The Axial SpA Checklist
This is intended for use by UK healthcare professionals only.

**Considerations at each visit**

- **Outcome measures**
  - BASDAI
  - Spinal pain VAS
  - BASMI and BASFI as required (or at least once a year)

- **Patient information**
  - NASS

- **Exercise**

- **Non-pharmacological treatment**
  - Physiotherapy

- **Pharmacological treatments**
  - Current treatment (dose, mode and frequency)
  - Adherence
  - Contraindications
  - Adverse events
  - Patient preference

- **Extra-articular manifestations**
  - Eye symptoms (AAU)
  - Gut symptoms (IBD)
  - Skin symptoms (psoriasis)

- **Peripheral symptoms**
  - Arthritis
  - Enthesitis (heel)
  - Dactylitis

- **Lifestyle and other aspects**
  - Smoking
  - Weight (BMI)
  - Pregnancy (current or planned)
  - Work
  - Comorbidities (i.e. osteoporosis, heart disease)
  - Family and relationships

**Treatment considerations**

- **NSAID optimisation**
  - NSAIDs half-life
  - Risks and benefits of long-term use

- **Considerations for initiating biologics**
  - Eligibility (as per the NICE guidelines)
  - Is the patient comfortable using needles?
  - Risks and benefits

- **Continuing biologics**
  - Has the patient:
    - Had an adequate response to treatment?
    - A reduction in the:
      - BASDAI score to 50% of the pre-treatment value or by 2 or more units and
      - Spinal pain VAS by 2 cm or more
    - Tolerated the treatment?

- **Switching biologics**
  - Has the patient:
    - Responded inadequately to treatment?
    - Been unable to tolerate treatment?
    - Initially responded to treatment then failed?
    - Repeat MRI and CRP
    - Review diagnosis (consider other causes of pain)

- **Stopping biologics**
  - Review diagnosis (consider other causes of pain)

- **Monitoring (bloods)**
  - CRP
  - Renal function

**References**

All rights reserved. Subject to Notice of rights. NICE guidance is prepared for the National Health Service in England. All NICE guidance is subject to regular review and may be updated or withdrawn. NICE accepts no responsibility for the use of its content in this product/publication. AAU: acute anterior uveitis. BASDAI: Bath Ankylosing Spondylitis Disease Activity Index. BASFI: Bath Ankylosing Spondylitis Functional Index. BASMI: Bath Ankylosing Spondylitis Metrology Index. BMI: body mass index. CRP: C-reactive protein. IBD: inflammatory bowel disease. MRI: magnetic resonance imaging. NASS: National Ankylosing Spondylitis Society. NICE: National Institute for Health and Care Excellence. NSAID: non-steroidal anti-inflammatory drug. VAS: visual analogue scale. This resource was developed for UK healthcare professionals only, organised and funded by AbbVie.
Humira (adalimumab) 20 mg, 40 mg and 80 mg solution for injection in pre-filled syringe; 40 mg and 80 mg solution for injection in pre-filled pen. Refer to Summary of Product Characteristics (SmPC) for full information.

Presentation and method of administration: Each single dose 0.2 ml contains 20 mg of adalimumab for subcutaneous injection. Each single dose 0.4 ml pre-filled syringe or 0.4 ml pre-filled pen contains 40 mg of adalimumab for subcutaneous injection. Each single dose 0.8 ml pre-filled syringe contains 80 mg of adalimumab for subcutaneous injection. Indications and Dosage: please refer to SmPC for full information. Humira treatment should be initiated and supervised by specialist physicians experienced in the treatment of patients with rheumatoid arthritis and other indications treated with Humira is indicated. Ophthalmologists are advised to consult with an appropriate specialist before initiation of treatment with Humira. Patients with a high risk of infection should be monitored closely.

After proper training in injection technique, patients may self-inject Humira if their physician determines that it is appropriate and with adequate training. Many patients found it helpful to ask about injection technique with concomitant therapies (e.g., corticosteroids and/or immunomodulatory agents) should be optimised. Rheumatoid arthritis (RA), adults: In combination with methotrexate (MTX): Dose: 20 mg single dose every other week (EOW). There can be as monotherapy if intolerable to or when continued treatment with MTX is inappropriate. Reduces rate of progression of joint damage with inadequate response to or intolerance to conventional DMARDs (including MTX). In combination with MTX for severe, active and inadequate response to other one or more DMARDs. Can be given as monotherapy if intolerance to or when continued treatment with MTX is inappropriate. Reduces rate of progression of joint damage (DMARDs) including MTX. In combination with MTX, for severe, active and inadequate response to other one or more DMARDs. Can be given as monotherapy if intolerance to or when continued treatment with MTX is inappropriate.

Allergic reactions: If anaphylaxis occurs, discontinue and treat according to established guidelines. If a serious allergic reaction occurs, discontinue and treat according to established guidelines.

Interactions: Consider risk of infections in these patients. Further information: Adverse events should also be reported to patients and healthcare professionals. It is important to be aware of the following: Adverse events should be reported.

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