AMERICAN COLLEGE OF RHEUMATOLOGY
EDUCATION • TREATMENT • RESEARCH

Spondyloarthritis

Fast Facts

- Spondyloarthritis is a type of arthritis that attacks the spine and, in some people, the joints of the arms and legs. It can also involve the skin, intestines and eyes. The main symptom (what you feel) in most patients is low back pain. This occurs most often in axial spondyloarthritis.
- In a minority of patients, the major symptom is pain and swelling in the arms and legs. This type is known as peripheral spondyloarthritis.
- People in their teens and 20s, particularly males, are affected most often. Family members of those with spondyloarthritis are at higher risk.
- Many people with axial spondyloarthritis progress to having some degree of spinal fusion, known as ankylosing spondylitis. This more often strikes young males.
- Non-steroidal anti-inflammatory drugs (commonly called NSAIDs) offer symptom relief for most patients by reducing pain and swelling. Other medicines called anti-TNF drugs or TNF blockers are effective in patier
- Newer treatments have helped a great deal in controlling symptoms, and frequent fitness activities and back

Spondyloarthritis (or spondyloarthropathy) is the name for a family of inflammatory rheumatic diseases that cause a where ligaments and tendons attach to bones called “entheses.” Symptoms present in two main ways. The first is ir can affect the hands and feet or arms and legs. The second type is bone destruction causing deformities of the spir

The most common is ankylosing spondylitis, which affects mainly the spine. Others include:

- axial spondyloarthritis, which affects mainly the spine and pelvic joints;
- peripheral spondyloarthritis, affecting mostly the arms and legs;
- reactive arthritis (formerly known as Reiter's syndrome);
- psoriatic arthritis; and
- enteropathic arthritis/spondylitis associated with inflammatory bowel diseases (ulcerative colitis and Crohn's dise

What causes spondyloarthritis?

Ankylosing spondylitis is hereditary. Many genes can cause it. Up to 30 of these genes have been found. The r
with ankylosing spondylitis are carriers of HLA-B27.

Enteropathic arthritis is a form of chronic, inflammatory arthritis. The two most common types are ulcerative c
may be due to bacteria that enter the bowel when inflammation damages it. People with HLA-B27 are more lik

Discussions of the causes and risk factors for other members of the spondyloarthritis family appear in their ow

Who gets spondyloarthritis?

Ankylosing spondylitis tends to start in the teens and 20s and strikes males two to three times more often thar
partly on whether they inherited the HLA-B27 gene.

There is an uneven ethnic distribution of ankylosing spondylitis. The highest frequency appears in the far north
(also called Samis), who have a higher frequency of HLA-B27. It also occurs more often in certain Native Amer
less often than other races.

Based on data from the National Health and Nutrition Examination Survey (NHANES), the frequency of ankylos
spondyloarthritis is 1.4 percent.

How is spondyloarthritis diagnosed?

Correct diagnosis requires a physician to assess the patient's medical history and do a physical exam. The do
the sacroiliac joints, a pair of joints in the pelvis. X-ray changes of the sacroiliac joints, known as sacroiliitis, ar
the symptoms are highly suspicious, your doctor might order magnetic resonance imaging, or MRI, which sho
can.

Among the blood tests you may need is a test for the HLA-B27 gene. However, having this gene does not mea
gene but do not have arthritis and never develop arthritis. In the end, the diagnosis relies on the doctor's judgr

How is spondyloarthritis treated?

All patients should get physical therapy and do joint-directed exercises. Most recommended are exercises tha

There are many drug treatment options. The first lines of treatment are the NSAIDs, such as naproxen, ibuprof
in the correct dose and duration, these drugs give great relief for most patients.

For joint swelling that is localized (not widespread), injections, or shots, of corticosteroid medications into joint quickly.

For patients who do not respond to the above lines of treatment, disease modifying antirheumatic drugs (com These drugs relieve symptoms and may prevent damage to the joints. This class of drugs is helpful mainly in t

Although they may be effective, corticosteroids taken by mouth are not advised. This is because the high dose

Antibiotics are an option only for patients with reactive arthritis.

TNF alpha blockers (a newer class of drugs known as biologics) are very effective in treating both the spinal ar the FDA has approved for use in patients with ankylosing spondylitis are:

- infliximab (Remicade), which is given intravenously (by IV infusion) every 6-8 weeks at a dose of 5 mg/kg;
- etanercept (Enbrel), given by an injection of 50 mg under the skin once weekly;
- adalimumab (Humira), injected at a dose of 40 mg every other week under the skin;
- golimumab (Simponi), injected at a dose of 50 mg once a month under the skin.

However, anti-TNF treatment is expensive and not without side effects, including an increased risk for serious symptoms) to develop an active infection. Therefore, you and your doctor should weigh the benefits and risks ankles, elbows, wrists, hands and feet should try DMARD therapy before anti-TNF treatment.

Surgical treatment is very helpful in some patients. Total hip replacement is very useful for those with hip pain rarely necessary, except for those with traumatic fractures (broken bones due to injury) or to correct excess fle

Broader health impacts

Other problems can occur in patients with spondyloarthritis. You should discuss possible complications with y

- Osteoporosis, which occurs in up to half of patients with ankylosing spondylitis, especially in those whose s
- Inflammation of part of the eye, called uveitis, which occurs in about 40% of those with spondyloarthritis. S most often are effective, though severe cases may need other treatments from an ophthalmologist (eye MD
- Inflammation of the aortic valve in the heart, which can occur over time in patients with spondylitis. Your do
- Psoriasis, a patchy skin disease, which if severe will need treatment by a dermatologist (skin doctor).
- Intestinal inflammation, which may be so severe that it requires treatment by a gastroenterologist (doctor w

Living with spondyloarthritis

Pain, fatigue and stiffness can be continuous or off and on. Despite these symptoms, most patients with spon
the newer treatments available. There are things you can do to improve your health. Frequent exercise is esse
aggravates spondyloarthritis and can speed up the rate of spinal fusion. Patient support groups provide suppo
Spondylitis Association of America, the National Psoriasis Foundation or the Arthritis Foundation.

Updated November 2013. Written by John D. Reveille, MD, and reviewed by the American College of Rheumatology Communications a

This information is provided for general education only. Individuals should consult a qualified health care provider for professional medic