https://printo.it/pediatric-rheumatology/AU/intro

Familial Mediterranean Fever

Version of 2016

3. EVERYDAY LIFE

3.1 How might the disease affect the child and the family’s daily life?

The child and the family experience major distress already before the disease is diagnosed. The child needs frequent consultations because of severe abdominal, chest or joint pain. Some children undergo unnecessary surgery due to misdiagnosis. After the diagnosis is made, the goal of the medical treatment should be to obtain, for both the child and the parents, an almost normal life. FMF patients need long-term regular medical treatment and compliance with colchicine may be low; this may put the patient at risk of developing amyloidosis. A significant problem is the psychological burden of life-long treatment. Psychosocial support and patient and parent education programs may be of great help.

3.2 What about school?

Frequent attacks cause major problems with school attendance and colchicine treatment will improve this problem. Information about the disease at school may be useful, in particular to provide advice on what to do in the event of an attack.

3.3 What about sports?

Patients with FMF who are receiving life-long colchicine can do any sport they wish. The only problem might be attacks of protracted joint inflammation, which may cause limitation of motion in affected joints.

3.4 What about diet?

There is no specific diet.

3.5 Can climate influence the course of the disease?

No, it cannot.

3.6 Can the child be vaccinated?

Yes, the child can be vaccinated.

3.7 What about sexual life, pregnancy, birth control?

Patients with FMF might have fertility problems before colchicine treatment but once colchicine has been prescribed, this problem disappears. A decrease in the number of sperm is very rare at treatment doses. Female patients do not have to stop taking colchicine during pregnancy or breast-feeding.