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 (≈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

AS=ankylosing spondylitis; CRP=C-reactive protein; NSAIDs=nonsteroidal anti-inflammatory drugs; SpA=spondyloarthritis.
Elevated CRP can help predict diagnosis and progression in patients with chronic back pain\(^3,4\)

How often do you monitor CRP in your patients?

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

46% with eventual AS diagnosis in the PROSpA study\(^3\)

\(\text{nr-AxSpA} = \text{nonradiographic axial spondyloarthritis; PROSpA} = \text{Prevalence of Axial SpA.}\)

**References:**