**NASS Referral Letter - Discrepancies**

|  |  |  |
| --- | --- | --- |
|  | **NASS Referral Letter** | **NICE Guideline (NG65)** |
| 1 | Insidious onset of Back Pain for longer than 3 months |  |
| 2 | Age at onset of back pain less than 40 years  | low back pain that started before the age of 35 years (this further increases the likelihood that back pain is due to spondyloarthritis compared with low back pain that started between 35 and 44 years) |
| 3 | Improvement of back pain with activity | improvement with movement |
| 4 | No improvement of back pain with rest |  |
| 5 | Back Pain at night resulting in disturbed sleep | waking during the second half of the night because of symptoms |
| 6 | Buttock pain which can alternate | buttock pain |
| 7 |  | improvement within 48 hours of taking non-steroidal anti-inflammatory drugs (NSAIDs) |
| 8 | Enthesitis | current or past enthesitis |
| 9 | Dactylitis |  |
| 10 | Family history of spondyloarthritis | a first-degree relative with spondyloarthritis |
| 11 |  | current or past arthritis |
| 12 | Psoriasis | current or past psoriasis. |
| 13 | Uveitis |  |
| 14 | Inflammatory Bowel Disease |  |
| 15 | The NICE Guideline for Spondyloarthrtis states: *If a person has low back pain that started before the age of 45 years and has lasted for longer than 3 months, refer the person to a rheumatologist for a spondyloarthritis assessment if* ***4 or more*** *of the (above) criteria are also present. If exactly* ***3*** *of the additional criteria are present, perform an HLA-B27 test. If the test is positive, refer the person to a rheumatologist for a spondyloarthritis assessment.* | If a person has low back pain that started before the age of 45 years and has lasted for longer than 3 months, refer the person to a rheumatologist for a spondyloarthritis assessment if **4 or more** of the [above] **additional** criteria are also present |

1. Double counting - NG65 instructs practitioners to check for 4 signs/symptoms ***in addition*** to back pain of 3 months' duration.

2. NASS's decision to increase the target age to 45 will increase the number referred, and is not in accordance with NG65. The NG65 explanatory statement is also useful.

4. Not included in the NG65 checklist (strange, but nevertheless the case)

5. NASS appear to have decided unilaterally that any night pain should be taken into account, as opposed to pain in the 2nd half of the night. Clearly this will again inflate referral numbers.

7. Curiously, NASS omits this criterion.

9. Not included in the NG65 checklist.

10. NG 65 specifies a first degree relative, not simply a "family history".

11. Curiously, NASS omit arthritis from their list.

13. Not included in the NG65 checklist.

14. Not included in the NG65 checklist.

Note that conditions not mentioned in the NG65 checklist (IBD, uveitis, ARE mentioned elsewhere in the guidelines as potential indicators of spondyloarthropathy