Msk?... Think SpA!

NICE guidance on recognition and referral of Spondyloarthritis

What is Spondyloarthritis (SpA)?

Spondyloarthritis is a group of inflammatory arthritis conditions with common features and associated with extra-articular inflammatory conditions:

- Psoriasis
- Inflammatory Bowel Disease
- Uveitis
- Infection trigger

A key feature is enthesitis (inflammation at tendon attachment to bone) and may also involve joint inflammation, pain and swelling

There are two main types ,which can also co-occur:

- Axial Spondyloarthritis: involving SIJs/spine/costovertebral joint regions
- Peripheral Spondyloarthritis: involving dactylitis (whole digit inflammation and swelling), enthesitis, peripheral joint inflammation and tendonitis

Spondyloarthritis: Recognition and referral

NICE guidance offers separate advice on suspecting axial and peripheral presentations, relating to evidence for different signs, symptoms and risk factors

Why is it important to screen for Spondyloarthritis?

- Average time to be diagnosed for many people is 8-9 years
- Spondyloarthritis is often mistaken as chronic back pain, or as unrelated tendonitis and joint problems
- Symptoms can move between areas, be asymmetrical, and can flare and settle
- This guidance links with NICE Guidance on Low Back Pain and Sciatica (2016) to ensure inflammatory back symptoms are not mistaken as chronic mechanical LBP

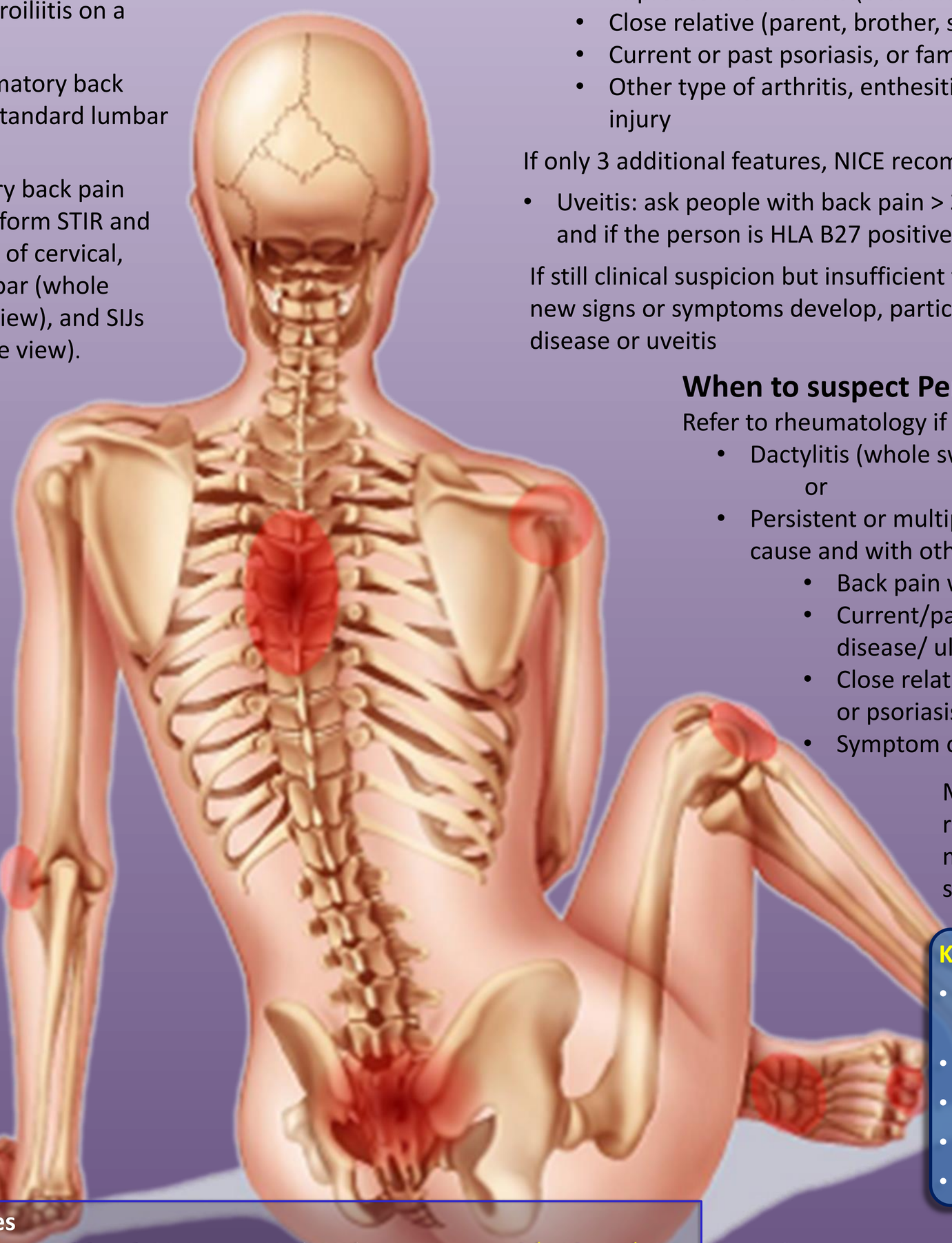
**Important – Consider spondyloarthritis before treating as NSLBP

