

Common extra-articular features found in axial spondyloarthritis

Heather Harrison, July 2018

Psoriasis



Anterior Uveitis (AAU)



Inflammatory Bowel Disease (IBD)



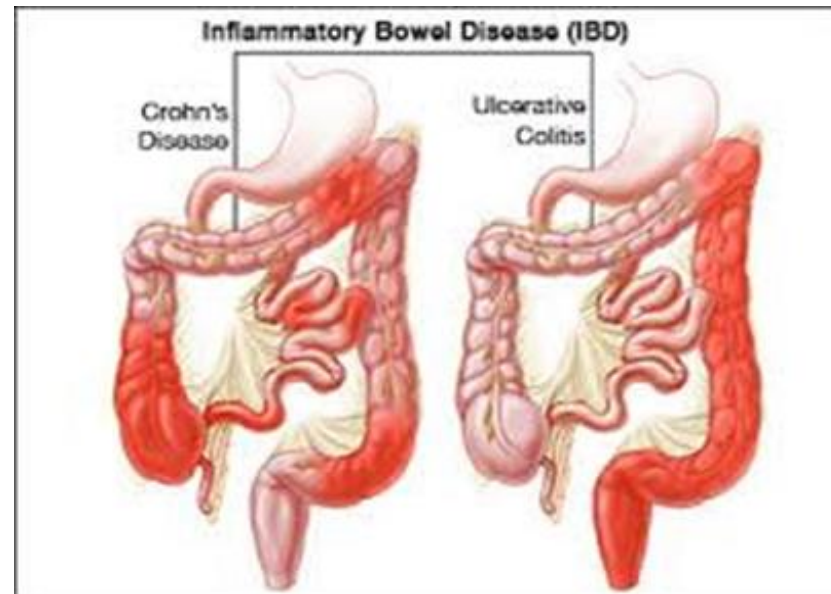
Inflammatory Bowel Disease and Axial SpA

- ▶ 5-10% of patients with Axial SpA have IBD¹
- ▶ 25-49% of Axial SpA patients have subclinical gut inflammation when endoscoped¹
- ▶ There is an increased prevalence of getting IBD with Axial SpA if HLA B27 +¹
- ▶ When patients with IBD had MRIs 30-40% had SI joint changes

¹Rudwaleit et al. Clin. Rheum. 2006;20;3.451-471

What is inflammatory Bowel Disease?

- ▶ Crohn's disease and ulcerative colitis are the 2 main diseases
- ▶ Ulcerative colitis only affects the colon (large intestine)
- ▶ Crohn's disease can affect any part of the digestive system, from the mouth to the anus.



- ▶ Age of onset between the ages of 15 and 40.
- ▶ Prevalence of Crohns disease;157 per 100.000 population in UK¹
- ▶ Prevalence of ulcerative colitis;240 per 100.000 population in UK²

¹Information sourced from Crohn's disease. NICE clinical guideline 152 (2012)

²Information sourced from Ulcerative colitis. NICE clinical guideline 166 (2013)

Symptoms of IBD^{1,2}

- ▶ History of abdominal pain, diarrhoea, weight loss, blood loss, family history
- ▶ Physical examination: abdominal tenderness and mass
- ▶ Laboratory examination: signs of inflammation (Raised CRP) or malabsorption

¹Gomollon F, et al. J Crohns Colitis. 2017;11(1):3-25

²Magro F, et al. J Crohns Colitis. 2017;11(6):649-70

Treatment for IBD

- ▶ 1st line- aminosalicylates¹
- ▶ 2nd line -steroids, DMARDs eg azathioprine or mesalazine¹
- ▶ 3rd line -biologics need to in higher doses than for spinal disease^{1,2}
- ▶ Not Il-17 inhibitor as not effective

If patients have IBD and axial SpA could swop to Sulfasalazine and can be effective for both or an anti-TNF inhibitor

