The psoriatic child

When a child becomes ill, with any condition, it can be distressing not only for the child but for the parents, siblings, relatives and friends. It is natural for a parent to be concerned and even when their child is an adult, that concern continues, particularly when they have a chronic condition.

How common is psoriasis in children?

The heredity factor seems to play a part. About one third of people with psoriasis are able to identify a relative, living or dead, with psoriasis. It is estimated that if one parent has psoriasis that there is a 15% chance that a child will develop the condition. If both parents have psoriasis, this increases to about 75%. Interestingly, if a child develops psoriasis and neither parent is affected there is a 20% chance that a brother or sister will also get psoriasis. This is because the condition is known to skip generations and somewhere there will be a familial link to a relative via either or both parents.

How common is arthritis in children?

As many as 12,000 children in the UK are affected by juvenile idiopathic arthritis (JIA).

There are three main types:

- **Systemic JIA (Still's disease)** accounts for 20% of cases. It starts with a high fever, patchy red rash, enlarged lymph nodes, abdominal pain and weight loss.
- **Oligoarthritis** is the most common type of JIA, accounting for 50% of new diagnoses each year. It is diagnosed when four or fewer joints are affected in the first six months of disease.
- **Polyarticular onset JIA**, also known as polyarthritis, accounts for 25% of new diagnoses and is diagnosed when five or more joints are affected in the first six months of disease. After six months from diagnosis, if five or more joints become affected it is then referred to as polyarticular-course JIA. Polyarthritis can be further divided into rheumatoid factor negative arthritis and rheumatoid factor positive arthritis. Polyarthritis includes those diagnosed with polyarticular JIA, but who then have more joints affected after six months, also known as extended oligoarticular JIA.
- **Juvenile psoriatic arthritis (JPsA)**, accounts for 2-15% of new diagnoses and is diagnosed when there is joint pain association with psoriasis.

Juvenile psoriatic arthritis is sometimes thought of as part of the spectrum of juvenile chronic arthritis summarised above, but others regard it as a separate disease to be distinguished from these, having more in common with reactive arthritis and juvenile ankylosing spondylitis.

The Vancouver criteria for diagnosis of psoriatic arthritis in childhood are a useful guide:

Definite psoriatic arthritis

- Arthritis with three of the four following minor criteria:
  - dactylitis (pink, swollen "sausage" finger or toe)
  - nail pitting or onycholysis (splitting and breaking up of nail)
  - psoriasis-like rash
  - family history of psoriasis in first- or second-degree relatives.

Probable psoriatic arthritis

- Arthritis with two of the four criteria listed

Girls are more likely to be affected than boys. Simultaneous onset of rash and arthritis is rather uncommon. As in the adult variety, the end joints of the fingers are commonly involved. Generally, in juvenile chronic arthritis this does not happen but tendons are often inflamed. The knee seems commonest in children to be affected.

What triggers psoriasis in children?

Symptoms can develop if they are triggered by certain events, most frequently in children and teenagers, often after a throat infection due to streptococcal bacteria. This type of psoriasis is known as guttate psoriasis or raindrop psoriasis, so named because it manifests itself over the body in the form of scaly, droplet-shaped patches. Numerous small, red, scaly patches quickly develop over a wide area of skin, although the palms and the soles are usually not affected. Some people may go on in later life to develop chronic plaque psoriasis.

Early diagnosis of arthritis

If a child develops painful joints and there is a family history of psoriasis - even if the child shows no psoriasis at the time - it is worth mentioning the possibility to the doctor and even more so if any family member has psoriatic arthritis. If doubt remains, a referral to a specialist should be made, ideally a paediatric rheumatologist, but as there are only a few paediatric rheumatologists, a general paediatrician or adult rheumatologist with an interest in the condition should be considered.

Treatments

As with adults, children may need some form of treatment of care and management plan for their psoriasis and/or psoriatic arthritis.

Treating psoriasis in children

Generally, those medications used in children are the same as for adult psoriasis, although there may be dosage differences and some products may not be licensed for use in children.

In general, doctors try to control psoriasis in children with topical treatments because they are the safest. Occasionally they may use UV light or systemic treatments, including biologic therapies. The therapeutic needs of each individual, child or adult, are different. Healthcare providers are in the best position to decide what is the appropriate treatment for a child. They will always come to that decision by weighing up the relative risks and benefits involved in each possible treatment, although it should be a shared decision-making process.

Treating juvenile psoriatic arthritis

As with skin psoriasis, treatments for arthritis in children includes those used in adults, but in different formulations or doses. They include nonsteroidal anti-inflammatory drugs (NSAIDs), injection of steroids directly into the affect joint(s), disease-modifying anti-rheumatic drugs (DMARDS) such as methotrexate, biologic medications, regular exercise and physical therapy to improve and maintain muscle and joint function. The risks and benefits of suggested therapies should also be part of any conversation.

In summary:

Psoriasis treatments have a goal of clear skin, although, for some, near clearance is often acceptable. For juvenile psoriatic arthritis the aim is to reduce joint inflammation, maintain mobility and prevent deformity. Overall, the aim of any treatment and care is for a child to have as normal and active a childhood as possible.

More information:

https://www.papaa.org/learn-about-psoriasis-and psoriatic-arthritis/children/