ARTHRITIS
INFORMATION SHEET

Familial Mediterranean fever (FMF)

What is FMF?

Familial Mediterranean fever (FMF) is a disease that results in episodes of fever, abdominal pain, chest pain, joint pain and rashes. It is most common in people of Mediterranean and Middle Eastern ancestry, but can occur in people of any ethnicity.

What causes FMF?

FMF is an inherited genetic disease, which is passed on from parents to children at birth. Both parents need to pass on the faulty gene in order for their child to have FMF. The gene responsible for FMF is called the MEFV gene and it is involved in regulating inflammation, which is normally one of the body's protective responses to infection or injury. If this gene is faulty, episodes of inflammation occur causing fever and other symptoms.

What are the symptoms of FMF?

The symptoms and severity of FMF episodes can vary from child to child. The most common symptoms during an episode are: fever, abdominal, chest wall and joint pain. Abdominal pain is frequently accompanied by constipation or diarrhoea. Other less commonly symptoms seen include: rash, testicular pain and muscle pain. Episodes of FMF usually last 1-3 days and resolve on their own without treatment. Children are well between episodes.

How is FMF diagnosed?

Diagnosis is based on careful history of symptoms, physical examination and blood tests. Genetic testing can identify an abnormality in the MEFV gene in many people with FMF. However, in some people the abnormality is not found.

How is FMF treated?

FMF cannot be cured, but it can be controlled with a medication called colchicine. Colchicine prevents episodes of FMF. It can also reduce the risk of long-term complications.

How can I help my child with FMF?

Follow up: The most important aspect of managing your child's FMF is remembering to give their medicines and to attend clinic for checkups.

Diet: There are no specific recommendations regarding diet for children with FMF.

Vaccinations: It is important to check with your child's doctor or nurse before your child receives vaccinations. If your child is taking immunosuppressive medicines or steroids, live vaccines should be avoided.

Complementary and alternative medicines: At present, there is no evidence to support the use of complementary or alternative medicines in FMF. It is important that your doctor is aware of any other medicines you are taking.

Living with FMF?

During an attack, FMF can limit your child's usual activities. Your child may not feel like going out with friends or going to school. It is helpful to let the school know about your child's illness. They may be able to offer support to make things easier.

Episodes of FMF can be mistaken for infections. If your child has symptoms not typical for their usual episode of FMF, then you should consider contacting your doctor.

For your local Arthritis Office:
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What is the outlook for my child?

With treatment, most children with FMF live a normal life. The most severe complication of FMF is amyloidosis. This can occur if FMF is untreated. Amyloidosis occurs when a protein called amyloid deposits in certain organs, causing damage. A medicine, colchicine, prevents the risk of developing amyloidosis.

There is a risk that children with FMF will pass it on to their own children. Talk to your doctor for more information about this.

Where can I find more information?

Useful websites:

- www.nomidalliance.org
- www.printo.it

CONTACT YOUR LOCAL ARTHRITIS OFFICE FOR MORE INFORMATION SHEETS ON ARTHRITIS.

This sheet was produced in association with the Australian Paediatric Rheumatology Group

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