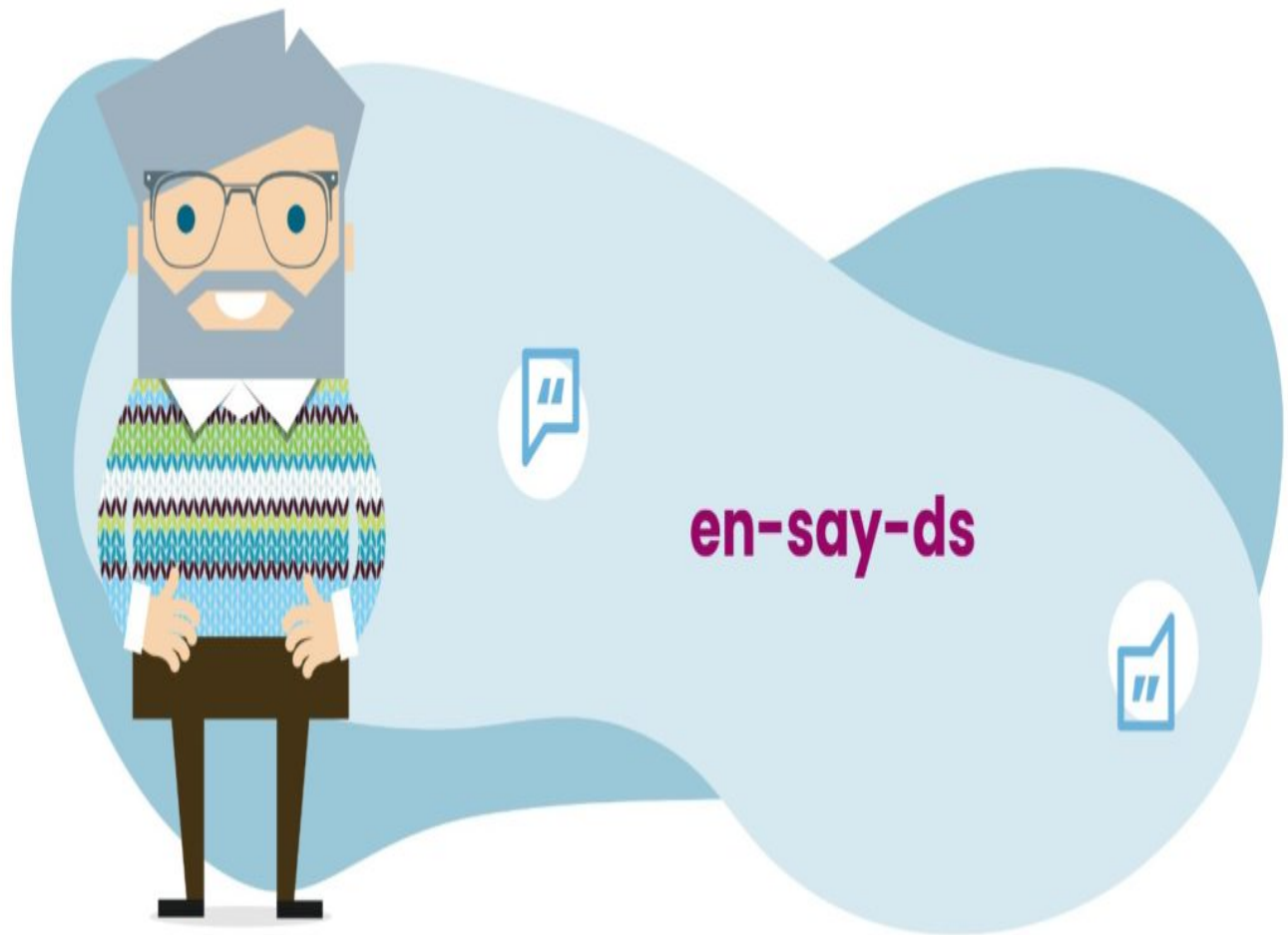


Resource

Painkillers and anti-inflammatories

Analgesics (painkillers) and Non Steroidal Anti-Inflammatory Drugs (NSAIDs, or anti-inflammatories) help to manage the symptoms of pain and swelling.