Spondyloarthritis conditions include:

- Axial Spondyloarthritis (AxSpA) / Ankylosing Spondylitis (AS)
- Psoriatic Arthritis
- Enteropathic arthritis (related to inflammatory bowel disease-Crohn's disease/ ulcerative colitis)
- Reactive Arthritis (triggered by gastrointestinal or genitourinary infection)
- Undifferentiated Spondyloarthritis (no identified associations)

Diagnostic Imaging

- Imaging may involve X-ray, MRI or US depending on presentation, regions involved and other factors influencing imaging decisions
- may be present despite no evidence of sacroiliitis on a plain film X-ray
- MRI for inflammatory back pain differs to standard lumbar MRI protocol
- An inflammatory back pain MRI should perform STIR and T1 (both views) of cervical, thoracic & lumbar (whole spine, sagittal view), and SIJs (coronal oblique view).



When to suspect Axial Spondyloarthritis (AxSpA)

Refer to rheumatology if a person presents with:

- Back pain > 3 mths with onset before 45 years of age

And if 4 or more additional features below:

- Onset before 35 years of age (increases suspicion)
- Woken second half of night by symptoms
- Improves with movement
- Buttock pain
- Improves with NSAIDs (often within 48 hours)
- Close relative (parent, brother, sister, son or daughter) with spondyloarthritis
- Current or past psoriasis, or family history of psoriasis
- Other type of arthritis, enthesitis, or pain or swelling in tendon or joints not due to injury

If only 3 additional features, NICE recommends testing for HLA B27 - if positive – refer

- Uveitis: ask people with back pain > 3mths with onset before 45yrs if history of uveitis – and if the person is HLA B27 positive or has a history of psoriasis – refer

If still clinical suspicion but insufficient features, advise the person to seek reassessment if new signs or symptoms develop, particularly if a history of psoriasis, inflammatory bowel disease or uveitis

When to suspect Peripheral Spondyloarthritis

Refer to rheumatology if a person presents with:

- Dactylitis (whole swollen digit- 'sausage' finger or toe)
  or
- Persistent or multiple-site enthesitis without apparent mechanical cause and with other features, including:
  - Back pain without apparent mechanical cause
  - Current/past psoriasis, inflammatory bowel disease (Crohn's disease/ ulcerative colitis) or uveitis
  - Close relative (parent, brother, sister, son or daughter) with SpA or psoriasis
  - Symptom onset following GIT or genitourinary infection

Morning stiffness lacked sensitivity & specificity as a referral criterion for AxSpA, however prolonged morning stiffness (> 30 min) is important in suspecting inflammatory disease

Key points about Spondyloarthritis:

- If persisting back, tendon or joint pain – ask about psoriasis, inflammatory bowel disease, uveitis
- AxSpA/AS affects women and men equally
- Inflammatory markers (ESR & CRP) can be normal
- Do not exclude possibility of SpA if HLA B27 negative
- MRI for AxSpA differs from lumbar MRI protocol

Further resources

- NICE guideline on Spondyloarthritis in over 16s (2017) www.nice.org.uk/guidance/ng65
- CSP website: www.csp.org.uk/frontline/article/spondyloarthritis-part-1
- National Ankylosing Spondylitis Society: www.nass.org.uk
- AStretch: www.astretch.co.uk
- RCGP -free eLearning module: http://elearning.rcgp.org.uk/course/info.php?id=229

This leaflet supports the implementation of recommendations in the NICE guideline on Spondyloarthritis in over 16s. **National Institute for Health and Care Excellence, March 2018**

Prepared by Dr Carol McCrum, Consultant Physiotherapist, who has been awarded a NICE Fellowship to raise awareness of NICE (2017) Guidelines on Spondyloarthritis in over 16s [NG65] [resource v3_last revised 26.02.18] carol.mccrum@nhs.net @carol_mccrum