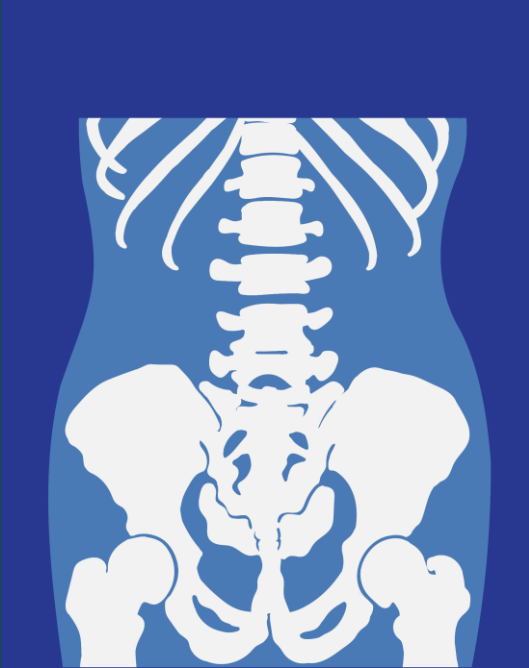


Women with AxSpA



Why make a distinction?



Delay to Diagnosis
Historical Misconceptions
Less obvious presentation
Dismissive Misdiagnoses

Spondyloarthritis

AxSpA

Ankylosing Spondylitis /
radiographical
None radiographical
Enteropathic
Psoriatic

PSpA

Psoriatic
Enteropathic
Peripheral Entheseopathy



AxSpA In Women



Men

More likely radiographic

Increased Inc. Uveitis

More likely to meet

Modified NY Criteria

Women

More likely n-radiographic
and slower to progress

Increased EAMs (enthesitis,
psoriasis, IBD)

Greater subj disease activity,
widespread pain and work
productivity loss

Inflammatory Back Pain



Stiffness

Nocturnal pattern

Better with activity/worse with rest

Onset. Insidious <45

Improvement with anti-inflammatories

Extra-Articular Features



Psoriasis

Crohns/colitis

Dactylitis

Enthesitis

Uveitis

Fibromyalgia

Axial Spondyloarthritis

Profiles

	Male	Female	Psoriatic Arthritis	Enteropathic Arthritis	Reactive Arthritis
MNYc	Very Often	Sometimes	Sometimes	Sometimes	Sometimes
HLAB27	90%	85%	50%	40%	40%
IBD	25%	Often	Sometimes	Very Often	Sometimes
Enthesitis	40%	Very Often	Very Often	Often	Sometimes
Uveitis	25%	Sometimes	Sometimes	Sometimes	Sometimes
Psoriasis	25%	Often	85%	Sometimes	Sometimes
XRAY	Often	Sometimes	Sometimes	Sometimes	Sometimes
MRI	Often	Sometimes	Sometimes	Sometimes	Sometimes

Modified New York Criteria

Back Pain >3 months: improved by exercise not relieved by rest
 Limitation of Lumbar motion
 Limitation of chest expansion

Bilateral Sacroillitis Grade 2
 Unilateral Sacroillitis Grade 3 or 4

SCREEND'EM BEFORE YOU TREAT'EM

A clinical tool to help identify spondyloarthropathy (SpA) in patients with tendinopathy.

SKIN

6-42% of patients with psoriasis develop psoriatic arthritis.



COLITIS OR CHROHN'S

Arthritis is one of the most common extra-intestinal manifestations of inflammatory bowel disease. The prevalence of SpA in patients with Crohn's is estimated to be 26% at 6 year follow up.



RELATIVES

There is a strong relationship between SpA and HLA-B27 positive patients.

Family members of patients with SpA who are HLA-B27 positive have a 16-fold increase chance of developing ankylosing spondylitis if they are also HLA-B27 positive.



EYES



Acute anterior uveitis (AAU) can cause a painful, red eye with photophobia and blurred vision. 40% of patients presenting with idiopathic AAU have undiagnosed SpA. 50% of patients with AAU are HLA-B27 positive and >50% of these have SpA.

EARLY MORNING STIFFNESS

Inactivity related stiffness that lasts for more than 30 minutes is suggestive of inflammatory disease.

NAILS

Nail lesions occur in 87% of SpA patients and include:



- small depressions in the nail (pitting)
- thickening of the nails
- painless detachment from the nail bed (onycholysis).

DACTYLITIS

Sausage like swelling of the digits is a hallmark sign of psoriatic arthritis, occurring in 50% of cases.



ENTHESITIS

98% of SpA patients have at least one abnormal enthesitis. The most common sites are the Achilles tendon, plantar fascia and patellar tendon.



MOVEMENT & MEDICATION EFFECT

SpA patients report improvement with activity but not with rest, and a favourable response to NSAIDs.

Created by
Paul Kirwan



@pdkirwan



THE KNEE
RESOURCE
FLUORESCENT ILLUMINATION

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ONLINE.



Thanks to:
Paul Kirwan
@pdkirwan

In your patient with chronic back pain, tick all the symptoms that apply to determine the likelihood of axial spondyloarthritis

Inflammatory type of back pain ☐

Heel pain (enthesitis) ☐

Peripheral arthritis ☐

Dactylitis ☐

Iritis or anterior uveitis ☐

Psoriasis ☐

IBD (Crohn's disease or ulcerative colitis) ☐

Positive family history of axial SpA, reactive arthritis, psoriasis, IBD or anterior uveitis ☐

Good response to NSAIDs ☐

Positive family history of axial SpA, reactive arthritis, psoriasis, IBD or anterior uveitis ☐

Good response to NSAIDs ☐

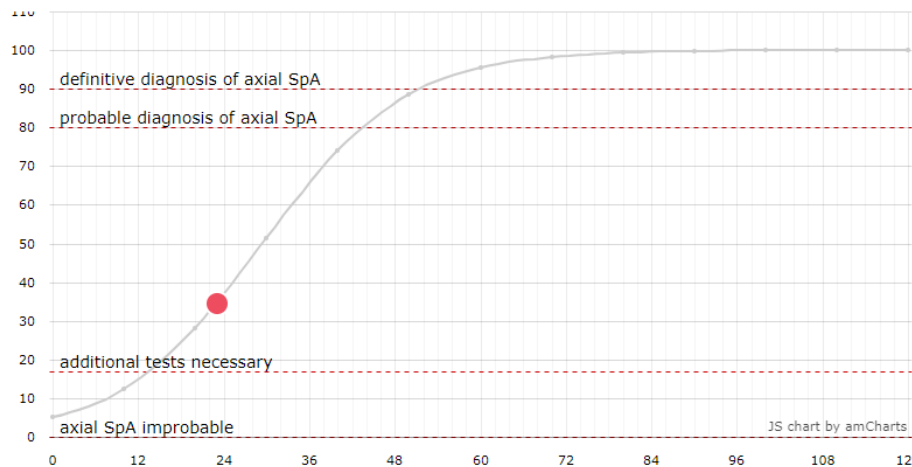
Raised acute-phase reactants (CRP/ESR) ☐

HLAB27 ☐

Sacroiliitis shown by MRI ☐

SHOW RESULTS

Sacroiliitis shown by MRI

[SHOW RESULTS](#)

Additional tests necessary

This patient may have Axial SpA but further tests are necessary – assessment by a rheumatologist is recommended

If you would like to let us know the outcome of the diagnosis, please do this via the [Contact](#) page.



RESEARCH



DIAGNOSIS



IBP



ASAS AxSpA

Women with AxSpA



TIPS



Is Fibro AxSpA?
Back Pain +
Tendon problems



Women with AxSpA