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Analgesics (Painkillers)

Drug names

examples include Paracetamol, NSAIDs, Co-dydramol and Co-codamol

Type of JIA?

ALL

How is it taken?

Liquid; tablets; melt

How often?

Daily, often more than once a day

How long for?

Occasionally, as needed.

How soon does it start working?

Shortly after taking it.

Paracetamol is the most common painkiller given to children and young people as it is well-tolerated and has few side effects. It is generally taken as needed for short periods of time rather than continuously.

Paracetamol can be taken alongside an NSAID – but always check with your child's healthcare team first.

Stronger analgesics, such as co dydramol and co-codamol, are generally avoided, especially in children under the age of 12.

NSAIDs (Non-steroidal anti-inflammatories)

Drug names

Ibuprofen, Naproxen, Diclofenac, Piroxicam, Meloxicam, Indomethacin, Etoricoxib, Celecoxib

Type of JIA?

ALL

How is it taken?

Liquid; tablet, melt, topically

How often?

Daily (two to three times, usually), with food or just after eating.

How long for?

Standalone doses work as pain relief, but for an anti-inflammatory effect, these need to be taken regularly every day for at least 2 weeks.

How soon does it start working?

Usually, some benefit is felt shortly after taking the first dose. It can take a week for full pain relief to be felt and up to three weeks for swelling to subside, although NSAIDs rarely fully control active JIA.

Usage

NSAIDs should be taken as prescribed by your child's healthcare team (see Precautions, below). To control inflammation, it is important not to skip a dose as NSAIDs need to be taken at regular intervals to gradually influence the immune system.

Effects

Although the difference between the way each NSAID works is small, the effect on each individual patient, young or older, can be considerable. Therefore, if one does not work or causes unsatisfactory side effects another one is tried.

- Ibuprofen (brands include Nurofen) has fewer side effects than other NSAIDs, but its anti-inflammatory properties are weaker.
- Naproxen is commonly used and is well tolerated. It is not licensed for children under the age of five, but often used from two years old if ibuprofen is not effective.
- Diclofenac may be used instead of Naproxen but is rarely a first choice. Some healthcare teams may use high doses in the slow-release format to help with morning stiffness and pain.
- Piroxicam is another alternative to Naproxen for children older than six. It is sometimes preferred because it is effective as a once-a-day dose. It is more commonly associated with gastrointestinal side effects and skin reactions, but many patients respond well.
- Meloxicam may be prescribed for adolescents over 12 years old who are intolerant of other NSAIDs.
- Indomethacin is another NSAID rarely used in children but may be effective when others have been unsuccessful. Side effects occur in more patients and may include headache, dizziness, and gastrointestinal disturbance.

- Etoricoxib is another once-a-day medication and may be used in adolescent patients (eg after puberty) similar to its use in adults.
- Celecoxib is similar to etoricoxib and is given once or twice daily.

Precautions

Because NSAIDs can irritate the stomach, it is important that they are taken with food or just after a meal. In some cases, an additional drug is prescribed alongside an NSAID to protect the stomach. NSAIDs should usually be avoided if your child has inflammatory bowel disease, liver disease, poorly controlled asthma, or problems with blood loss or high blood pressure. Please discuss this with your child's healthcare team. Some NSAIDs are associated with reduced female fertility, which is reversible on stopping treatment, and it is generally advised to avoid them in pregnancy.

Other medicines

Some NSAIDs are available 'over the counter' in pharmacies without a prescription. Ibuprofen is an example: it can be bought on its own or it may be part of other preparations, such as cold and flu medicines and cough mixtures. But although they are available without a prescription, these NSAIDs are just as powerful and as likely to cause side effects as those that are prescribed. So, it is important not to add another NSAID that you have bought to that prescribed by your child's healthcare team. Only one type of NSAID should be taken at a time, and in the dose prescribed.

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