

AxSTARS – The prevalence of inflammatory back pain in patients with psoriasis and inflammatory bowel disease in secondary care



Axial SpA works silently. We don't.

BACKGROUND

This work is part of the Axial SpA Transformation and Redesign of Services (AxSTARS) project and took place within the South West Axial Spondyloarthritis Group.

Primary: To achieve a sustainable reduction in the time to diagnosis of patients with Axial SpA across the South West of England.

- 1 To establish a common data set and understand current performance.
- 2 To develop, agree and adopt a common standardised axial SpA (IBP) pathway across SWAG.
- 3 Increase the awareness and confidence of primary care HCPs to identify and refer patients with inflammatory back pain.
- 4 Increase the awareness and confidence of secondary care clinicians to identify and refer patients with inflammatory back pain plus an EMM.
- 5 To raise public awareness of Axial SpA and the symptoms amongst the general population through integrated marketing (funding dependent)

- Patients with Axial Spondylarthritis (axSpA) have an average delay to diagnosis of 8.5 years (1).
- Extra-musculoskeletal manifestations (EMMs) are common and include psoriasis, inflammatory bowel disease (IBD) and acute anterior uveitis (2).
- It is possible that patients with yet undiagnosed axSpA are being seen in secondary care clinics for management of EMMs.

OBJECTIVE

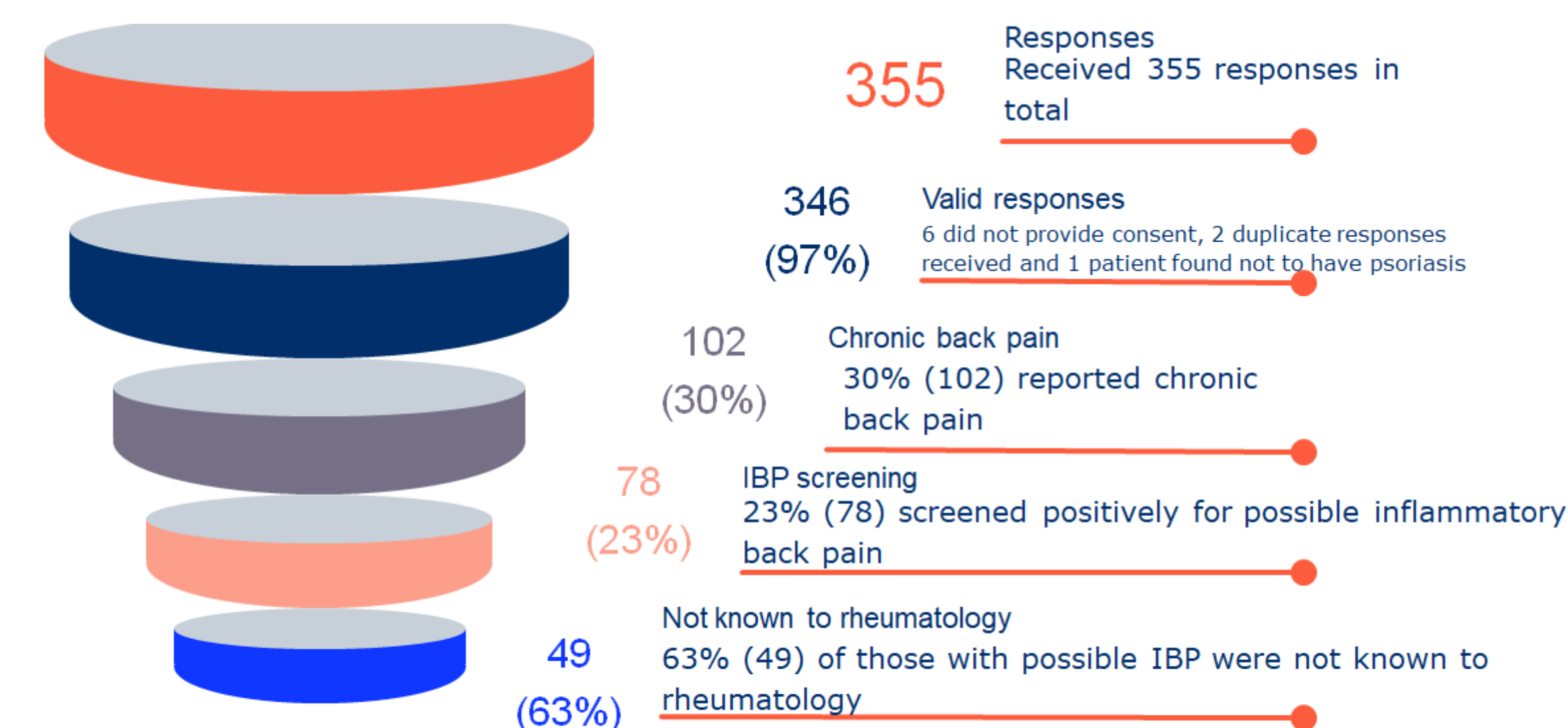
Identify the prevalence of inflammatory back pain (IBP) in secondary care cohorts of patients with psoriasis and IBD, at two different centres.

