Background

Children with pJIA present with five or more joints affected by pain, swelling and stiffness. Untreated, joint inflammation can lead to irreversible joint damage and disability. Corticosteroids have been used for treatment of JIA since the 1950s. Current clinical practice for treatment of pJIA involves high-dose corticosteroids for a limited period in order to decrease inflammation. The aim is to induce remission whilst systemic treatment, commenced alongside corticosteroids, begins to work. No standardised, evidence-based approach currently exists to guide corticosteroid induction regimens in pJIA.

Conclusions

Corticosteroids lead to improved disease activity in children with pJIA. However, treatment regimens employed vary. Development of a standard operating procedure for corticosteroid induction in pJIA is required. Longitudinal studies would enable evidence-based development of such protocols, and should consider optimal corticosteroid route of administration and dose to achieve maximal benefit, whilst minimising corticosteroid toxicity.