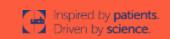


Act on Axial SpA Primary Care Presentation









NASS

Our Purpose

-To transform the diagnosis, treatment and care of people with axial SpA so everyone can live well with it.

Our Cause

-Axial SpA is an inflammatory condition of the spine and joints. It works silently, leaving people in increasing pain and exhaustion.

What we do

-We campaign to transform diagnosis and treatment. We provide support to empower people living with the condition.

- Helpline
- Website
- Branches













Your SpAce

https://nass.co.uk/about-as/your-space

New online programme for people with axial SpA to:

- Learn more about their condition
- Discover new ways to manage their symptoms
- Meet other people with axial SpA

Consists of:

- Short videos sharing information and lived experiences
- Downloadable resources to create a personalised toolkit
- Free monthly online meetups



Free to access on the NASS website from 10:30 Thurs 30 March 2023

Order free promo packs (postcards to hand to patients and A4 posters) https://nass.co.uk/homepage/health-professionals/resources-for-your-patients/guides-to-living-with-axial-spa-as/



Where to find resources

Act on Axial SpA <u>www.actonaxialspa.com</u>



- NASS resources for patients https://nass.co.uk/resources/
- NASS helpline for patients 02087 411 515 and asknass@nass.co.uk
- NASS guidebooks order https://nass.co.uk/homepage/health-professionals/resources-for-your-patients/guides-to-living-with-axial-spa-as/
- NICE https://www.nice.org.uk/guidance/ng65
- ASAS/EULAR updated guidelines

https://ard.bmj.com/content/early/2022/10/21/ard-2022-223296



What is Axial Spondyloarthritis (Axial SpA)?

Umbrella term for inflammatory arthritis affecting spine and Sacroiliac joints.

- 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



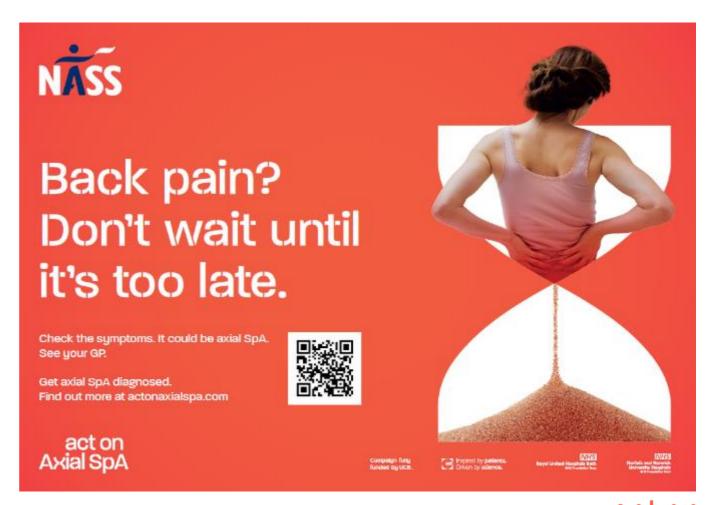








- Inflammatory pain
- Functional impairment
- Onset typically starts late teens early 20's (average age 26yrs)
- Can have lifelong impact and long term implications if left untreated
- Diagnosis is difficult and often delayed





Axial SpA what are the key characteristics?



- Inflammation occurs where tendon attaches to bone
- Inflammation is followed by some wearing away at the site of attachment
- As inflammation reduces, healing takes place and new bone develops
- Movement becomes restricted when bone replaces elastic tissue of ligaments or tendons
- Repetition of this process can cause vertebrae to fuse



Could your persistent back pain be axial SpA?

Serious and irreversible damage can be done with each passing year. See your GP.

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





funded by UCS.









Axial SpA what are the key symptoms?

