

The role of chronic back pain in the AS diagnosis

Identifying the cause of inflammatory back pain may be challenging in early disease.¹

Patients with inflammatory back pain plus ≥ 2 SpA features are likely to progress to AS ($\approx 90\%$ probability), such as¹:



Heel enthesitis



Good response to NSAIDs



Elevated CRP levels



Alternating buttock pain



Dactylitis



Positive family history

Inflammation may contribute to bone loss and changes in microarchitecture²

- However, it may take years before radiographic evidence allows a diagnosis¹

Elevated CRP can help predict diagnosis and progression in patients with chronic back pain^{3,4}

elevated
CRP

46% with eventual AS diagnosis
in the PROSpA study³

STRONGEST PREDICTOR
of sacroiliitis progression (≥ 1 grade over 2 years)
in patients with early disease (nr-AxSpA or AS)⁴

How often do you monitor CRP in your patients?

nr-AxSpA=nonradiographic axial spondyloarthritis; PROSpA=Prevalence of Axial SpA.

References: **1.** Rudwaleit M, van der Heijde D, Khan MA, Braun J, Sieper J. How to diagnose axial spondyloarthritis early. *Ann Rheum Dis.* 2004;63(5):535-543. **2.** Van Mechelen M, Lories RJ. Microtrauma: no longer to be ignored in spondyloarthritis? *Curr Opin Rheumatol.* 2016;28(2):176-180. **3.** Deodhar A, Mease PJ, Reveille JD, et al. Frequency of axial spondyloarthritis diagnosis among patients seen by US rheumatologists for evaluation of chronic back pain. *Arthritis Rheumatol.* 2016;68(7):1669-1676. **4.** Poddubnyy D, Rudwaleit M, Haibel H, et al. Rates and predictors of radiographic sacroiliitis progression over 2 years in patients with axial spondyloarthritis. *Ann Rheum Dis.* 2011;70(8):1369-1374.

