

Spondyloarthritis

What is Spondyloarthritis?

Spondyloarthritis is a group of chronic autoimmune diseases that occurs when your body's immune system attacks your own organs or tissues. It is characterized by inflammation of the spine, joints, tendons, ligaments and sometimes eyes, skin and/or bowels.

Spondyloarthritis encompasses several related subtypes, each with its own distinct features:

Ankylosing spondylitis:

- This affects the spine and sacroiliac joints (joints that connect the spine to the pelvis), causing inflammation, pain and stiffness.
- As the condition progresses, the entire spine may fuse together causing severe immobility and deformity.

Psoriatic arthritis:

- This typically occurs in individuals with psoriasis (a skin condition characterized by red, scaly patches on the elbows, shins and scalp).
- Psoriatic arthritis can affect joints causing pain, swelling and stiffness.
- Fingers and toes and sometimes become so inflamed that they may swell up like sausages (also known as dactylitis). This disease can also affect the nails, including pitting and separation.

Reactive arthritis:

- Individuals may experience joint pain and swelling, along with eye inflammation and urinary tract issues after a bowel or urinary tract infection.

Enteropathic arthritis:

- This is characterized by joint inflammation that occurs in conjunction with some gastrointestinal problems such as inflammatory bowel disease.

Undifferentiated spondyloarthritis:

- When someone shows symptoms of spondyloarthritis but does not fully meet the criteria for any of the above subtypes. Over time, the diagnosis may become clearer.



Who gets affected?

- It tends to occur more frequently in individuals who are less than 45 years old with a genetic predisposition, particularly those carrying the HLA-B27 gene.
- People with a family history of spondylarthritis are also at a higher risk.
- Other factors such as age, gender and environmental influences may contribute.

What are the signs and symptoms of Spondyloarthritis?

- Common symptoms include back pain and stiffness (often worsen in the morning or after periods of inactivity), pain, swelling and stiffness in other joints such as the hips, knees and ankles.
- Some individuals experience enthesitis (inflammation where tendons or ligaments attach to the bones), eye inflammation, rashes, nail changes and fatigue.
- In advanced cases, the inflammation in the spine and joints can lead to reduced flexibility and mobility.
- As the symptoms can vary, it is important to consult your doctor for an accurate diagnosis if you suspect you might have spondyloarthritis.



How is it diagnosed?

- Diagnosing spondyloarthritis involves a combination of history, physical examination and various tests including X-rays, magnetic resonance imaging, and/or ultrasound to visualise the affected joints and spine.
- While there is no definitive blood test for spondyloarthritis, certain markers like the HLA-B27 gene, and elevated levels of inflammation markers, eg: the C-reactive protein or erythrocyte sedimentation rate (ESR), can provide supportive evidence.

How is Spondyloarthritis treated?

- Similar to many other chronic diseases, even though there is no cure as yet for spondyloarthritis, it is a treatable condition and can be effectively managed with medications and physical therapy.
- Your doctor may recommend you to a physiotherapist who would teach you specific exercise routines to maintain your range of motion, achieve posture control, strengthen muscles, and improve balance. You would be advised to follow the exercises prescribed at home. Non-spinal loading exercises such as swimming are very useful for individuals with back pain and stiffness.
- Non-steroidal anti-inflammatory drugs (NSAIDs) are often used to reduce joint inflammation, and improve the pain and swelling that you might experience.
- Disease-modifying anti-rheumatic drugs (DMARDs) e.g. sulfasalazine are sometimes prescribed to slow the progression of disease and protect your joints and other affected organs from further irreversible damage.

- Biologic agents and small molecules are prescribed for patients who have severe disease and have failed other treatments including NSAIDs. Whilst effective, they can be more expensive. Not everyone with spondyloarthritis would need or is suitable for such medications.
- It is advised that you consult your doctor for an individually tailored treatment plan as not all medications may be suitable for you.



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