NASS

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>



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





Axial SpA key statistics

- 1 in 200 of the adult population in the UK have axial SpA (AS). That's twice as many as multiple sclerosis and Parkinson's disease.
- Onset typically starts late teens early 20's (average age 26yrs)
- 8.5 years average time to diagnosis in the UK, from symptom onset.
- 59% of people with axial SpA report experiencing mental health problems compared to 25% of those with musculoskeletal conditions overall.
- Affects the same number of females and males.
- 85-90% of people with axial SpA carry the HLA-B27 gene
- 91% of the UK population have never heard of axial SpA





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)

⁻ Xabier Michelena, Clementina López-Medina, Helena Marzo-Ortega, Non-radiographic versus radiographic axSpA: what's in a name?, Rheumatology, Volume 59, Issue Supplement_4, October 2020, Pages iv18-iv24, https://doi.org/10.1093/rheumatology/keaa422

⁻ Boonen A et al. Semin Arthritis Rheum. 2015;44(5):556-562

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

Key signs to consider when women present in primary care

Presentation in women is often less likely to be in line with the traditional symptoms of axial SpA and requires a more holistic assessment.

- Women present differently to men.
- Where men meet modified New York (NY) criteria more often, women have greater subjective disease activity.
- Women are more likely to wide spread pain.
- Women have more functional impairment, despite less damage.
- Women more often have non-radiographic axial SpA with negative imaging.
- Women are more likely to have extra musculoskeletal manifestations such as enthesitis, IBD, Psoriasis.
- Women are more likely to have a lower CRP inflammatory markers and a higher incidence of negative HLA-B27



⁻ Slobodiii G et al. Ciiii Kheumatoi. 2011;30:10/5-1060.

Lee West al Ann Dhaum Die 2007,66,622,630

Lee W et al. Ann Rheum Dis. 2007;66:633-638

What are the treatments for axial SpA?



- Exercise
- NSAIDs
- bDMARDS
 - -Anti TNFi
 - -IL17i
 - -JAKi





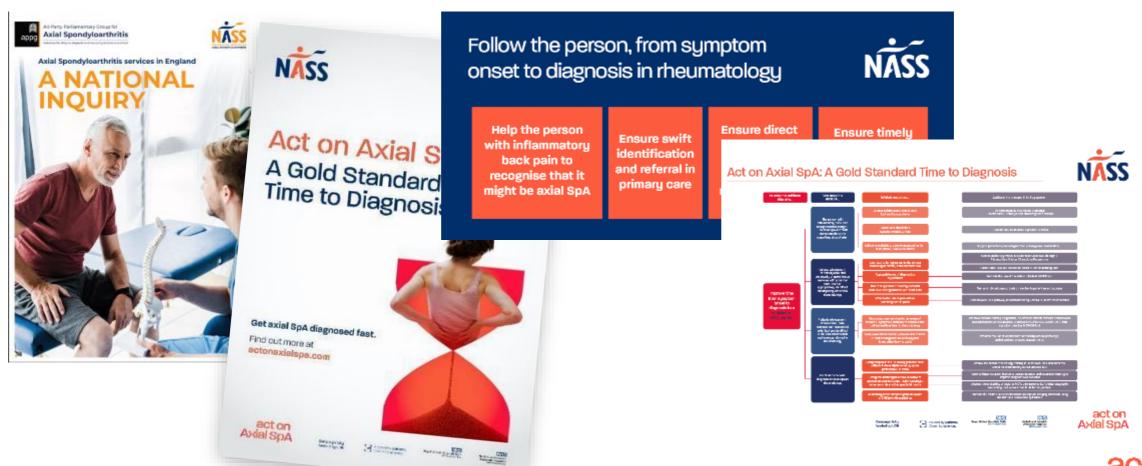




act on Axial SpA

What is the Act on axial SpA campaign?

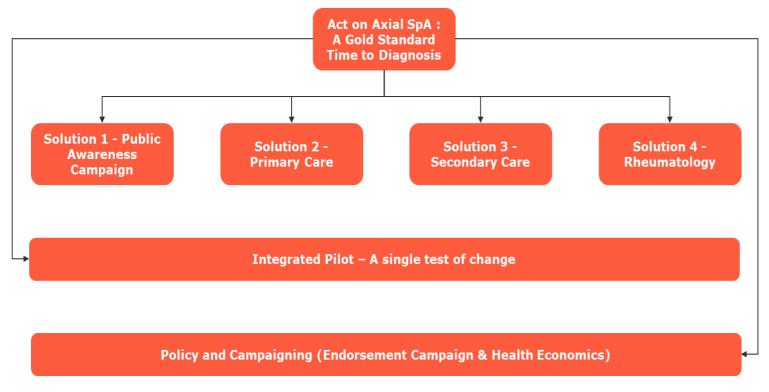
Act on Axial SpA is our vehicle for delivering our Gold Standard ambitions.





