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British Paediatric Rheumatology Group News

Management guidelines for arthritis in children

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Since its inception, the British Paediatric Rheumatology Group (BPRG) has aimed to foster good practice. The autumn meetings have always had a strong clinical flavour and consultants and trainees have been able to discuss unusual, rare and often even common problems.

The experience of regional and national centres has improved the long-term outlook for young people with arthritis. However, the group was anxious to share this experience and to produce guidelines for the management of children with arthritis. This would allow those unfamiliar with current methods of management to understand current therapeutics and, if they could not provide the treatment themselves, to know what is available and refer the patient on to a specialist centre. The guidelines give trainees a simple overview at the start of training.

These guidelines do not, of course, replace the clinical acumen of the experienced paediatric rheumatologist in the diagnosis and treatment of children and young people with arthritis. All clinicians, whether from an adult or a paediatric background, should be aware of their own limitations and should consult those with more specialized knowledge or greater experience whenever appropriate. Good outcomes will not be achieved by seeing the occasional patient. There are now good facilities in most regions and countries of the UK that are able to provide advice.

The original idea for these guidelines came from Dr Peter Malleson of Vancouver, who produced the first drafts. The Clinical Affairs Group has revised them over many months and they now constitute an overview of current clinical practice in the UK and Ireland. They have been adjusted to take in newer treatments, such as the biological agents, and to consider some of the rarer complications. The aim has been to control active disease early, to allow normal growth and development. The guidelines have been circulated to all members of the BPRG and all comments have been taken into consideration. Like all guidelines, they have limitations and are not meant to be prescriptive. Experienced paediatric rheumatologists may need to vary their practice from the recommendations given in the guidelines. Simple tables will never allow for all eventualities.

The first section looks at the diagnosis of arthritis and lists some of the common pitfalls and the ILAR diagnostic criteria for juvenile idiopathic arthritis (JIA), which were adopted by the BPRG last year. This supersedes the EULAR criteria for juvenile chronic arthritis. The subsequent tables show the management for patients with up to four joints or more than four joints involved, and for patients with systemic disease.

I am most grateful to all those who took part in the consensus approach and hope the target audience will find them useful. As always, comments will be welcome. Revisions will be necessary in the future to reflect new practice based on evidence. The group has already produced guidelines on the prescription of biological agents and ophthalmic monitoring, and is currently working on guidelines for drug monitoring.