

What is spondyloarthritis?

Spondyloarthritis is a general term that describes many types of inflammatory arthritis where a specific antibody called rheumatoid factor does not show up in blood tests. It can also be referred to as seronegative arthritis. Conditions which fall under the term spondyloarthritis are:

- psoriatic arthritis
- reactive arthritis
- ankylosing spondylitis
- enteropathic arthritis
- uveitis.

It is estimated that the prevalence of spondyloarthritis ranges from 1 to 2 per cent of the population - similar to that of rheumatoid arthritis (RA).

What is the difference between rheumatoid arthritis and spondyloarthritis?

There are two main types of inflammatory arthritis - RA and spondyloarthritis. The main difference between them is an antibody in the blood called rheumatoid factor.

RA is a type of inflammatory arthritis where the majority of people will have a positive rheumatoid factor. This is often referred to as being rheumatoid factor or seropositive.

Spondyloarthritis (SpA) are types of inflammatory arthritis that do not have rheumatoid factor antibodies in their blood. These are also sometimes called seronegative SpA or seronegative arthritis.

What are the symptoms of spondyloarthritis?

Although each individual condition might have some specific symptoms, there are some which are common across spondyloarthritis. These include:

- lower back stiffness and pain
- fatigue
- morning stiffness that is relieved by exercise
- inflammation of tendons where they attach to bones
- inflammation in different joints on each side of the body
- eye inflammation (uveitis).

How will it affect me?

Many people feel extremely tired and unwell when the inflammation is most active. You might experience symptoms very quickly but more usually they develop over a few days or longer. It can take a while to get a specific diagnosis, to accept that you have arthritis, and find the best treatment. It should still be possible to live a normal life, but in a different way.

For specific information on each individual condition consult Arthritis Care's factsheets on psoriatic arthritis, reactive arthritis and ankylosing spondylitis at www.arthritiscare.org.uk/Factsheets

REAL LIFE STORY

‘ I woke up one morning thinking I had broken my toe. About four weeks later I developed knee pain. My GP did blood tests right at the start. The results have never shown any signs of there being a problem, but the pain was so bad that I had seven months off work. It is really important to keep going back to your GP for help when your blood tests say you are fine but you are unwell.

I was eventually diagnosed after a year when a biopsy of fluid and tissue in my knee showed inflammatory arthritis. It took nearly a year to get a proper diagnosis, but once I did, I got started on treatment quickly. However, it can take a long time to find the right treatment and for it to work. I am hoping to be able to get back to work and back into life. ’

How is it diagnosed?

The main feature will be the symptoms of inflammatory arthritis, without rheumatoid factor in blood test results. A rheumatologist will then try to make a more specific diagnosis. Blood test results (such as ESR or CRP) sometimes show increased levels of inflammation in your body, but test results can still be normal when you have joint pain and swelling. You should be referred to a rheumatologist even if all blood test results are normal. Your scalp and skin could be examined to check for psoriasis, and you might be asked if you have had the flu, food poisoning, or a sexually transmitted disease (all of which can be the cause of another type of arthritis known as reactive arthritis).

How is spondyloarthritis treated?

The different forms of spondyloarthritis are treated in much the same way as RA. One or more of the following drugs can be used, depending on the severity of your symptoms and your response.

- **Non-steroidal anti-inflammatory drugs (NSAIDs).** Ibuprofen (Nurofen) and diclofenac (Voltarol and many more) are used at first to reduce inflammation and pain.
- **Steroids.** These can quickly suppress inflammation if it is severe. They can be injected directly into the joints or injected into muscles if many joints are inflamed. While steroids are very effective at reducing pain and inflammation, they have side effects if used long-term.

- **Disease-modifying anti-rheumatic drugs (DMARDs).** These include methotrexate, sulfasalazine and hydroxychloroquine which can be used if the symptoms are severe and last more than a few months.
- **Biologic drugs.** If the symptoms are severe and not adequately controlled with DMARDs, you may be eligible for biologic drugs.

What can I do to help myself?

