Diagnosing Axial Spondyloarthritis (Axial SpA)

There are no formal diagnostic criteria for axial SpA; the Assessment of SpondyloArthritis international Society (ASAS) Classification Criteria are not diagnostic criteria, but can be used to guide clinical assessment and diagnosis, provided that other potential causes for the patient’s back pain are excluded.

Assessment of SpondyloArthritis international Society (ASAS) Classification Criteria for axial SpA

In patients with ≥3 months back pain and age at onset <45 years

<table>
<thead>
<tr>
<th>Sacroiliitis on imaging* plus</th>
<th>HLA-B27 plus</th>
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<tbody>
<tr>
<td>≥1 SpA feature**</td>
<td>≥2 other SpA features**</td>
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*Sacroiliitis on Imaging
- Active (acute) inflammation on MRI suggestive of sacroiliitis associated with SpA
- Definite radiographic sacroiliitis according to the modified New York criteria (mNYc)

**SpA Features
- Inflammatory back pain (IBP)
- Arthritis
- Heel enthesitis
- Uveitis
- Dactylitis
- Psoriasis
- Crohn’s disease/ulcerative colitis
- Good response to non-steroidal anti-inflammation drugs (NSAIDs)
- Family history of SpA
- HLA-B27 positivity
- Elevated C-reactive protein (CRP)

Modified New York criteria (mNYc) for ankylosing spondylitis (AS)

A diagnosis of AS may be made if radiographic sacroiliitis (bilateral grade 2-4 or unilateral grade 3-4) and one clinical feature (as below) are present.

Clinical criteria:
- Low back pain and stiffness for >3 months which improves with exercise but is not relieved by rest.
- Limitation of motion of the lumbar spine in both the sagittal and frontal planes.
- Limitation of chest expansion relative to normal values corrected for age and sex.