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-ray
- Disease activity seen on MRI
- Markers of structural change, such as BASDAI and BASFI scores

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-AxSpA

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

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

- PROSpA\(^6\) 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 CRP\(^6\)

Fibromyalgia

- 99 patients with fibromyalgia were evaluated for underlying AxSpA\(^7\)
- Nearly 1/3 had elevated CRP levels, and they were 5 times more likely to eventually be diagnosed with AxSpA\(^7\)
Elevated CRP can mean:

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