METHODS

- Patients were identified as having a coded diagnosis of psoriasis or being under the care of the IBD nurses in gastroenterology.
- Patients who had a mobile number recorded were sent a link to complete the National Axial Spondylarthritis Society (NASS), screening survey for IBP. Written consent for the use of provided data was embedded within the questionnaire.
- The survey was sent to 1529 patients with a coded diagnosis of psoriasis and 328 patients under the care of the IBD nursing team.

RESULTS

Psoriasis cohort

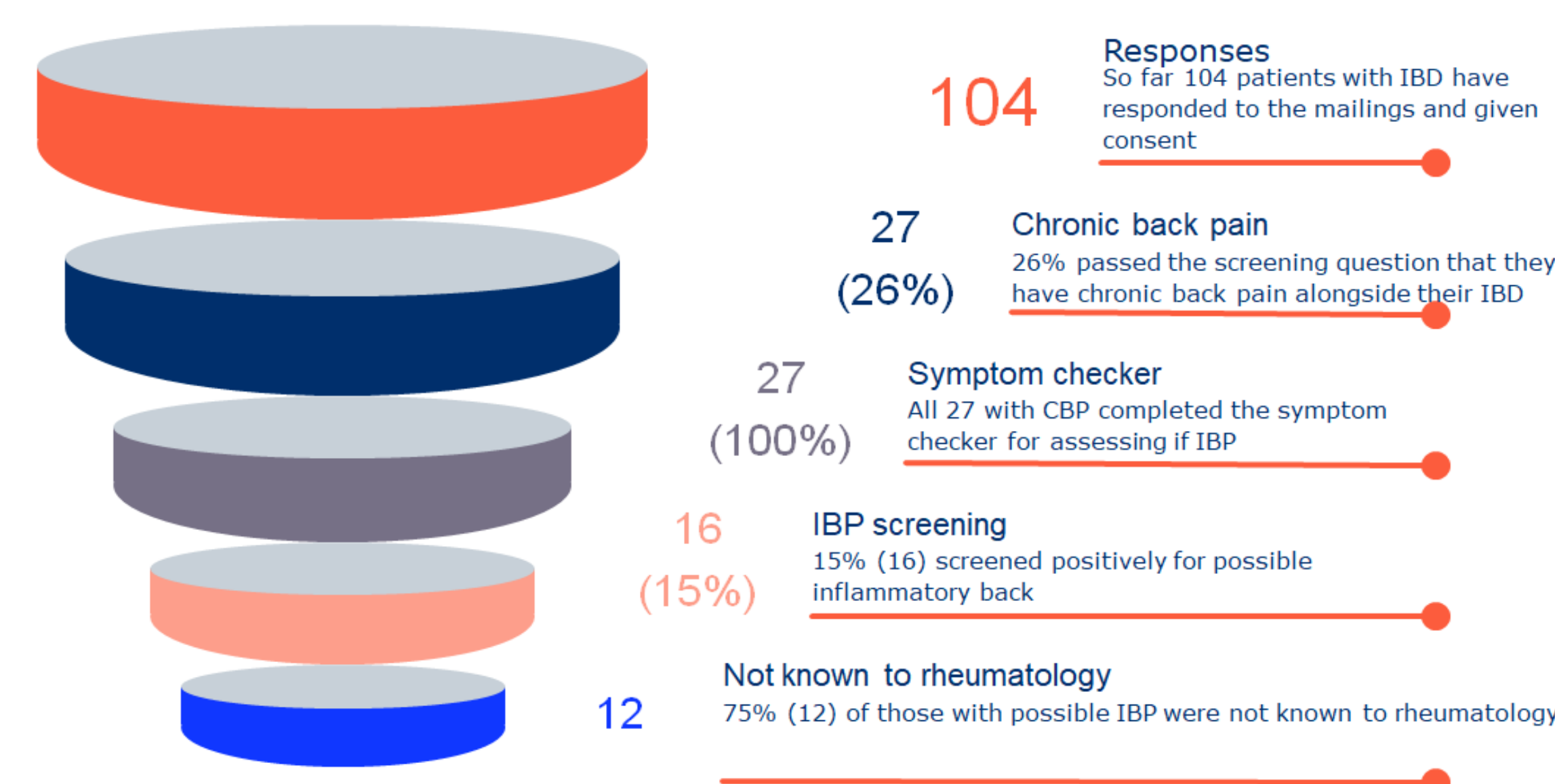


This indicates that 23% or approximately 1 in 5 would require referral to rheumatology

In patients who screened positively for IBP, the most common features of back pain were gradual onset of pain (94%), early morning stiffness (91%) and onset of pain before the age of 40 (81%).

- Average Psoriasis Area and Severity Index (PASI): 13.6
- Average Dermatology Life Quality Index (DLQI): 18.8
- Of the 16 patients who had a Psoriasis Epidemiology Screening Tool (PEST) score recorded, only two were positive.

IBD cohort



This indicates that 16% or approximately 1 in 6 would require referral to rheumatology

Patients who screened positively for possible IBP and provided identifiable information and consent were referred on for further assessment in rheumatology.

CONCLUSIONS

There is a high prevalence of possible IBP among our cohorts of psoriasis and IBD patients.

