Axial Spondyloarthritis in Women*

axSpA is a painful chronic inflammatory disease that primarily affects the spine and sacroiliac joints (SIJs)[1,2]

axSpA has two classifications: non-radiographic axSpA (**nr-axSpA**) and radiographic axSpA, also known as ankylosing spondylitis (**AS**)[3]

Patients with nr-axSpA and AS experience a significant and similar disease burden[2,4]

- Inflammatory back pain
- Severe stiffness and reduced mobility
- Fatigue
- Difficulty sleeping
- Restricted social participation
- Impaired work and home productivity
- Decreased quality of life

...and share common clinical features[2,4-8]...

Uveitis: Eye inflammation

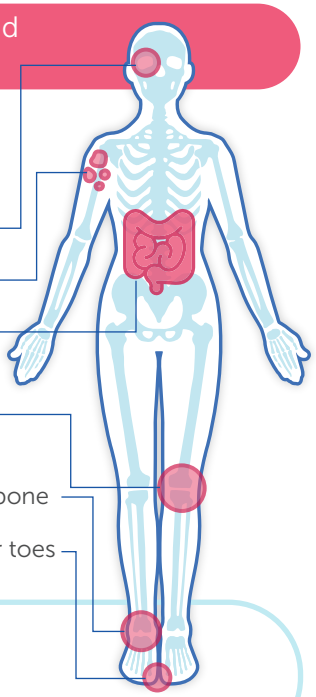
Psoriasis: Skin disease

Inflammatory bowel disease: Chronic inflammation of the digestive tract

Peripheral arthritis

Enthesitis: Inflammation of the points of insertion of tendons and ligaments into bone

Dactylitis: Inflammation of the fingers or toes

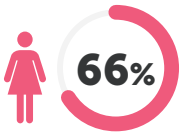


LEADING SYMPTOM:
Chronic inflammatory back pain that improves with exercise, but not with rest, and is accompanied by prolonged morning stiffness[1,4,8]

PREVALENCE:
Similar to rheumatoid arthritis, 0.2–1.4% of adults have axSpA[9-11]

Why has AS historically been viewed as a male disease?[12]

Overall, women may have less structural damage in both the SIJs and the spine, making AS more prominent in men.[12-14]



But...
nr-axSpA is more prevalent in women.[12-14]

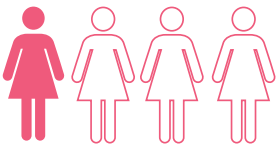
Despite differences in sacroiliac or spinal radiographic progression...

The burden of nr-axSpA and AS on patients is similar[12]

Women may have a greater disease burden than men, regardless of classification[12]

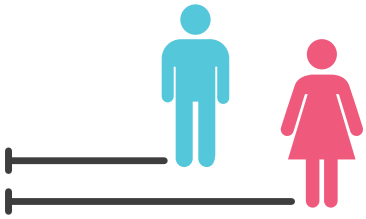
Radiographic sacroiliitis may take years to develop or may never develop in women...

- Diagnosis of axSpA in women is frequently delayed or never made[12]



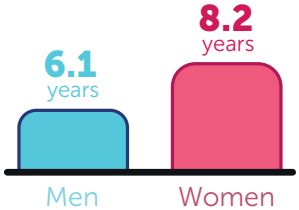
~25%

of women were initially misdiagnosed[15]



Women have longer delay to diagnosis than men[7,13]

Time to diagnosis[16]



Women with axSpA present differently to men and may experience:[15,17]

- **Greater disease activity**[17,18] (fatigue, total back pain, and longer duration of morning stiffness)†
- **Greater widespread pain**[15]
- **More fatigue**[18]
- **Greater peripheral and upper axial involvement**[12,19,20]
- **Overall poorer quality of life** (depression and anxiety, neuropathic pain, fatigue, functional limitations)[12,18,19]
- **Greater impaired work productivity**[8] (worse pain and fatigue; more missed work/less likely to work full time; overall greater work and activity limitations)

More can be done to provide improved long-term outcomes for women with axSpA.

Earlier diagnosis and **earlier treatment** can help slow radiographic progression.[2,4,21]

MRI allows for the detection of early inflammatory changes – often several years before the appearance of sacroiliitis on X-ray.[1,22]

Improvements in **awareness** and **diagnosis** have reduced the gender gap in axSpA.[23]

START BY SCREENING[24]

Ask your patient:

- ◯ Do they have chronic back pain that has lasted 3 or more months?
- ◯ Did the pain start before they were 45 years of age?

AND

Does your patient present with one or more of the following?

- ◯ Inflammatory back pain (including morning stiffness that lasts longer than 30 minutes[4])‡
- ◯ Human leucocyte antigen-B27 positivity
- ◯ Sacroiliitis on imaging, if available (on X-rays or MRI)§
- ◯ Peripheral manifestations (in particular arthritis, enthesitis and/or dactylitis)¶
- ◯ EAMs (psoriasis, inflammatory bowel disease and/or uveitis)¶
- ◯ Positive family history for SpA¶
- ◯ Good response to NSAIDs¶
- ◯ Elevated acute phase reactants#

If your patient has had chronic back pain that has lasted 3 or more months that started before the age of 45 **AND** they have at least one of these features, consider referring them to a rheumatologist.

Abbreviations: AS=ankylosing spondylitis; axSpA=axial spondyloarthritis; EAM=extra-articular manifestation; MRI=magnetic resonance imaging; nr-axSpA=non-radiographic axSpA; NSAIDs=non-steroidal anti-inflammatory drugs; SIJs=sacroiliac joints.

* For the purposes of this tool, "women" refers to people of the female sex.

† As measured by BASDAI (Bath Ankylosing Spondylitis Disease Activity Index).[17]

‡ Any set of criteria, preferably ASAS definition of inflammatory back pain: at least four out of five parameters present: (1) age at onset ≤40 years; (2) insidious onset; (3) improvement with exercise; (4) no improvement with rest; and (5) pain at night (with improvement upon getting up).[24]

§ Only if imaging available, not recommended as a routine screening parameter.[24]

¶ According to the definition applied in the classification criteria for axial spondyloarthritis:[24]

Arthritis: past or present active synovitis diagnosed by a physician.

Enthesitis (heel): past or present spontaneous pain or tenderness at examination of the site of the insertion of the Achilles tendon or plantar fascia at the calcaneus.

Dactylitis: past or present dactylitis, diagnosed by a physician.

Extra-articular manifestation: past or present psoriasis, inflammatory bowel disease and/or uveitis anterior, confirmed by a physician.

Good response NSAIDs: 24–48 h after a full dose of a NSAID the back pain is not present any more or is much better.

Family history of SpA: 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) ankylosing spondylitis; (2) psoriasis; (3) acute uveitis; (4) reactive arthritis; and (5) inflammatory bowel disease.

C-reactive protein serum concentration or erythrocyte sedimentation rate above upper normal limit after exclusion of other causes for elevation.[24]

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Inspired by **patients.** Driven by **science.**

ASIF AXIAL SPONDYLOARTHRITIS INTERNATIONAL FEDERATION

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