

When CRP is high, do you consider AS?



AS=ankylosing spondylitis; CRP=C-reactive protein.

Elevated CRP can be the key to an AS diagnosis

Correlates with markers of AS



Spinal damage
seen on X-ray¹



Disease activity
seen on MRI²



Markers of structural
change, such as BASDAI
and BASFI scores³

Helps predict disease progression

Elevated CRP at baseline was the strongest predictor of radiographic sacroiliitis progression (1 grade over 2 years) in early AS and nr-AxSpA⁴

- ▶ **Other predictors of progression in AS include** male gender, cigarette smoking, and syndesmophytes at baseline⁵

AS=ankylosing spondylitis; ASAS=Assessment of SpondyloArthritis international Study; AxSpA=axial spondyloarthritis; BASDAI=Bath Ankylosing Spondylitis Disease Activity Index; BASFI=Bath Ankylosing Spondylitis Functional Index; CRP=C-reactive protein; mNY=modified New York criteria; MRI=magnetic resonance imaging; nr-AxSpA=nonradiographic axial spondyloarthritis; SpA=spondyloarthritis.

Helps predict AS in some patient types

Chronic back pain

- ▶ PROSpA⁶ compared expert diagnosis by rheumatologists with diagnostic criteria (ASAS and mNY) in 751 chronic back pain patients, classifying them as having:
 - AS (fulfilled both ASAS and mNY criteria)
 - nr-AxSpA (fulfilled ASAS but not mNY criteria)
 - Non-AxSpA
- ▶ **Nearly half of patients with an AS diagnosis had elevated CRP⁶**

Fibromyalgia

- ▶ 99 patients with fibromyalgia were evaluated for underlying AxSpA⁷
- ▶ Nearly 1/3 had elevated CRP levels, and **they were 5 times more likely to eventually be diagnosed with AxSpA⁷**

Elevated CRP can mean:

- ▶ AS disease is active¹⁻³
- ▶ Current or future radiographic progression is likely⁴

Include AS in your CRP differential

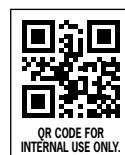
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