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| <Address> |
| <Address> |
| <Address> |
| 06 February 2020 |

Dear

**<Patient Name> <Address> <Date of Birth>**

I have assessed (patient name) and suspect that they may have axial spondyloarthritis or ankylosing spondylitis as they have exhibited the following symptoms and/or clinical features[[1]](#footnote-1):

Insidious onset of back pain for longer than 3 months

Age at onset of back pain less than 40 years

Improvement of back pain with activity

No improvement of back pain with rest

Back pain at night resulting in disturbed sleep

Buttock pain which can alternate

Enthesitis

Dactylitis

Family history of spondyloarthritis

Psoriasis

Uveitis

Inflammatory bowel disease

The NICE Guideline for Spondyloarthritis[[2]](#footnote-2) states: *If a person has low back pain that started before the age of 45 years and has lasted for longer than 3 months, refer the person to a rheumatologist for a spondyloarthritis assessment if* ***4 or more*** *of the (above) criteria are also present. If exactly* ***3*** *of the additional criteria are present, perform an HLA-B27 test. If the test is positive, refer the person to a rheumatologist for a spondyloarthritis assessment.*

I have also enclosed a copy of the SPADE Assessment Tool[[3]](#footnote-3) which supports my findings. I would therefore be grateful if you could please consider referring this patient into rheumatology for further evaluation of the diagnosis [OPTIONAL]. *Please insert additional comments you may have here.*

Yours sincerely,

<Name>



1. Assessment of Spondyloarthritis International Society Classification Criteria, <https://www.asas-group.org/education/asas-handbook/> [↑](#footnote-ref-1)
2. <https://www.nice.org.uk/guidance/ng65> [↑](#footnote-ref-2)
3. Spondyloarthritis Diagnosis Evaluation Tool, <http://www.spadetool.co.uk/> [↑](#footnote-ref-3)