

Arthritis – Spondyloarthritis

Emergency Department factsheets

What is Spondyloarthritis?

Spondyloarthritis/Spondyloarthropathy (SpA) is the name for a group of inflammatory rheumatological diseases that cause arthritis. It differs from other types of arthritis, because it involves joints, and the sites are where ligaments and tendons attach to bones called “entheses.” SpA is an auto-immune condition.

The body’s immune system is designed to fight infections to keep you healthy, in people with SpA the immune system creates inflammation in the joints of the spine, pelvis and/or peripheral joints. This causes pain and stiffness and may lead to joint damage. The most common form is ankylosing spondylitis (AS), which affects mainly the spine.

Classification of SpA

Axial spondyloarthritis (axSpA) is the umbrella term for two different types of inflammatory arthritis that affect the spine. There are two types of axSpA:

- Radiographic r-axSpA e.g AS. Where bone damage shows on X-rays. Symptoms of AS usually begin between the ages of 15 and 45 years and affects more men than women.
- Non-radiographic Axial Spondyloarthritis (nr-axSpA). X-rays don’t show damage despite symptoms. It is more common in women but is often misdiagnosed. In its early stages, nr-axSpA can be mistaken for general back pain.

Peripheral spondylarthritis (p-SpA). In p-SpA, the hands, wrists, elbows, shoulders, knees, ankles and feet are more often affected. Inflammation of the tendons in the fingers or toes, and inflammation where the ligaments meet the bones, are both more common than in the axial form of the disease.

Conditions that are associated with SpA are surprisingly varied and symptoms can overlap. In addition to back pain, you could have:

- Psoriasis, a skin disease marked by patches of itchy red skin.
- Eye inflammation called uveitis, which affects about 30% to 40% of people with SpA.
- Inflammation in your gastrointestinal tract that can cause abdominal pain, unintended weight loss, and severe diarrhea.

What are the symptoms?

The signs and symptoms of SpA vary from person to person. The most common symptoms of axSpA are pain and stiffness in the back, often the lower back and into the buttocks that:

- comes on gradually over weeks or months
- is worse in the second half of the night and wakes you up
- is worse first thing in the morning, with early morning stiffness that lasts 30 minutes or more
- is worse after rest and feels better after activity and exercise
- has been present for 3 months or more
- may involve pain deep in the buttock that can swap from one side to the other over time, especially in the early stages (doctors call this ‘alternating buttock pain’).

Other associate disease symptoms can include:

- fatigue (extreme tiredness)
- inflammation and pain in tendons (which connect muscles to bones) and ligaments (which connect bones to each other)

- arthritis in one or more of your peripheral joints – such as the joints in your hands, feet, arms or legs
- sausage like swelling of toes or fingers
- inflammation in your eye (uveitis)
- inflammatory bowel disease
- psoriasis – changes in skin or nails
- feeling feverish and having night sweats
- losing your appetite and losing weight.

Symptoms may change from day to day. At times your symptoms (e.g. pain, fatigue, inflammation) can become more intense. This is a flare. Flares are unpredictable and can seem to come out of nowhere.

What causes SpA

Why individuals develop SpA is not fully understood. Anywhere from 80% to 95% of those who have axSpA carry the HLA-B27 gene, but most people with the gene never get arthritis. Although HLA-B27 may make you more susceptible to axSpA and related diseases, it needs a trigger to set it off. Several possible triggers are being investigated, including mechanical stress on the back, though no clear link has been found so far. It's also possible that the inciting factor is dysbiosis — an imbalance of the natural microbes in the gut. Dysbiosis at the root of many chronic inflammatory diseases, including inflammatory bowel disease and rheumatoid arthritis.

Diagnosis

Many people in the early stages of the SpA group of conditions think they have common back pain and do not seek help. However, it is important to have SpA diagnosed as early as possible to allow for effective treatment. No one test can diagnose SpA, so your doctor will use a combination of tests to confirm your diagnosis. They may include:

- your medical history
- a physical examination
- blood tests
- genetic testing to look for the HLA-B27 gene
- scans such as an x-ray and MRI.

Your general practitioner will refer you to a Rheumatologist if they think you have a SpA related condition. Rheumatologists are doctors who specialise in diagnosing and treating problems with joints, muscles, bones, and the immune system.

Treatment

Your Rheumatologist and general practitioner will work in partnership with you to develop a treatment plan which is designed to control inflammation and pain also to minimise joint damage. This will include an appropriate exercise regime, medication and lifestyle changes. Australian Rheumatologists use an approach called “treat to target” when deciding how to manage your disease. Your Rheumatologist will look at your blood test results, your current symptoms and how well you're able to function daily to determine the appropriate dose of medications you need.

Your treatment plan will also depend on other factors such as:

- how long you have had axSpA and your level of joint damage
- other related and non-related diseases you have
- whether some medications may cause you some harm
- you and your treating doctor will need to weigh the risks of taking certain medications versus the risks of not taking them
- your personal preferences, such as medications that are taken as tablets, injections or infusions.

Exercise and activity

Physical activity protects joints by strengthening the muscles around them. Strong muscles and tissues support those joints that have been weakened and damaged by arthritis. A properly designed program of physical activity reduces pain and fatigue, improves ability and overall fitness, and alleviates depression. Physical activity allows someone with arthritis to have a more productive, enjoyable life. A physiotherapist or exercise physiologist can

provide you with an appropriate targeted exercise plan.

Disclaimer: This health information is for general education purposes only. Please consult with your doctor or other health professional to make sure this information is right for you.

Self care

Learn about your condition understanding your condition allows you to make informed decisions about your health care.

- Eat a healthy diet and manage your weight. Being overweight or obese increases inflammation throughout the body increasing your SpA symptoms while limiting the effectiveness of some medicines used to treat SpA.
- Avoid smoking. Smoking worsens overall health, and it can speed up disease activity and joint damage. It can also make it harder to breathe. Talk to your doctor about ways to help you quit.
- Pace yourself. On tough days, pace your activities and take short breaks throughout the day to manage fatigue.

Seeking help

You need to see a doctor or health care professional promptly if you:

- have pain that does not improve with painkillers
- have increased severe joint swelling
- have increased stiffness
- feel generally unwell with a fever
- cannot function at home.

For other medical problems see your local doctor or health-care professional. In a medical emergency, go to the nearest hospital emergency department or call an ambulance (dial 000).

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