

Act on Axial SpA Primary Care Presentation





NHS Norfolk and Norwich **University Hospitals**

Campaign fully funded by UCB

Inspired by patients. Driven by science.

What is Axial Spondyloarthritis (Axial SpA)? Umbrella term for inflammatory arthritis affecting spine and

 Ankylosing Spondylitis (AS) radiographic Axial SpA

- Changes to the sacroiliac joints seen in x-ray

- Non radiographic Axial SpA (nr-AxSpA)
 - -X-ray changes not present
 - Inflammation is visible on MRI
 - Person has a range of other symptoms

Sacroiliac joints.

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act on Axial SpA







Axial SpA what are the key characteristics?

- Inflammatory pain
- Functional impairment
- Onset typically starts late teens early 20's (average age 26yrs)
- Can have lifelong impact and long term implications if left untreated
- Diagnosis is difficult and often delayed

Back pain? Don't wait until it's too late.

Check the symptoms. It could be axial SpA. See your GP.

Get axial SpA diagnosed. Find out more at actonaxialspa.com

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Axial SpA what are the key symptoms?

Inflammatory arthritis effecting spine and Sacroiliac joints.

- 1. Back pain started before the age of 40
- 2. Back pain developed slowly
- 3. Chronic back pain lasting greater than 3 months
- 4. Back stiffness upon waking
- 5. Back pain improves with exercise / movement
- 6. Back pain worse with rest
- 7. Alternating buttock pain
- 8. Regular waking at night

Symptoms starting slowly Pain in the lower back Improves with movement Night time waking Early onset (under 40)

Complete the NASS symptom checker*: <u>Symptom checker</u>

*Sieper J, van der Heijde D, Landewe R, Brandt J, Burgos-Vagas R, Collantes-Estevez E, 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(6):784-8.

Rudwaleit M, Metter A, Listing J, Sieper J, Braun J. Inflammatory back pain in ankylosing spondylitis: a reassessment of the clinical history for application as classification and diagnostic criteria. Arthritis Rheum. 2006;54(2):569-78.



Calin A, Porta J, Fries JF, Schurman DJ. Clinical history as a screening test for ankylosing spondylitis. JAMA. 1977;237(24):2613-4



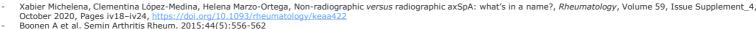


Gender in axial SpA

Axial SpA affects both women and men from a young age. It is no longer seen as a male disease. Females have a 2 year longer time to diagnosis around the world.



- Men with axial SpA show a higher rate of radiological progression compared with women.
- Non-radiographic axial SpA (nr-axSpA) is more prevalent in women. (67% vs 33%)
- Ankylosing Spondylitis or radiographic axial SpA is more prevalent in men. (67% vs 33%)
- Women with axial SpA have, in general, higher disease activity scores (higher BASDAI, lower ASQoL, lower BASMI)
- Women with axial SpA also have more peripheral manifestations compared to males (enthesitis, IBD, Psoriasis and Peripheral Arthritis)



Rudwaleit M and Sieper J. Nat Rev Rheumatol. 2012;8(5):262-266



Extra-musculoskeletal manifestations (EMM) of axial SpA?

Extra-musculoskeletal manifestations (EMMs) are common, important features of axial spondyloarthritis (axial SpA).

The most prevalent being –

- acute anterior uveitis (AAU),
- inflammatory bowel disease (IBD) and
- psoriasis.

Other EMMs are:

- Enthesitis
- Dactylitis





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UK Economy: Paying a high price



Delay to diagnosis of axial SpA costs the UK economy

£18.7 billion

per year

#WaitingCosts

www.actonaxialspa.com

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MHS .