¹Carter et al.2004;53v1-v16

²Zenlea et al. Worl J Gastroenterol;2014:20:3146-52

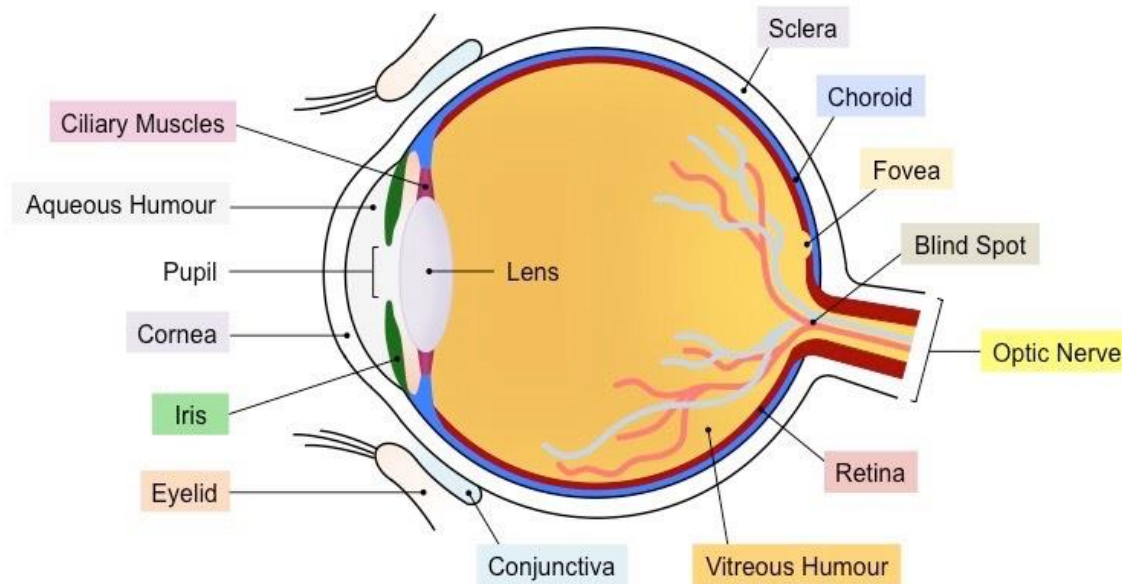
Acute Anterior Uveitis (AAU) and axial SpA

- ▶ 40% of people with AAU have axial SpA¹
- ▶ 26% of people with axial SpA have AAU²
- ▶ AAU can occur before spinal disease or at any point during the course of the disease
- ▶ Increased prevalence of getting AAU with Axial SpA if HLA B27 +³
- ▶ 87% unilateral
- ▶ 51% recurrence
- ▶ Increased prevalence if male⁴

¹Haron et al. Ann Rheum Dis. June 2014, ²Stolwijk et al. Ann Rheum Dis. 2015: 7465-73, ³Zeboulon et al. Ann Rheum Dis. 2008;67:955-9, ⁴Smith. J Opthamol. 2013;928264

What is Acute Anterior Uveitis (AAU)?

- ▶ Occurs in the anterior chamber of the eye where 3 muscles, a ligament and a lens.
- ▶ Inflammation at the enthesis
- ▶ Acute <3 months



Symptoms of uveitis¹

- ▶ Redness
- ▶ Pain
- ▶ Intense photophobia
- ▶ Reduction of visual acuity
- ▶ There is a tendency for recurrence.

