Axial Spondyloarthritis (Axial SpA) Features including Extra Articular Manifestations (EAMs)

Axial SpA primarily affects the spine; the sacroiliac joints in particular. However, there are additional features of the disease, including characteristics that can occur outside of the joints; these are also known as EAMs.

**Axial SpA features listed in the Assessment of SpondyloArthritis international Society (ASAS) Classification Criteria**

- Inflammatory back pain (IBP)
- Enthesitis (heel)
- Dactylitis
- Uveitis
- Crohn’s/colitis (inflammatory bowel disease [IBD])
- Psoriasis
- Arthritis
- Good response to non-steroidal anti-inflammatory drugs (NSAIDs)
- HLA-B27 positivity
- Elevated C-reactive protein (CRP)
- Family history of SpA

For the full axial SpA ASAS Classification Criteria refer to the full publication.

**Inflammatory back pain (IBP)**

Approximately 73% of axial SpA patients are classified as having IBP according to experts. Patients may be classified as having IBP if they have chronic back pain of at least 3 months duration and ≥4 of the following parameters are fulfilled:

- Age of onset < 40 years
- Insidious onset
- Improvement with exercise
- No improvement with rest
- Pain at night (with improvement upon getting up).

**Enthesitis (heel)**

- Approximately 14% of patients with AS and 20% of patients with non-radiographic axial SpA are affected by enthesitis.
- Any entheses in the body can be involved but, clinically, the entheses of the lower limbs are involved more frequently than those of the upper extremities, and heel enthesitis (plantar fasciitis and/or Achilles enthesitis) is the most common.
- In the ASAS Classification Criteria for axial SpA only enthesitis of the heel (past or present spontaneous pain or tenderness to examination at the insertion of the achilles or plantar facia) is considered.

**Dactylitis**

- Dactylitis is present in approximately 5–6% of patients with axial SpA.
- Fingers and/or toes can be affected. Physical examination of the dactylitic finger or toe shows swelling with pain along the flexor tendons.
- Dactylitic fingers and toes are often referred to as sausage digits.
- The axial SpA ASAS Classification Criteria state “past or present dactylitis diagnosed by a doctor”.

**Uveitis**

- Patients with AS have a 20-30% chance of developing uveitis during the course of their disease.
- Acute anterior uveitis is the most common extra articular manifestation of SpA.
- Uveitis clinical presentation:
  - Redness
  - Pain
  - Intense photophobia
  - Reduction of visual acuity
  - There is a tendency for recurrence.
- The ASAS Classification Criteria states “past or present anterior uveitis confirmed by an ophthalmologist”.
Crohn’s/colitis (IBD)

- IBD is present in 5-10% of patients with AS.6
- Signs and symptoms of IBD:7,8
  - History: abdominal pain, diarrhoea, weight loss, blood loss, family history.
  - Physical examination: abdominal tenderness and mass.
  - Laboratory examination: signs of inflammation or malabsorption.
- The ASAS Classification Criteria state “past or present Crohn’s or ulcerative colitis (UC) diagnosed by a doctor.”1

Psoriasis

- Psoriasis is present in approximately 9% of patients with AS.9
- Skin symptoms:
  - Raised, well demarcated, erythematous plaques with silvery scales.
  - Lesions may cover elbows, knees, the sacral region, or the entirety of the skin.
  - Nails are frequently affected with nail dystrophy and lesions of the nail bed.
- The ASAS Classification Criteria state “past or present psoriasis diagnosed by a doctor”.1

Arthritis

The axial SpA ASAS Classification Criteria state past or present active synovitis diagnosed by a physician.1

Good response to NSAIDs

The axial SpA ASAS Classification Criteria state 24-48 hours after a full dose of a non-steroidal anti-inflammatory drug (NSAID) the back pain is not present anymore or much better.1

HLA-B27 positivity

The axial SpA ASAS Classification Criteria state positive testing according to standard laboratory techniques.1 In the UK the prevalence in the general population is about 8% and is present in 90-95% of patients in the UK with ankylosing spondylitis.10

Elevated CRP

The axial SpA ASAS Classification Criteria state CRP above upper normal limit in the presence of back pain, after excluding other potential causes for elevated CRP concentration.1

Family history of SpA

The axial SpA ASAS Classification Criteria state presence in first-degree (mother, father, sisters, brothers, children) or second-degree (maternal and paternal grandparents, aunts, uncles, nieces and nephews) relatives of any of the following: (1) AS; (2) psoriasis; (3) acute uveitis; (4) reactive arthritis; (5) IBD.3

Please note a patient does not need to have all these features. One or more may suggest further investigations are required.