

Is it time to think deeper in your approach to AS?



“THERE IS A
LIGHTNING
BOLT IN
MY BACK....”

Examining patient outcomes in AS

SPARTAN-stated goals of AS treatment¹:



- Reduce symptoms
- Maintain spinal flexibility and normal posture
- Reduce functional limitations
- Maintain work ability
- Decrease disease complications

Patients may not admit to an inadequate response

- Patients may be stoic and reluctant to complain
- Patients may be fearful that they will have to discontinue AS treatment²

Brief conversations with patients may elicit important information

Are you comfortable with your current treatment?

Are you sleeping through the night?

Can you move less stiffly?

Can you get out more often for leisure activities?

Does your back hurt less than before?

Has your self-care and ability to do errands been easier to manage?

Has your use of pain medication been reduced?

The use of NSAIDs

NSAIDs (plus exercise) have been mainstays of AS treatment¹

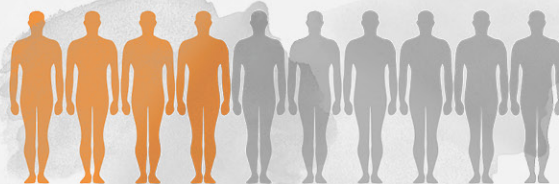
Patients with AS are known to have a high incidence of cardiovascular comorbidities such as hypertension (30%-37%) and hyperlipidemia (12%-21%)^{3,4}

To minimize the potential risk for adverse events in patients treated with an NSAID, the lowest effective dose should be used for the shortest duration⁵

Do your patients tell you if they add over-the-counter NSAIDs to your prescribed regimen?

Response to TNF- α inhibitors

About **40%** of patients had an inadequate response to TNF- α inhibitors^{6-9*}



60% of patients who switched to a 2nd TNF- α inhibitor had an inadequate response^{10*}



NSAIDs=nonsteroidal anti-inflammatory drugs; SPARTAN=Spondyloarthritis Research and Treatment; TNF=tumor necrosis factor.

*Inadequate response defined as failure to achieve ASAS20 in clinical trials.

Are these response rates consistent with what you see in your practice?

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