

## Managing Down syndrome Associated Arthritis

In addition to medication, you will likely be referred to your physiotherapist and occupational therapist.

You and your child receive additional support from the Clinical Nurse Specialist, and members of the specialist multidisciplinary team as part of your rheumatology team. Your child should be referred to local ophthalmology (eye) services to screen for inflammation (uveitis) in the eye, as this is a potential complication that occurs with arthritis.

## Get Involved

Parents of children can contribute significantly to the understanding of Down syndrome Associated Arthritis and the development of appropriate research to find therapies.

## How?

You can contribute by enrolling in the research studies and the new Arthritis Research Coalition (ARC) biobank that the Rheumatology team in CHI at Crumlin are now openly recruiting for.

## Finding reference centres

Department of Paediatric Rheumatology, Children's Health Ireland at Crumlin

[www.olchc.ie](http://www.olchc.ie)

## Support Groups for Families

Down Syndrome Ireland

[www.downsyndrome.ie](http://www.downsyndrome.ie)

Arthritis Ireland

[www.arthritisireland.ie](http://www.arthritisireland.ie)

Irish Children's Arthritis Network

[www.icanireland.ie](http://www.icanireland.ie)



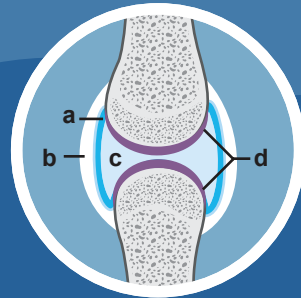
This information booklet was prepared by the Department of Paediatric Rheumatology at Children's Health Ireland at Crumlin in collaboration with the UCD Centre for Arthritis Research [www.ucd.ie/car](http://www.ucd.ie/car)

# DOWN SYNDROME ASSOCIATED ARTHRITIS (DA)



# Understanding Down syndrome Associated Arthritis (DA)

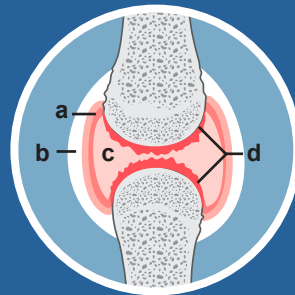
DA is a chronic inflammatory disorder that likely commences for many in childhood. It is estimated that approximately 1 in 50 children with Down syndrome have DA.



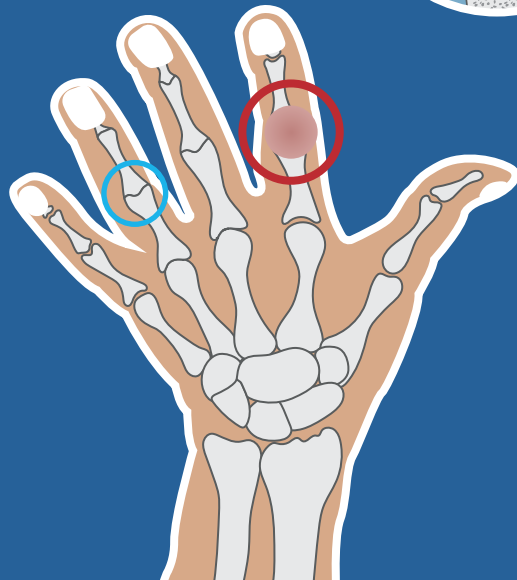
## Normal Joint

- a - Synovial membrane
- b - Articular capsule
- c - Synovial fluid
- d - Cartilage

## Early DA joint



- Swollen inflamed synovial membrane
- Cartilage wears away
- Reduced joint space



# Possible Signs and Symptoms

Every child with DA is unique and may have different signs or symptoms of the condition.

The typical signs and symptoms of Juvenile Idiopathic Arthritis (JIA) such as pain, early morning stiffness and swelling may be absent or very subtle.



Loss or less range of movement at a joint



A joint that looks big, puffy or swollen



Joint pains, early morning stiffness, limping



Change in levels of function eg. change in handwriting



A change in your child's behaviour e.g. seeking comfort, dislikes holding your hand



Your child becomes less active, has reduced activity levels or has reduced exercise tolerance

# Diagnosis



For most children the diagnosis can be made by a thorough musculoskeletal examination.

Most children will require additional blood tests to look for signs of inflammation in the blood, although these tests are not diagnostic.

X-rays are nearly always requested.

In some patients where the diagnosis is suspected or the clinical findings are very subtle, confirmation may be required with imaging tests such as contrast MRI or ultrasound.

If you have any concerns about your child's joints please inform your GP and General / Community Paediatrician.

If Arthritis is suspected, children should be referred to a specialist known as a "Paediatric Rheumatologist".

# Treatment



Non-steroidal anti-inflammatory medications (e.g. Ibuprofen)

Local joint injections (Corticosteroids)

Systemic treatment (Biological Therapies)