



Axial Spondyloarthritis

(Axial SpA)

In this leaflet we aim give you an understanding of axial spondyloarthritis and how it fits together with ankylosing spondylitis.

What is Spondyloarthritis?

Spondyloarthritis is a type of inflammatory arthritis. The main symptom is inflammatory back pain.

Back pain is very common. Around 6% of adults in the UK (or 3 million people) suffer from chronic low back pain. This means they have back pain lasting longer than 3 months.

In the majority of these cases the pain is said to be 'mechanical' - that is, related to the way the muscles, ligaments, discs and bones work together. An example of this would be osteoarthritis.

In around 1 in 20 cases the pain is due to inflammation. The symptoms are not exactly the same as in mechanical back pain. In this situation back pain is referred to as "inflammatory back pain".

What is axial spondyloarthritis?

Axial Spondyloarthritis is inflammatory arthritis where the main symptom is back pain.

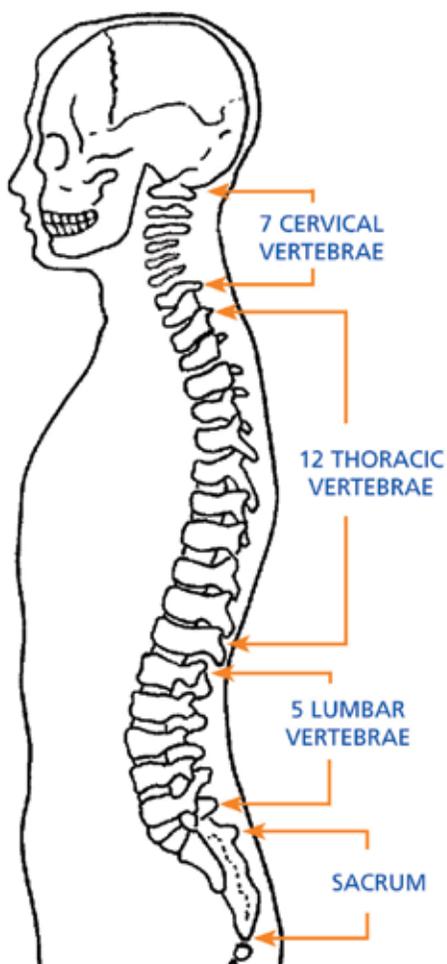
It is sometimes shortened to axial SpA or even axSpA.

Other types of spondyloarthritis mainly affect peripheral areas of the body such as the hands, knees and feet. These are called peripheral SpA and include conditions such as psoriatic arthritis, reactive arthritis and enteropathic arthritis.

So a lot of the times when we talk about axial spondyloarthritis... it refers to inflammatory back pain.

Your sacroiliac joint

The spine is made up of 24 vertebrae and 110 joints. There are 3 sections: 7 cervical, 12 dorsal or thoracic and 5 lumbar vertebrae.



The cervical, or neck section, is the most mobile. In the thoracic section each vertebrae has a rib attached to it on each side. Below the lumbar section is the diamond-shaped sacrum which locks like a keystone into the pelvis.

The joints between the sides of the sacrum and the rest of the pelvis are called the sacroiliac joints.

To assess your axial SpA your rheumatologist will often look at x-rays and MRI scans of your sacroiliac joints as these are the joints most commonly affected in axSpA.

In axial SpA your sacroiliac joints often become inflamed. This inflammation causes pain in the lower back and buttocks.

Where are you on the axial SpA spectrum?

Sometimes your rheumatologist can clearly see changes or damage to your sacroiliac joint on x-ray. This means you have **ankylosing spondylitis (AS)**.

At other times these changes may not be readily visible on x-ray BUT when you have an MRI scan your rheumatologist can see inflammation. This means you have **axial SpA**. In this situation, it is also sometimes called non-radiographic axial SpA (nr-axSpA). The term non-radiographic means 'not on x-ray'.

Some people have some of the signs and symptoms of axial SpA, but when x-rays and MRI scans are taken, no visible inflammation can be seen. Again the term non-radiographic axial SpA is used here.

The signs and symptoms rheumatologists would be looking for alongside low back pain that has lasted longer than 3 months include:

- Previous episodes of uveitis (inflammation in the eyes)
- Crohn's disease or ulcerative colitis
- Psoriasis
- Inflammation in the heel of the foot
- Inflammation in the fingers or toes
- Elevated markers of inflammation in blood tests

Other things your rheumatologist would take into account include:

- if you are HLA- B27 positive
- if there is a history of spondyloarthritis in your family
- if your pain and stiffness do respond well to anti-inflammatory medication such as ibuprofen.

Managing your axial SpA

Axial SpA is managed in the same way as ankylosing spondylitis (AS) through a combination of pain relief and appropriate exercise.

Pick up the NASS Guidebook for a practical introduction to the treatment and management of ankylosing spondylitis and axial SpA with useful advice on living and working with AS.

You can also pick up NASS leaflets covering:

Driving and AS: Safe driving, the DVLA, Forum of Mobility Centres, the Motability scheme and the Blue Badge scheme.

Fatigue and AS: What causes fatigue in AS and how it can be managed

Uveitis and AS: Symptoms of uveitis/iritis and treatments

Exercise is not just a useful addition to the management of AS. It is one of the cornerstones of treatment. Exercise helps in the maintenance of flexibility and good posture and also assists with pain management and wellbeing. NASS have a range of exercise resources on offer to help including:

Back to Action: A guide to exercising safely in the gym. You can download a pdf of the guide free from the NASS website, buy a printed, spiral bound version in the NASS shop or download our free App for iPhones or smart phones.

Fight Back: Our exercise DVD aimed at people with more advanced AS who want to exercise at home. It includes 6 exercise programmes with 35 individual exercises and contains hip safe exercises.

NASS near you: NASS offer regular physiotherapy and hydrotherapy sessions to people with AS through its extensive network of local branches.



The NASS HELPLINE
is open 09:00 to 12:00 Monday to Friday

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