

## Determination Helps Sisters Fight Juvenile Arthritis

### Some Symptoms of Arthritis in Children

- Soreness (pain) and stiffness in joints (for example: knees, elbows, fingers)
- Warmth of joints
- Stiffness in the morning or after waking from naps
- Limping or difficulty using an arm or leg

Please consult with your doctor before beginning any treatment program.

Lea-Anne McConnell felt numb when she was told in 2005 that the excruciating pain in the legs and hips of her 11-year-old daughter Carolyn was the result of juvenile arthritis (JA) or juvenile idiopathic arthritis, as used by medical practitioners. The McConnell family had already experienced this ordeal four years earlier. Carolyn's sister, Miranda, was just five when diagnosed with the same condition.

"Miranda was too young to talk precisely about her arthritis pain and it took some time to find out what was behind it," remembers Lea-Anne. "When Carolyn started complaining about her own extreme discomfort, I hoped against hope that it wasn't the same problem as Miranda's. I knew what she had been through with arthritis and I couldn't bear the thought of it happening to the second of my three daughters. Thankfully, my third daughter Andrea does not have juvenile arthritis."

While it's rare for two children in the same family to be diagnosed with arthritis, unfortunately, the anxiety and stress experienced by parents like Lea-Anne is not uncommon.

"It's shocking to realize that children have to struggle with the impact of arthritis. Most people think that it's only parents or grandparents who get the disease," says Dr. Brian Feldman, Vice Chair of The Arthritis Society's Medical Advisory Committee, a researcher with the Canadian Arthritis Network and a pediatric rheumatologist at The Hospital for Sick Children in Toronto. "These kids have concerns that fall outside the normal routine of their peers: regular visits to a rheumatologist or physiotherapist; a demanding treatment program; and a rigorous medication regimen. No child should have to go through that."

Adjusting to life with arthritis was sometimes frustrating for Carolyn, her mother recalls. "She was diagnosed at a time when she was particularly active," Lea-Anne explains. "She couldn't always go biking or swimming with her friends. Sometimes she felt like she was being shut out of having fun."

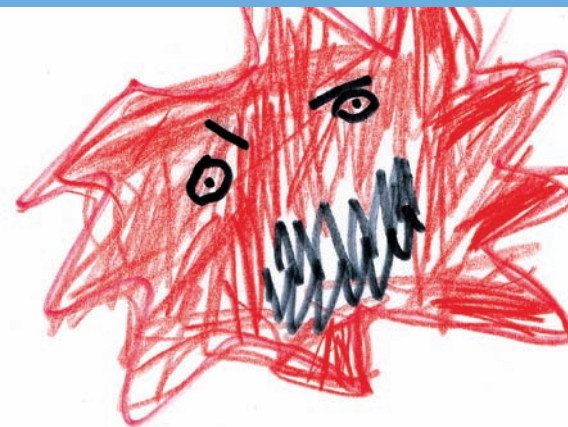
Resilience and a positive attitude, combined with effective therapy, can produce remarkable results. "My daughters were determined to not let their condition hold them back," Lea-Anne says proudly. "Miranda's arthritis has now gone into remission. Carolyn is still somewhat limited in what she can do and some days are better than others. Even though they have a disease that can potentially result in disability, both can swim, act in a school play or go camping with their friends."

"A story like the McConnell's underscores the positive difference that donor dollars have made in arthritis research and care," says Lynn Moore, The Arthritis Society's National Director of Public Affairs. "These contributions allow us to direct funding to where it's needed most — whether it's to support research or provide information and support to a concerned parent."



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"I think my pain is a **big red monster** because my knee sometimes feels very sore like a monster is biting it and it hurts." Bailey, 5

## Canadian Researchers Leading the Way Against Childhood Arthritis

Juvenile arthritis (JA), diagnosed in one out of every 1,000 babies, toddlers and children up to the age of 16, is a painful form of inflammatory joint disease. It is one of the most common, chronic, disabling conditions of childhood and significantly impacts a child's quality of life.

Children with arthritis live with physical pain, swelling and disability that can make keeping up with school and other daily activities a struggle. Emotionally, children who cannot play with their friends or participate in activities may feel isolated.

The Canadian Arthritis Network and The Arthritis Society are committed to helping these vulnerable children and their parents.

Together, with additional funding from partners,<sup>1</sup> \$1.7 million was awarded to a team of renowned Canadian researchers to study JA and improve the lives of children with arthritis. The assembly and collaboration of such a notable team of pediatric rheumatologists and experts from other fields has moved Canada into a leadership role in the field of JA research.

"I'm excited that there is now so much momentum and productivity in childhood rheumatic disease research in Canada, and I'm confident we are well positioned to make a real difference and to take a lead role internationally in this research," explains Dr. Alan Rosenberg (University of Saskatchewan), Principal Investigator of the team.

The team is examining genetics, lifestyle and physical environment, and believes that understanding these factors together will lead to discovering what causes juvenile arthritis and how to improve care.

<sup>1</sup> Additional funding partners: The Canadian Institutes of Health Research's Institutes of Musculoskeletal Health and Arthritis, and Infection and Immunity; the University of Saskatchewan; the Manitoba Institute of Child Health; the Pediatric Rheumatic Disease Program at the University of Saskatchewan; BC Children's Hospital and the University of British Columbia; McGill University Health Centre; and the Centre hospitalier universitaire de Sherbrooke.



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"I am brave"  
Callah, 5



To learn more about juvenile arthritis or make a donation to arthritis research, please visit The Arthritis Society's website at [www.arthritis.ca](http://www.arthritis.ca).

To learn more about research funded by the Canadian Arthritis Network, please visit [www.arthritisnetwork.ca](http://www.arthritisnetwork.ca).



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