How to help yourself during a flare-up

- Ice packs and heat pads, sometimes used alternatively, can help to relieve joint pain and swelling. Only use if there is no numbness around a painful joint or in the limb.
- Wrist splints and shoe insoles may be helpful during flare-ups.
- Try a TENS machine to see if it works for you (see the factsheet on TENS for more information).
- Learn to pace yourself and find ways to conserve your energy during flare-ups.
- If you are worried about side effects or are concerned that your medication is not working, ask your doctor for something different.
- Find support from other people with similar problems, such as the Arthritis Care online discussion forums.
- Eat a healthy diet rich in fresh fruit and vegetables.
- Take enough painkillers to get the right balance of reduced pain but minimal side effects.
- Swimming in a heated pool is especially good because the warm water can relax your joints and support your body.

How to manage the effects on your life

- Keep up with exercise for the long term. It is best to do gentle movement exercises if possible but if the pain is severe, you may need to rest your joints.
- Get moving as soon as you can after a flare-up. Exercises will help to strengthen muscles and keep the joints moving once the severe inflammation has subsided.
- Ask your rheumatology department who you can contact when you need information or advice.
- Contact Arthritis Care (see details at the end).
- Learn relaxation exercises to help reduce pain and improve your sleep.
- Stretching exercises are important for maintaining flexibility. You can learn how

to do them from a physiotherapist, self-help books or CDs, or take up a form of exercise such as yoga or tai chi. Arthritis Care has a booklet about exercise.

All these will help you to deal with the unpredictability of the condition.

Who will I see?

The first person to see is your GP. Make detailed notes of your symptoms in case there are some clues that might point to a particular form of spondyloarthritis.

You may need to ask for a referral to a rheumatologist to get a clear diagnosis. A few sessions with a physiotherapist and hydrotherapist can be very helpful for moving your joints and strengthening your muscles. An occupational therapist can help you to find aids and adaptations. Also ask your GP about pain management courses which can help you improve the quality of your life.

Is it hereditary?

Many forms of spondyloarthritis are linked to a specific gene – HLA-B27, especially ankylosing spondylitis. Other forms may be partly inherited through genes, but other factors are probably at work, including some kind of a trigger for the immune system.

Where can I get more information and support?

Arthritis Care is the UK's largest charity working with and for all people who have arthritis.

We are here to help you make positive choices through our information, website, self-management training, and professional helpline. Call the free helpline for confidential support on 0808 800 4050 (10am-4pm weekdays) or email: Helplines@arthritiscare.org.uk

You can find support from others with arthritis by joining our online discussion forums.

We rely on donations to fund our vital work in supporting people living with arthritis. If you would like to make a contribution, please phone us on 020 7380 6540 or you can donate online.

www.arthritiscare.org.uk

Our factsheets are reviewed every 18 months. Please check our website for up-to-date information and reference sources or call 020 7380 6577.

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Note

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Arthritis Care is now a certified member of The Information Standard. This means that you can be confident that Arthritis Care is a reliable and trustworthy source of health and social care information.



Contact us

For confidential information and support about treatments, available care and adapting your life, contact the Arthritis Care Helpline

Freephone: 0808 800 4050

10am-4pm (weekdays)

Email: Helplines@arthritiscare.org.uk

For information about Arthritis Care and the services we offer, contact us at: **www.arthritiscare.org.uk**

You can also talk to other people who are living with arthritis, through the discussion forums on our website.

Arthritis Care UK office and England regional services:

Tel: 020 7380 6500

Central England email: CentralEngland@arthritiscare.org.uk

North England email: NorthEngland@arthritiscare.org.uk

South England email: SouthEngland@arthritiscare.org.uk

Arthritis Care in Northern Ireland

Tel: 028 9078 2940

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Arthritis Care in Scotland

Tel: 0141 954 7776

Email: Scotland@arthritiscare.org.uk

Arthritis Care in Wales

Tel: 029 2044 4155

Email: Wales@arthritiscare.org.uk

Other organisations

Psoriasis and Psoriatic Arthritis Alliance

Call 0870 770 3212 or visit www.papaa.org

National Ankylosing Spondylitis Society

Call 020 8948 9117 or visit www.nass.co.uk