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## ANKYLOSING SPONDYLITIS

### What is ankylosing spondylitis?

Ankylosing Spondylitis (AS) is a rheumatic condition, where systemic inflammation affects the sacroiliac (SI) joints. Structural changes in the SI joint can be noted on radiographic imaging (xray), SI inflammation noted on MR imaging, or presence of HLA B27 (blood work).

### What is the New York criteria for AS?

The New York criteria for AS is a tool used to diagnose AS. The three clinical criteria included in the New York criteria are low back pain for more than 3 months which improves with exercise, but is not relieved by rest, limited range of motion in the low back (lumbar spine) in the coronal (forward/back) plane and sagittal (side to side) plane, and limited chest expansion compared to normal range

### What are the evidence-based overarching principles in the management of AS?

- AS is a potentially severe disease with diverse manifestations, usually requiring multidisciplinary treatment coordinated by a rheumatologist.
- The primary goal of treating the patient with AS is to maximise long term health-related quality of life through control of symptoms and inflammation, prevention of progressive structural damage, preservation/normalisation of function and social participation.
- Treatment should aim at optimal care and must be based on shared decision btwn patient and rheumatologist.
- The optimal management of patients with AS requires a combination of non-pharmacological and pharmacological treatment modalities (Braun, 2011)

### What is the goal of AS treatment?

The goal of AS treatment is to control both the symptoms and the inflammation. The reason being is to prevent further deformation and disability from structural damage and decline in function and social participation.

### What factors affect ongoing treatment options?

The treatment of AS should be tailored to each patient's individual manifestations, the level of symptoms, clinical findings and prognostic factors, as well as age, gender, comorbidities, and current medications.

### How should AS progression be monitored?

Progression is monitored with ongoing history taking, clinical testing, lab testing, and imaging. The course of monitoring is determined by symptom severity, symptom progression, and treatment.

### What are some treatment options?

Non-pharmacological treatment options include patient education, home exercise, and supervised exercise (preferred over home exercise). Patients may also find self-help groups or associations helpful as well. Pharmacological treatment options include NSAIDs, analgesics, glucocorticoids, disease-modifying antirheumatic drugs, or even anti-TNF therapy. Discuss drug options with your family doctor and your rheumatologist.

### When should I contact my healthcare provider?

Any changes in disease course or symptoms should be shared with your healthcare team.