Needs to see an ophthalmologist urgently for split lamp examination

¹El Maghraoui A. Eur J Intern Med. 2011;22(6):554-60; 7

Treatment for AAU¹

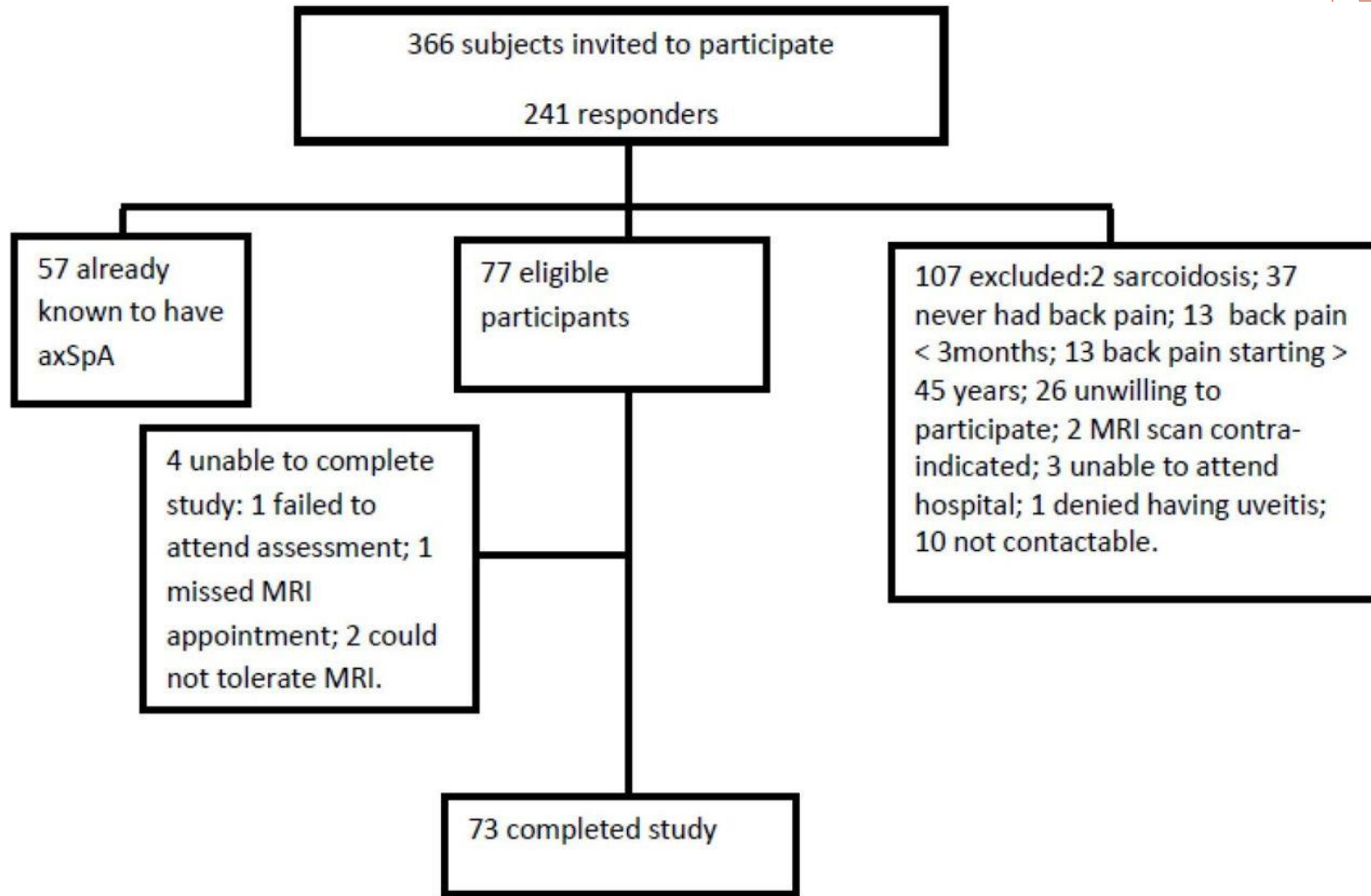
- ▶ Self limiting attacks with medication to stop complications- the iris becomes sticky and can stick to the lens causing visual problems
- ▶ 1st line -Corticosteroids drops (patients may have an emergency supply at home)
For mild AAU NSAID drops
- ▶ 2nd line -Mydriatics/cycloplegics systemic therapy eg steroids
- ▶ 3rd line -Biologics anti-TNF

¹Selmi. Autoimmun Rev. 2014;13:591-4

Sykes et al 2018

- ▶ Looked at the prevalence of axial SpA in patient attending eye clinic with AAU
- ▶ Patients filled in a questionnaire, were evaluated clinically, had a thoracolumbar & SI joint MRI, CRP , HLA B27
- ▶ Total 336 invited to participate
- ▶ 77 had chronic back pain with no diagnosis
- ▶ 73 (23 %) were diagnosed Axial SpA
- ▶ 8 were HLA-B27 negative

Consort diagram. AxSpA, axial spondyloarthritis.



