Key Considerations when Assessing a Patient with Suspected Axial Spondyloarthritis (Axial SpA)

In conjunction with local protocol, the following steps may help in assessing a patient with suspected axial spondyloarthritis.

1. History and examination
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 extra-articular manifestations (EAMs). The following features (which include EAMs) are associated axial SpA features.1

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

For more information on these features and EAMs refer to the ‘SpA features and extra-articular manifestations’ factsheet, available at: www.axialspabackinfocus.co.uk/diagnosis/

2. Blood tests
When performing blood tests consider:

- **HLA-B27** (Human Leukocyte Antigen - B27) - evidence has shown that up to two-thirds of patients with axial SpA test positive for the HLA-B27 gene.1
- **CRP** (C-Reactive Protein) or **ESR** (Erythrocyte Sedimentation Rate).

ESR or CRP can be used as part of the ASDAS (Ankylosing Spondylitis Disease Activity Score) assessment. *There are other genetic tests/markers for axial SpA in use for research purposes but these are not in regular clinical use.

3. X-ray
If not performed recently or contra-indicated, an anterior-posterior X-ray of the pelvis should be requested to assess if the patient has radiographic sacroiliitis.

- Bilateral grade 2–4 or unilateral grade 3–4 radiographic sacroiliitis would meet the modified New York criteria (mNYc) for diagnosis of Ankylosing Spondylitis (AS) if the clinical criteria are also met.2 X-rays of the sacroiliac joint may be normal in early axial SpA or non-radiographic axial SpA, however sacroiliitis and structural lesions can be visible on MRI.3,4
- X-rays of cervical, thoracic or lumbar spine and peripheral joints may also show abnormalities in some patients.

For more information on X-ray interpretation refer to the ‘Interpreting X-Ray in Axial SpA’ factsheet.

4. MRI
Magnetic resonance imaging (MRI) may be used to assess patients who do not meet the mNYc for AS, as MRI can detect changes that are not visible on an X-ray. According to the Assessment of SpondyloArthritis International Society (ASAS) Classification Criteria for axial SpA, a patient may be classified as having axial SpA if they have sacroiliitis on imaging (inflammation on MRI suggestive of sacroiliitis associated with SpA or definite radiographic sacroiliitis according to the mNYc) and one or more SpA features.1

For more information on which MRIs to request and how to interpret these refer to the ‘Identifying Diagnostic SpA Lesions Using MRI’ booklet.

5. Exclude other causes
There are a number of other conditions that may present with symptoms similar to axial SpA, for more information on these please refer to the ‘Excluding Other Causes’ area of the diagnosis section.

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*There are no formal diagnostic criteria for axial SpA; the current ASAS Classification Criteria are not diagnostic criteria, but can be used to guide clinical assessment and diagnosis, provided other causes for the patient’s back pain are excluded. Please refer to the ‘Diagnosing Axial SpA’ factsheet for further information.*

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For more information on these features and EAMs refer to the ‘SpA features and extra-articular manifestations’ factsheet, available at: www.axialspabackinfocus.co.uk/diagnosis/