Secondary care consultants seeing patients with EMMs could play a crucial role in identifying patients with IBP.

Improving awareness of the disease, its range of presentations, as well as streamlining referral pathways are possible strategies to improve identification and referral.

The PEST score was infrequently recorded and correlated poorly with the score for possible IBP.

REFLECTIONS AND LEARNING

What went well?

- Multiple sites and multiple different departments requiring excellent inter-specialty working.
- Highlights a potential unmet need and a possible route to improving identification of axSpA.
- Further analysis of clinical features of disease will be carried out for patients referred to rheumatology, to identify the number of confirmed positive axSpA diagnoses and any phenotypic patterns.

What were the challenges?

- Not all patient responses could be matched to their clinical record, limiting the amount of clinical information gathered.

References

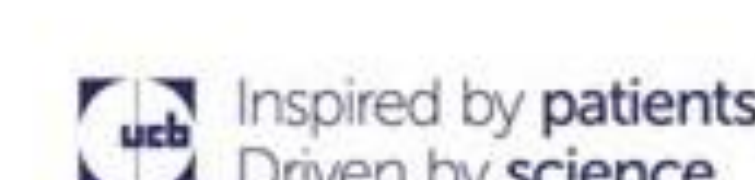
- Eddison J, Bamford S, Chan A, Chan M, Das D, Freestone J, et al. What is the average time to diagnosis for axial spondyloarthritis in the UK? London; 2023.
- de Winter JJ, van Mens LJ, van der Heijde D, Landewé R, Baeten DL. Prevalence of peripheral and extra-articular disease in ankylosing spondylitis versus non-radiographic axial spondyloarthritis: a meta-analysis. Arthritis Res Ther. 2016 Sep 1;18(1):196.



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