Mark P Sykes et al. RMD Open 2018;4:e000553

Psoriasis and axial SpA

- ▶ 8% of patients with axial SpA have psoriasis¹
- ▶ 7-8% of patients with AS²
- ▶ Tend to be HLA-B27+

▶ ¹Rudwaleit et al. Arthritis Rheum. 2009;68:717-727

▶ ²Exarchou et al. Arthritis Res Ther. 2015;17:118

What is psoriasis?¹

- ▶ Common skin condition affecting 2% population
- ▶ Can occur at any age, affecting male: females equally
- ▶ The rate of turnover of the epidermis is increased dramatically from three and four weeks to as little as three or four days
- ▶ The skin can be red & scaly & can be itchy & painful

▶ ¹ British Skin Foundation 2018

Types of psoriasis

- ▶ 1. Chronic plaque psoriasis- most common, silver scaly erythematous plaques usually seen on knees, elbows, trunk and scalp, although other areas can be involved too.
- ▶ 2. Guttate psoriasis- small circular papules of psoriasis scattered over the trunk and limbs
- ▶ 3. Palmoplantar psoriasis- affects the hands and feet. Psoriasis may appear at other sites too.
- ▶ 4. Pustular psoriasis- rare, plaques on the trunk and limbs are studded with tiny pus spots. It can be localised or widespread.
- ▶ Nail involvement in 50% - Nail bed separation (onycholysis)
 - ▶ Thickening
 - ▶ Pitting
 - ▶ Salmon patches proximal to onycholysis

Treatment for Psoriasis¹

- ▶ 1st line -topical therapy
- ▶ 2nd line -phototherapy, DMARDS Methotrexate, ciclosporin
- ▶ 3rd line - Biologics TNF, IL-17 and IL 23 & 12 inhibitors

▶ ¹NICE CG 153

These conditions are associated with HLA-B27

Condition	% with HLA-B27
AS	90%
Anterior uveitis	55%
Psoriasis	50-60%
Inflammatory bowel disease	50-60%
Reactive arthritis	60-90%

BACK PAIN PLUS

- ▶ A campaign by NASS aimed at ophthalmologists, dermatologists and gastroenterologists
- ▶ It aims make clinicians aware of the connection between AAU, IBD and psoriasis and axial spondyloarthritis so patients with back pain are referred to a rheumatologist
- ▶ It is hope this will reduce the current 8.5 year delay in diagnosis.
- ▶ Posters and fliers can be found on the NASS website



BACK PAIN + UVEITIS?

40% of people with acute anterior uveitis have spondyloarthritis¹

26% of people with axial spondyloarthritis including ankylosing spondylitis (AS) have acute anterior uveitis²

ASK YOUR PATIENTS

Have you had back pain for more than 3 months?

Could It be Inflammatory?



1. Did your back pain start before the age of 40?
2. Did your back pain develop slowly?
3. Does your back pain improve with exercise?
4. Does your back pain get worse with rest?
5. Is the pain worse at night with improvement on getting up?

ANSWERED YES TO FOUR OR MORE QUESTIONS ABOUT THE SYMPTOMS OF INFLAMMATORY BACK PAIN?

Ensure your patient is referred to a rheumatologist if they have symptoms of chronic back pain (especially if inflammatory), and help shorten the 8.5 year delay in diagnosis for people with axial spondyloarthritis including ankylosing spondylitis (AS)³

Visit www.nass.co.uk/back-pain-plus to download an information leaflet for patients and details of upcoming seminars for healthcare professionals

¹ A novel evidence-based collection of seropositive spondyloarthritis in patients presenting with acute anterior uveitis: the DUST (Dust Uveitis Evaluation Tool). Muhammad Haroon, Michael O'Rourke, Patricia Ramazany, Connor C Murphy, Oliver Hitzler, Annals of the Rheumatic Diseases, June 2014
² Prevalence of extra-articular manifestations in patients with ankylosing spondylitis: a systematic review and meta-analysis, Carmen Slawik, Astrid van Tubergen, José Domingo Cardoso-Oritz, Arminien Boonen, Annals of the Rheumatic Diseases 2011; 50:65-72
³ Delay to diagnosis in axial spondyloarthritis: are we improving in the UK? Mark P. Sykes, Helen Das, Raj Sengupta and Karl Garmay, Rheumatology, July 2015
 NASS is a registered charity in England and Wales (212258) and Scotland (SC041347).



BACK PAIN + PSORIASIS?

9% of people with axial spondyloarthritis including ankylosing spondylitis (AS) have psoriasis¹

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BACK PAIN + INFLAMMATORY BOWEL DISEASE?

7% of people with axial spondyloarthritis including ankylosing spondylitis (AS) have inflammatory bowel disease¹

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Could It be Inflammatory?



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