**AXIAL SPONDYLOARTHROPATHY**

**ADDITIONAL QUESTIONS**

*A number of questions and observations were sent in by viewers during the live broadcast, but went unanswered because we ran out of time.*

*Andrew and Alex were kind enough to provide answers by email subsequently. You can see these below.*

**Do they know what switches on the gene?**

*NO – but there is some link to an infection kicking off AxSpa, it is thought that AxSpa would have happened anyway but perhaps later.*

**Is the philosophy treat less all the time, or only during a flare?**

*It is never appropriate to HVT. Treatment outside of a flare can be stronger, but I generally find that they are still more reactive to manual therapy than an average patient.*

**My experience is the same as Andy's and Alex's - when I first qualified I had a patient with AS confirmed in his LSP. I could palpate absolutely no difference between his spine and a non-AS patient's. Not one jot of stiffness at all. He benefitted from regular (not frequent!) articulation, but it mad**

*Thank you for this comment – it’s impossible to palpate – this is partly why it is challenging to teach osteopaths about this condition. Also it’s important to remember that inflammation can affect the whole spine and pelvis, as well as tendons and the eyes.*

**I have a 53 y/o patient that I've been concerned has osteoporosis and AS, but was reluctant to go to GP. Eventually she did and mentioned my concerns. The GP has referred her for xray and blood tests, and said AS unlikely because it would have been seen earlier in life. Does it sometimes come later in life? (she has been in pain for 20 years. Next stage is to be referred to physio!)**

*AxSpA symptoms usually start under the age of 40, so they do fall into this bracket (although it’s most commonly early 20s onset).*

*40% of people with AxSpA never have raised inflammatory markers and it’s possible to have AxSpA without having the HLA-B27 gene.*

*So inflammatory blood tests are a helpful starting point, but to ensure a full screen they should be referred to a rheumatologist for a STIR MRI.*

*X-ray will show joint fusions, but won’t pick up inflammatory changes that can diagnose AxSpA before the radiographic fusions occur.*

*When suspecting AxSpA, we recommend using the NASS referral template because it cites the NICE guidelines for GPs to follow to ensure the correct imaging is carried out.*

*You can find this by visiting* [*www.nass.co.uk*](http://www.nass.co.uk) *and searching “Allies”.*

*Please also use the consent form and send to NASS so that the charity can follow the patient’s progress and assess how effective the referral template is (from our own experiences, it’s very effective at getting patients seen by a rheumatologist).*

**As this is an inflammatory condition. During an acute phase is the use of ice of any help?**

*There is no evidence that topical ice will reduce inflammation, but some people find ice can relieve pain temporarily due to the numbing effects. Personally, and from speaking to patients, I’d say that heat is more commonly relieving (and it doesn’t increase inflammation).*

**Did Andrew say that MRI's can miss AS? If so, how? Does that mean lots of people get pain before the exostosis starts happening?**

*The process of AxSpA is inflammation, then leading to new bone formation. Standard MRI cannot detect the inflammatory changes (such as bone marrow oedema) that occur in the inflammatory stages, instead an MRI with STIR sequence is needed (a fat-suppressed MRI).*

*Incorrect imaging used to screen for AxSpA contributes to the long delay to diagnosis. X-ray and standard MRI will only show radiographic changes that occur later in the disease process, so they aren’t suitable to screen patients for diagnosis.*

**Have you heard/ been offered autologous haematopoetic stem cell transplant? I hear they are starting to use it with autoimmune diseases with inflammatory component - I wonder if it is starting to be offered for conditions like AS.**

*We don’t know of any studies into this therapy and AxSpA. From a literature search we can only see initial studies for autoimmune conditions, so this is not recommended as therapy yet.*

**Can AS become manifest later in life or, if it is diagnosed then, is it more likely it's always been there?**

*It has likely always been there – dependent on the symptom picture of the patient. It is thought that sometimes an environmental trigger can “kick start” the symptoms to be more obvious – like an acute infection or similar.*

*The average age of onset is 24 years, but the nature of the condition sometimes causing flares with periods of few symptoms mean that it is easily missed. Any patients presenting with episodic back pain should be screened for AxSpA and if they’re over 40 years of age, ask about how old they were when they first experienced symptoms, how many episodes they have experienced and how frequently, to help you build a clinical picture.*

**Any idea what the current wait times are for rheumatological referral?**

*Very dependent on location – in Herts it’s taking up to 6 months from GP to actually getting a diagnosis and prescription for medication. In Norfolk it can be as little as 3 months and as long as a year.*

*Use the NASS referral template letter to help the GP refer directly to rheumatology as quickly as possible. You can access it at* [*www.nass.co.uk*](http://www.nass.co.uk) *and search “Allies”.*

*Please also use the consent form and send to NASS so that the charity can follow the patient’s progress and assess how effective the referral template is (from our own experiences, it’s very effective at getting patients seen by a rheumatologist).*