What is the Act on axial SpA campaign?

Achieving a Gold Standard Time to Diagnosis – Improve time from symptom onset to diagnosis to a maximum of 12 months



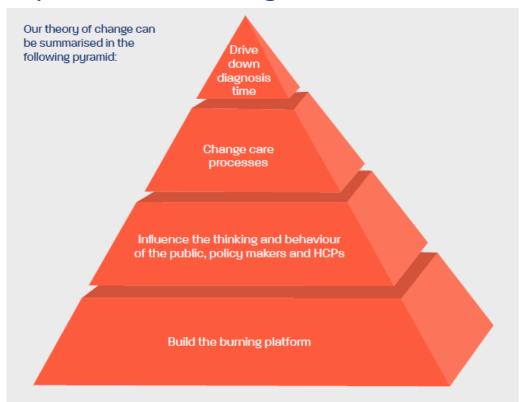




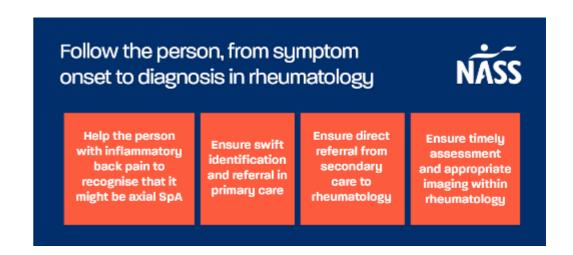
Our Act on Axial SpA theory of change

The Act on axial SpA campaign is designed around:

1. A theory of change on how to create system-wide change



2. The patient journey from symptom onset to diagnosis





UK Economy: Paying a high price





Delay to diagnosis of axial SpA costs the UK economy

£18.7 billion

per year

#WaitingCosts





Average time to diagnosis from symptom onset is 8.5 years



Waiting for an axial SpA diagnosis costs each person an average of £187k



Affects the young

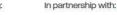
with average age of

A Gold Standard time to diagnosis would save the UK economy

per person

act on













Making the case in Parliament



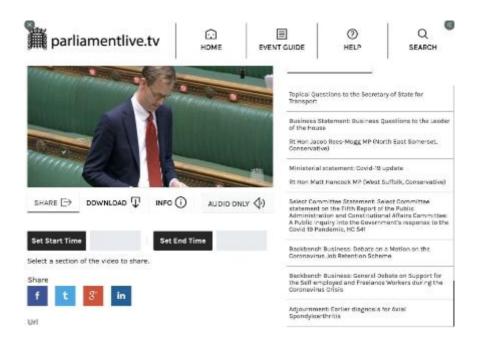


All-Party Parliamentary Group for

Axial Spondyloarthritis

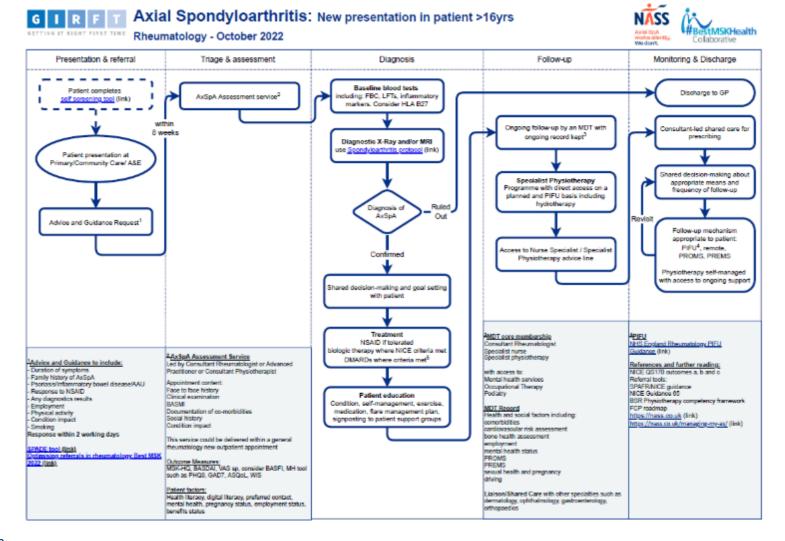
Reducing the delay to diagnosis and improving services in axial SpA







