About axial spondyloarthritis (axSpA)

- Axial spondyloarthritis (axSpA) is a form of chronic, inflammatory rheumatic disease in which the predominant symptom is back pain, but it is also associated with pain, stiffness, fatigue and loss of mobility.¹ ² ³
- If on x-ray, inflammation of the sacroiliac joint is present, the disease is classified as Ankylosing Spondylitis (AS).³
- If inflammation of the sacroiliac joint is absent on x-ray, the disease is classified as axial undifferentiated spondyloarthritis; that is, AS at the preradiographic state.³

Axial spondyloarthritis & ankylosing spondylitis statistics for the UK

- Studies investigating the epidemiology of axSpA have traditionally focused on the incidence and prevalence of AS. Limited data exists for axSpA but it is estimated that in England and Wales alone up to 700,000 people may suffer from inflammatory back pain.⁴
- It is estimated that approximately 200,000 are affected by AS in the UK.⁵
- Without specialist expertise, it can take 8-11 years for patients to receive a correct diagnosis of axSpA (the longer diagnosis is delayed, the worse the patient outcome may be).³
- The mean age at symptom onset for axSpA is between 24-27 years.⁶
- AS usually occurs between 15 and 35 years of age.¹
- People with a close relative with AS are three times more likely to get the disease than someone without AS in the family.⁷

Main symptoms

- Symptoms vary from person to person, but typically include:
  - Inflammatory back pain that usually starts before 45 years of age and lasts for more than 3 months. Key features of inflammatory back pain include:⁸ ⁹
    - Insidious onset
    - Morning stiffness in the spine for more than 30 minutes
    - Improvement of pain and stiffness with exercise and not with rest
  - Joint swelling⁹
  - Painful inflammation where tendons or ligaments attach to bone⁹
  - Extreme tiredness (fatigue)⁹
  - Pain at night, usually in the second half of the night, with improvement on getting up
  - Alternating buttock pain

Treatment

- There is no cure for axSpA. The primary goal of treatment is to maximise patients' long term health-related quality of life by:¹⁰
  - Control of symptoms
  - Prevention of structural damage
  - Normalisation of function and social participation
  - This is achieved by a combination of drug and non-drug treatment options. Non-drug treatments for axSpA include exercise and physiotherapy which can also help to relieve pain and stiffness and keep the spine flexible.¹⁰ ¹¹
  - Early diagnosis and treatment is important to prevent axSpA progressing to the AS, where fusion of the spine can occur. Spinal fusion/damage to the patient can lead to an increased risk of spinal fracture be-

References