

Resource

# JIA Medication

JIA is an auto-immune condition, so the main drugs used to control it are drugs called 'immunosuppressants', which help to get the immune system under better control. Other drugs, such as painkillers and anti-inflammatories will also often be given to help control the symptoms.

#### **Print**

# Dealing with pain

Paracetamol is one of the most common painkillers given in JIA and is available as a liquid for infants and liquid or tablets for older children. Care must be taken to give the correct dose and strength according to the child's weight and age. Side effects are rare and usually relate to an overdose.

# Dealing with inflammation

Ibuprofen is one of the most common non-steroidal anti-inflammatory drugs (NSAIDs) given in JIA and is available as a liquid, tablet or cream.

Ibuprofen works in 2 ways:

- As a simple pain killer, if taken occasionally.
- To reduce the inflammation if a regular dose is taken over several days or weeks, dependant on the prescribing doctor's advice

Although heartburn, indigestion, stomach ulcers and skin rashes are possible side effects seen in adults, these are rare in children and young people. Alternative NSAIDs include:

- Naproxen
- Diclofenac
- Indomethacin
- Piroxicam



## Anti-Inflammatories (NSAIDs)

NSAIDs stands for Non-Steroidal Anti-inflammatory Drugs. These include Ibuprofen, naproxen, diclofenac, indomethacin, piroxicam, meloxicam

# Dealing with both pain and inflammation

Corticosteroids (usually called steroids) act as powerful anti-inflammatory medications and with inflammation under control, the pain is lessened. Steroid preparations are available for joint injections, intra-muscular injections, tablets, creams and eye drops. The benefits of steroid treatments on the symptoms may or may not last long and the side effects can be significant especially when the dose is high for an extended period. Carefully controlled doses of steroids can be helpful in suppressing inflammation at the start of treatment before other medications have begun to work fully.

# Controlling JIA with Disease-Modifying Anti-Rheumatic Drugs (DMARDs)

DMARDs have an effect on the underlying cause of inflammatory arthritis by:

- Dampening down the over-active immune system
- Easing pain, swelling, stiffness
- Preventing damaging changes within the joints

#### Key facts:

The benefit may take 8-12 weeks to be felt It is not unusual for 2, or occasionally 3, DMARDs to be used together DMARDs require regular hospital clinic visits, blood tests and other monitoring

DMARDs include: Methotrexate Sulfasalazine Hydroxychloroquine



#### Methotrexate

Methotrexate is ranked as the Gold Standard disease modifying anti-rheumatic drug (DMARD) to control inflammatory arthritis.



**Article** 

## Sulfasalazine

Sulfasalazine is known as a disease modifying anti-rheumatic drug (DMARD). In the gut it is broken down (by the normal gut bacteria) into 2 parts, 1 part a sulphonamide antibiotic which kills harmful bacteria and the other part acts to reduce the process driving inflammation as well as helping to control the overactive immune system.



## Hydroxychloroquine

Hydroxychloroquine is not prescribed frequently for the treatment of juvenile idiopathic arthritis (JIA), but may be used as part of a treatment programme alongside one or two other disease modifying anti-rheumatic drugs (DMARDs).

# **Biologics**

'Biologic' drugs are targeted treatments against various inflammatory chemicals and cells of the immune system

For children and young people with an inadequate response to DMARDs, biologic treatments offer improved control.

Etanercept is an 'anti-TNF? drug' and was specially designed to lower the inflammatory chemical, TNF? when there is too much in the joints. Too much TNF? stimulates joint inflammation, pain, swelling and possible damage. Etanercept is a small injection given just under the skin once or twice a week.

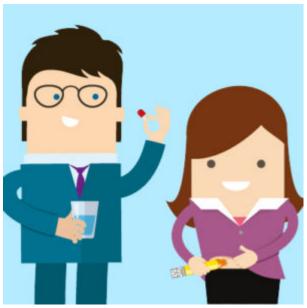


**Article** 

## **Etanercept**

Etanercept is a 'biologic' drug. Biologic drugs are often referred to as 'targeted therapies' because they work on specific cells of the immune system. Etanercept works on the TNF? cells.

Adalimumab is another form of anti-TNFα drug. This is a small injection under the skin once a fortnight.

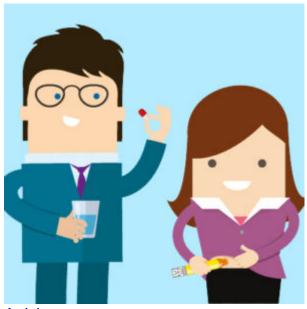


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## Adalimumab

Adalimumab is a 'biologic' drug. Biologic drugs are often referred to as 'targeted therapies' because they work on specific cells of the immune system. Adalimumab works on the TNF? cells.

Tocilizumab blocks the inflammatory chemical Interleukin-6 (IL-6), different to anti-TNF?, but there is also too much in inflamed joints. Tocilizumab is given monthly as an infusion into a vein.



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#### **Tocilizumab**

Tocilizumab is a 'biologic' drug. Biologic drugs are often referred to as 'targeted therapies' because they work on specific cells of the immune system. Tocilizumab works on the inflammatory chemical interleukin-6 (IL-6).

Abatacept prevents the T cells in the immune system from being fully activated and therefore dampens down inflammation. It is given as an intravenous infusion in hospital at 2 weekly intervals for 3 doses and then monthly.



**Article** 

## <u>Abatacept</u>

Abatacept is a 'biologic' drug. Biologic drugs are often referred to as 'targeted therapies' because they work on specific cells of the immune system. Abatacept works on the T-cells

Canakinumab is a newly developed biologic drug and is currently only available from some specialist centres. It targets the inflammatory chemical Interleukin-1 (IL-1).

## **Steroids**



## **Steroids**

Steroids are known as corticosteroids or glucocorticoids. Steroids are used to help control many forms of arthritis.

## Related content



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## Research and drug trials

Research helps us to understand all aspects of JIA better, whether it's through getting more and potentially better treatments for the condition or having a better understanding of the causes and risk factors for JIA.

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