



JIA Frequently Asked Questions



How can we ease the pain until the medicines start working?

Exercises can help with pain. You may be referred to a physical or occupational therapist. Gentle stretching and range of motion exercises can help. Warm baths or showers, microwave hot pack, creams for heat/pain relief, and using an electric blanket when sleeping can help decrease pain in the joints. Ice or cold packs can help some children with pain. Getting plenty of good sleep and relaxing or decreasing stress can help. Light massage, meditation, positive thinking, listening to music or watching TV, and other stress management and relaxation techniques can decrease muscle tension and help control pain.

How long does it take for the medicines to work?

Improvement with NSAIDs ('non-steroidal anti-inflammatory drugs', such as ibuprofen) can begin within 1-2 weeks, but the full benefit may not be seen for up to 12 weeks. DMARDs ('disease modifying antirheumatic drugs', such as methotrexate) and biologics usually take several weeks or months to work.

What vaccines shouldn't my child receive?

Vaccines help lower the risk of getting some infections and are very important. People on medicines that can lower the body's immune system may need to get special vaccines and may need to be checked to see if some of their vaccines are still working. In addition to these special and routine vaccines, it is recommended that JIA children receive the annual influenza "flu" vaccine by injection and receive the covid vaccine per CDC guidelines. There are some vaccines children on DMARDs, biologics, and steroids should not take. In most cases, anyone taking a biologic should NOT receive a live virus vaccine like the vaccines for measles/mumps/rubella (MMR), polio by mouth, chickenpox, or the nasal FluMist. Anyone taking one of these medications should ask their provider about live virus vaccines.

Is it safe to give my child Advil or Motrin for pain relief or fever?

If your child is taking NSAIDs for their arthritis, do NOT give another over the counter NSAID. NSAID examples are ibuprofen (including Advil or Motrin), celecoxib (Celebrex), naproxen (Naprosyn), nabumetone (Relafen), and meloxicam (Mobic). Acetaminophen (Tylenol) is normally safe to take with NSAIDs. Ask your provider what dose is safe for your child.

When should I hold my child's DMARD and/or biologic?

If your child is taking a DMARD, do NOT give the DMARD and call your nurses or provider if your child has been exposed to or has chickenpox, shingles, or mono. Call your nurses or provider to see if you should give the DMARD if your child has a fever (temperature at or above 100.4°F) or is sick with more than a common cold, like pneumonia or strep throat.

If your child is taking a biologic, do NOT give the biologic if they have a fever (temperature at or above 100.4°F). Restart the biologic after 24 hours without a fever. Do NOT give the biologic and call your nurses or medical provider if your child has been exposed to or has chickenpox, shingles, or mono. Call your nurses or provider to ask if you should give the biologic if your child is sick with more than a common cold, like pneumonia or strep throat.

What should I do if my child is exposed to chicken pox, shingles, mono, or covid?

If your child is taking a DMARD or biologic and has been exposed to one of the viruses listed, do not give the DMARD or biologic and contact your rheumatology nurse or provider. If you are sick with more than a common cold, like pneumonia or strep throat, call your nurses or provider to find out if you should give the DMARD or biologic.



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Helping Hands
Self-Management Handbook
for Patients with JIA and their Families

created by PR-COIN

This JIA FAQ document was created by the PR-COIN Parent Working Group.

