Arthritis Foundation®

# Axial Spondyloarthritis

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## About Axial Spondyloarthritis

Axial spondyloarthritis (axSpA) is a type of inflammatory arthritis that can affect one or both sacroiliac (SI) joints (which connect the spine to the pelvis) and other parts of the spine, leading to back pain. Other joints can be affected, too.

There are two types of axSpA - one where damage is visible on X-rays (called ankylosing spondylitis) and one where the damage is not visible on X-rays (called nonradiographic axSpA).

In severe cases, the joints in the spine and vertebrae of people with ankylosing spondylitis (AS) may fuse together, causing the back to become stiff and hard to move. The rib cage may also fuse, limiting chest expansion.

Axial spondyloarthritis is an immune-mediated disease. That means the immune system, which is supposed to fight foreign invaders like viruses and bacteria, also mistakenly attacks healthy cells and tissue. The causes of axSpA are unclear, but genes seem to play a strong role. Most people with axSpA have a gene called HLA-B27. But having the gene doesn't mean someone will develop axSpA. Only a small percentage of people with the HLA-B27 gene develop the condition.

## Signs and Symptoms of Axial Spondyloarthritis

Symptoms usually appear between the ages of 20 and 40, but the disease can be found in children. In adults, axSpA usually causes pain in the lower back, buttocks and hips first. In children, pain typically starts in the hips, knees or heels before the back.

Other symptoms may include:

- Pain, swelling, redness and/or warmth in the toes, heels, ankles, knees, rib cage, upper spine, shoulders and neck that usually develops slowly over several weeks or months.

**Axial spondyloarthritis is a term used for both ankylosing spondylitis and nonradiographic axial spondyloarthritis. AS shows damage on X-ray, nr-axSpA does not.**

- Stiffness in the morning or after long periods of inactivity.
- Swollen, sausage-like fingers or toes (dactylitis).
- Pain in the buttocks that may alternate from side to side.
- Back pain at night or early in the morning.
- Fatigue.
- Appetite loss.

Axial spondyloarthritis is a systemic disease, meaning it can affect other body parts, including the eyes (uveitis or scleritis, digestive tract and internal organs. In rare cases, the disease may affect the heart and lungs.

## Diagnosing Axial Spondyloarthritis

Your primary care doctor may be the first person to treat joint pain. However, if you have symptoms of axSpA, you should see a rheumatologist (a doctor who specializes in diagnosing and treating inflammatory arthritis).

No single test can diagnose axSpA. To rule out other causes of hip and back pain, like injury, the rheumatologist will:

- Ask about your medical history.
- Perform a physical exam.
- Request laboratory tests to look for signs of inflammatory markers or evidence of the HLA-B27 gene.
- Order imaging tests (X-rays, ultrasounds, MRI or CT scans) of the pelvis and spine to look for damage.

## For More Information

**More About Axial Apondyloarthritis**

**Tools and Resources**
arthritis.org/resources

**Arthritis Foundation Help Line**
1-800-283-7800 (toll-free)

In many instances, axSpA does not show up in X-rays even through other symptoms and markers are present. This is called nonradiographic axial spondyloarthritis (nr-axSpA). This form of the disease may progress more slowly than radiographic ankylosing spondylitis, but it is treated in the same way.

## Treating Axial Spondyloarthritis

Goals for treatment include:

- Relieving pain and stiffness in the back and affected areas.
- Preventing spinal deformity.
- Preventing joint and organ damage.
- Preserving joint function and mobility.
- Improving quality of life.

Each case is different, but many doctors recommend an early, aggressive treatment plan to prevent long-term complications. Nonsteroidal anti-inflammatory medicine (NSAIDs) are the most commonly used drugs to treat axSpA pain and inflammation. They are available in over-the-counter varieties (e.g., ibuprofen, naproxen), as well as by prescription (e.g., indomethacin, diclofenac).

In cases where disease activity is high or cannot be controlled with NSAIDs, a doctor may prescribe a disease-modifying drug, such as a biologic. Analgesics like acetaminophen can reduce pain but not inflammation. Corticosteroids are usually not used for axSpA. Treatment plans may also include physical therapy and practicing healthy self-care habits. Surgery is sometimes necessary to relieve pain and restore function.

## SELF-MANAGEMENT IS KEY

**Self-care is key to managing axial spondyloarthritis. Self-care activities include:**

- **Exercising regularly.**
- **Eating a balanced, whole foods diet.**
- **Not smoking. It can speed up disease activity, spinal and/or joint damage and make it harder to breathe.**
- **Practicing good posture.**
- **Adjusting the height of a computer monitor or desk.**
- **Using a cushion for neck or back pain.**
- **Minimizing stooping or remaining in bent positions.**
- **Balancing activity with rest.**

## FAQ

**What is the best exercise for axSpA?** Exercise is important for disease management, but the type of activity depends on the patient. Low-impact activities like water aerobics, walking, swimming and yoga are good places to start. The best exercise is one you will stick with and enjoy. Talk to your doctor before starting any new fitness routine. He or she may also refer you to a physical therapist to teach you core strengthening exercises and stretching.

**Is there a special diet to help axSpA symptoms?** There is no special "axSpA" diet. However, a diet that focuses on lean protein, vegetables, fruits, whole grains and healthy fats (especially fatty fish), like the Mediterranean diet, can help lower inflammation. This kind of diet can also help you reach or maintain a healthy weight. Being overweight or obese can fuel inflammation and interfere with the effectiveness of therapy.

**Does axSpA go away?** ? Axial spondyloarthritis is a chronic, or lifelong, disease, and there is no cure. However, it is possible to achieve remission (little or no disease activity) with the right treatment plan. Remission can be medicated or non-medicated. Even after achieving remission, some people may experience a reappearance of symptoms.