Best MSK / GIRFT axial Spondyloarthritis pathway (England only)



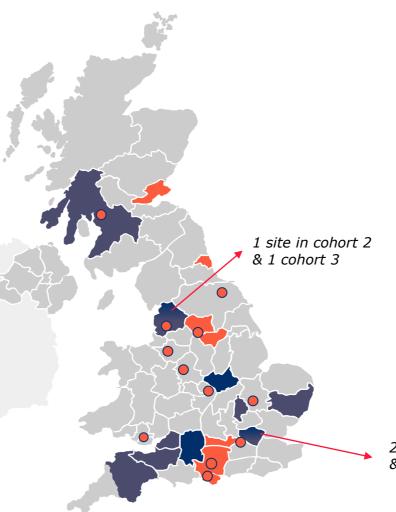


Catalysing change with our health care ambassadors

Champions in Primary Care

Location of appointments for Champions in Primary Care programme







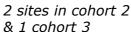
A2E Cohort 1 Current Cohort 1 participant rheumatology department / hospital



A2E Cohort 2 Current Cohort 2 participant rheumatology department / hospital



Cohort 3 participant rheumatology department / hospital





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

Champions in Primary Care programme

A cadre of clinical champions in primary care and community services whose work ensures that axial spondyloarthritis (or axial SpA for short) is higher within the clinical reasoning of primary care professionals, so that patients who present with suspected axial SpA are identified at the first presentation and urgently referred to rheumatology.

Leadership Development Quality Improvement Training Local Improvement Projects

Action learning sets, Shared learning community, Celebrating Success



Primary care – Barriers for diagnosis of Axial

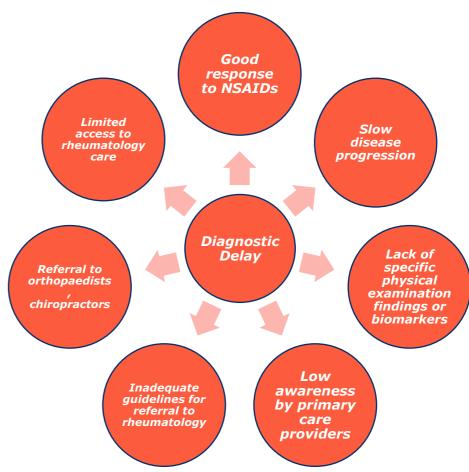
SpA

- 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 NEIA
- 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









- 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 www.actonaxialspa.com and read our first Act on Axial SpA campaign impact report.

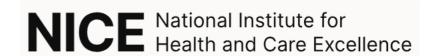




Resources for primary care HCPs



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











EUROPEAN ALLIANCE OF ASSOCIATIONS FOR RHEUMATOLOGY



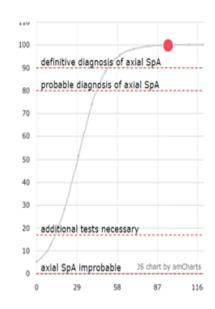


SPADE tool www.spadetool.co.uk

Developed by Dr Raj Sengupta and Team

- Inflammatory type back pain
- Heel pain (enthesitis)
- Peripheral arthritis
- Dactylitis
- Iritis or anterior uveitis
- Psoriasis

- Positive family history of axial SpA, reactive arthritis, psoriasis, IBD or anterior uveitis
- Good response to NSAIDs
- Raised acute-phase reactants (CRP/ESR)
- HLAB27
- Sacroiliitis shown by MRI



Definitive diagnosis of Axial SpA This patient is

This patient is very likely to have Axial SpA assessment by a rheumatologist is recommended



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







Axial SpA works silently. We don't.

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