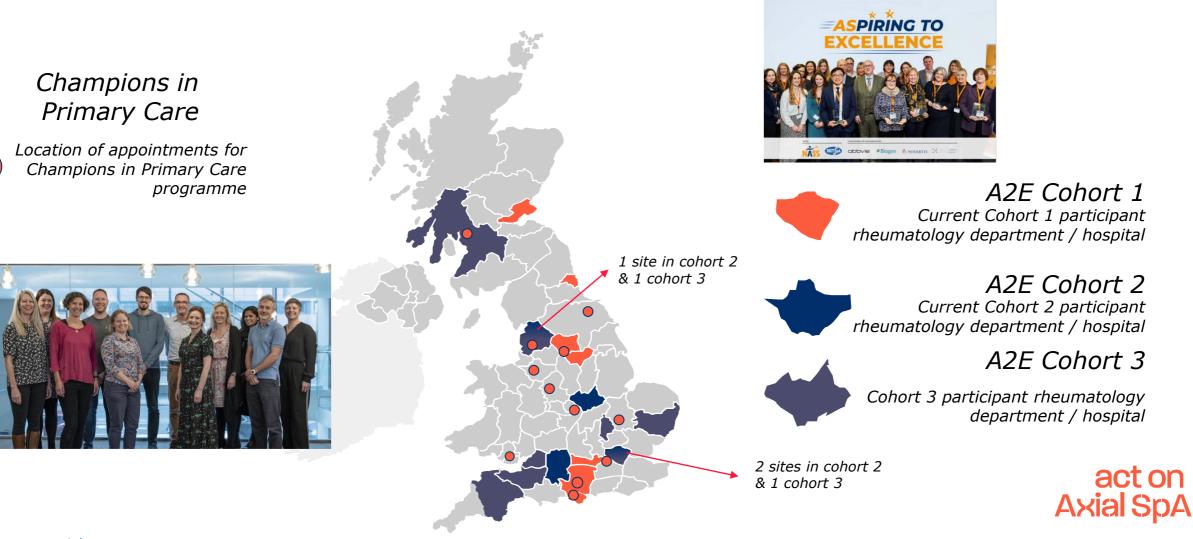
per person



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Catalysing change with our health care ambassadors



Our new Champions in Primary Care



- Shining a light on the issues facing achieving timely diagnosis in axial SpA
- Championing change and drives improvement in axial SpA care
- Sharing the story of change to showcase best practice improvements in axial SpA
- Spreading learning across healthcare systems to help other adopt change



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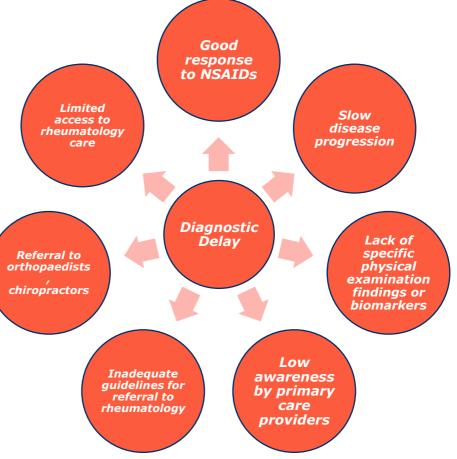
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Primary care – Barriers for diagnosis of Axial SpA

- Lack of awareness about the disease amongst primary care workforce
- Non-specific findings on physical examination
- Diagnostic delay M-5.5 and F-8.8 NEI
- Lack of set diagnostic criteria
- Lack of biomarkers for diagnosis
- Lack of streamlined rheumatology pathways

Marina N et al 2020, Recognizing Axial Spondylarthritis: A Guide for Primary Care, A review, Mayo clinic Crossfield S et al Changes in ankylosing spondylitis incidence, prevalence and time to diagnosis over two decades, BMJ, RMD open, Vol7,3

Russell M et al 2021, Diagnostic delay is common for patients with axial spondylarthritis: results from the National Early Inflammatory Arthritis Audit British Journal of Rheumatology , 61, 2



Marina N et al 2020, Recognizing Axial Spondylarthritis: A Guide for Primary Care, A review, Mayo clinic

Champions' proposals to reduce diagnostic delay





- Create awareness of Axial SpA in primary care via education/learning modules
- Improve identification and screening in primary care
- Use of screening tools (SPADE/PRIMIS), guidelines (NICE/ASAS) and templates (ARDENS) to maximize the efficacy of patient consultations
- Improve referral pathways to Rheumatology
- Improve patient awareness / education and patient management in primary care
- Utilisation of best MSK practice guidelines for identification and referrals

How to find out more



• Go to <u>www.actonaxialspa.com</u> and read our first Act on Axial SpA campaign impact report.





Resources for primary care HCPs

- <u>NICE Guideline NG65</u>
- GIRFT / BEST MSK pathway
- Ardens MSK Template
- <u>SPADE Tool</u> (1)
- Accurx Floreys
- Primis Pop up Tool
- ASAS / EULAR guidance



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NICE National Institute for Health and Care Excellence



Spondyloarthritis Diagnosis Evaluation Tool

PRIMIS

eular

EUROPEAN ALLIANCE OF ASSOCIATIONS FOR RHEUMATOLOGY



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