Spondyloarthritis
Danny Murphy Q&A

What % of patients with Uveitis, dactylitis and IBD are later diagnosed with SpA? Probably, 20% of patients with uveitis will have SpA (Sykes MP, Hamilton L, Jones C*, et al* Prevalence of axial spondyloarthritis in patients with acute anterior uveitis: a cross-sectional study utilising MRI*RMD Open* 2018;**4:**e000553. doi: 10.1136/rmdopen-2017-000553); the prevalence in IBD is probably similar, at somewhere between 10-20% (Karreman MC, Luime JJ, Hazes JMW, Weel AEAM. The Prevalence and Incidence of Axial and Peripheral Spondyloarthritis in Inflammatory Bowel Disease: A Systematic Review and Meta-analysis. J Crohns Colitis. 2017 May 1;11(5):631-642. doi: 10.1093/ecco-jcc/jjw199. PMID: 28453761. Dactilitits, unless clearly infective, is highly likely to be a symptom of a form of spondyloarthritis.
Can patients with risk factors like psoriasis develop a mechanical low back pain, then develop or show signs of inflammatory pain Absolutely. All of us at some Stage in life will have at least 1 episode of mechanical back pain. It is perfectly feasible, therefore, that somebody could have an episode of mechanical back pain and then go on to develop inflammatory pain. In the in versus also true; patients with inflammatory spinal pain will often suffer mechanical pain, which can be directly related to that her illness, or related to activity /posture much as the general population.
Why do cortisol levels drop at night? This is part of the body's normal diurnal /circadian variation
Why do cortisol levels drop at night? And why does reduced cortisol levels have an effect on inflammation Cortisol is a vital catabolic hormone produced by the adrenal cortex of the kidney. It has a multitude of functions, critically maintaining blood glucose and is intermittently involved with central neurological function. It forms part of the body's negative feedback/homeotstatic loop to avoid harmful overactivation of the immune system
If pain is relieved on movement and cortiol is lowest overnight with a diurinal variation, do nightshift workers have a different pattern of presentation or would they report stiffness after resting in the day? We dealt with this during the module
very clear message on referral and diagnosis thank you. If still unsure could you trial them on nsaids and review as that may aid diagnosis? if they do not have IBD A positive response to NSAID suggests an inflammatory cause, though I'd still argue a patient with clinical inflammatory back pain does require secondary care review to conclusively exclude SpA
The spade tool suggests that inflamm back pain symptoms alone suggest low likelihood of SpA and recommend asking about response to NSAIDS, extra-articular manifestations etc - would you

suggest refer to rheumatology on the basis of picture inflam pattern of back pain alone? do you have a reference for the 80% likelihood of SpA with 4 out of 5 inflam back pain signs?

I would recommend referral based on symptoms alone; it's a complex diagnosis to make & often requires recourse to tests not available in primary care.

The reference for the validation of the ASAS criteria is Sieper J, van der Heijde D, Landewé R, *et al*

New criteria for inflammatory back pain in patients with chronic back pain: a real patient exercise by experts from the Assessment of SpondyloArthritis international Society (ASAS)
Annals of the Rheumatic Diseases 2009;**68:**784-788

can it co-exist with PMR?

I'd always worry about making a diagnosis of SpA in someone over the age of 40; by definition, SpA is a disease of young people and never starts after the age of 45, and very, very rarely after the age of 40.

If someone older than this has new-onset symptoms suggestive of inflammatory spinal pain, I'd be looking elsewhere, particularly to exclude "red-flag" causes of back pain, and then moving on to consider diagnoses such as PMR. Classically, systemic illness such as hypothyroidism, new onset diabetes, hypercalcaemia, myeloma & lympoma can mimic inflammatory back pain.

Patients with SpA diagnosed early in life could, conceivably, develop PMR as they age.

What's your opinion on the gut microbiome in SpA?

This is a compex question! We know that patients with SpA have very different microbiomes to normal individuals, as is the case with IBD. It is not clear, however, whether this is causative or occurs as a result of inflammatory changes seen in SpA & IBD.

My opinion is that the alteration in the gut microbiome is likely to be a combination of genetic & environmental factors; I think it's probable that the triggering event for the development of SpA occurs in the gut.

should we ever be doing CRP/ESR in primary care if suspecting inflammatory joint conditions?

As discussed in the talk, not as an aid to diagnosis – you'll be wrong at least 30% of the time if you rely on an abnormal CRP to make a diagnosis.

They are helpful, however, once a referral has been made to help prognosticate if SpA/inflammatory arthritis is diagnosed.

If we are suspicious of SpA (those without diagnosis) in physio shall we refer on straight away (via GP to rheum) or continue to work on in physio. Also, if patient has clear signs and symptoms + FHx etc of SpA as per NICE guidelines etc. but GP has reported bloods NAD what should we do?

If an experienced clinician is suspicious of SpA, then the patient needs a rheumatology referral. GPs are, in general, nice people; if you're concerned, then it's reasonable to have a conversation with a colleague who doesn't feel a referral is warranted.

Any tips on people who c/o frequent or episodic bowel symptoms but do not have a diagnosis of IBD

I think a faecal calprotectin in these patients is very useful, ensuring they've been off NSAID for at least 2/52 previously. A normal calprotectin has a high negative predictive value.
what is prevalence in gen population of spondyloarthropathy 1%
if you are suspecting somone has uveitis is that a red flag needing same day assessment by the eye dr Yes
I have a patient with all the typival Spa features, but is pain is lower Tx. would suggest this is still relevant? Yes
Thanks- that was great!