What is Spondyloarthritis (SpA)?
Spondyloarthritis is a group of inflammatory arthritis conditions with common features and associated with extra-articular inflammatory conditions:
- Psoriasis
- Inflammatory Bowel Disease
- Uveitis
- Infection trigger
A key feature is enthesitis (inflammation at tendon attachment to bone) and may also involve joint inflammation, pain and swelling.

There are two main types, which can also co-occur:
- Axial Spondyloarthritis - involving SIJs/spine/costovertebral joint region
- Peripheral Spondyloarthritis - involving dactylitis (whole digit inflammation and swelling), enthesitis, peripheral joint inflammation and tendonitis

Spondyloarthritis: Recognition and referral
NICE guidance offers separate advice on suspecting axial and peripheral presentations, relating to evidence for different signs, symptoms and risk factors.

Diagnostic Imaging
- Imaging may involve X-ray, MRI or US depending on presentation, regions involved and other factors influencing imaging decisions
- May be present despite no evidence of sacroilitis on a plain film X-ray
- MRI for inflammatory back pain differs to standard lumbar MRI protocol
- An inflammatory back pain MRI should perform T1 and STIR images of SIJs (coronal oblique view) and whole spine (sagittal view) (cervical, thoracic & lumbar)

Why is it important to screen for Spondyloarthritis?
- Average time to be diagnosed for many people is 8-9 years
- Spondyloarthritis is often mistaken as chronic back pain, or as unrelated tendonitis and joint problems
- Symptoms can move between areas, be asymmetrical, and can flare and settle
- This guidance links with NICE Guidance on Low Back Pain and Sciatica (2016) to ensure inflammatory back symptoms are not mistaken as chronic mechanical LBP

Spondyloarthritis conditions include:
- Axial Spondyloarthritis (axSpA) / Ankylosing Spondylitis (AS)
- Psoriatic Arthritis (PsA)
- Enteropathic arthritis (related to inflammatory bowel disease-Crohn’s disease/ ulcerative colitis)
- Reactive Arthritis (triggered by gastrointestinal or genitourinary infection)
- Undifferentiated Spondyloarthritis (uSpA): no identified associations

When to suspect Axial Spondyloarthritis (axSpA)
Refer to rheumatology if a person presents with:
- Back pain > 3 mths with onset before 45 yrs of age
And if 4 or more additional features below:
- Onset before 35 yrs of age (increases suspicion)
- Woken second half of night by symptoms
- Improves with movement
- Buttock pain
- Improves with NSAIDs (often within 48 hrs)
- Close relative (parent, brother, sister, son or daughter) with spondyloarthritis
- Current or past psoriasis, or family history of psoriasis
- Other type of arthritis, enthesitis, or pain or swelling in tendon or joints not due to injury
If only 3 additional features, NICE recommends testing for HLA B27 - if positive – refer
- Uveitis: ask people with back pain > 3 mths with onset before 45 yrs if history of uveitis, and if HLA B27 positive or has a history of psoriasis – refer
If still clinical suspicion but insufficient features, advise the person to seek reassessment if new signs or symptoms develop, particularly if a history of psoriasis, inflammatory bowel disease or uveitis

When to suspect Peripheral Spondyloarthritis
Refer to rheumatology if a person presents with:
- Dactylitis (whole swollen digit - ‘sausage’ finger or toe)
- Persistent or multiple-site enthesitis without apparent mechanical cause and with other features, including:
  - Back pain without apparent mechanical cause
  - Current/past psoriasis, inflammatory bowel disease (Crohn’s disease/ ulcerative colitis) or uveitis
  - Close relative (parent, brother, sister, son or daughter) with SpA or psoriasis
  - Symptom onset following GIT or genitourinary infection

Morning stiffness: lacked sensitivity and specificity as a referral criterion for axSpA, however prolonged morning stiffness (> 30 min) is important in suspecting inflammatory disease

Key points about Spondyloarthritis:
- If persisting back, tendon or joint pain – ask about psoriasis, inflammatory bowel disease, uveitis
- AxSpA affects women and men equally
- Inflammatory markers (ESR & CRP) can be normal
- Do not exclude possibility of SpA if HLA B27 –ve
- MRI for AxSpA differs from lumbar MRI protocol

Further resources
- NICE guideline on Spondyloarthritis in over 16s (2017) [www.nice.org.uk/guidance/ng65]
- CSP website: [www.csp.org.uk/frontline/article/spondyloarthritis-part-1]
- National Axial Spondyloarthritis Society: [https://nass.co.uk/]
- ASstretch: [www.astretch.co.uk]
- RCGP-free elearning module: [http://elearning.rcgp.org.uk/course/info.php?id=229]

This leaflet supports implementation of recommendations in the NICE guideline on Spondyloarthritis in over 16s, National Institute for Health and Care Excellence, March 2018
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