

Non-Radiographic Ankylosing Spondylosis

May also be known as Non- Radiographic Axial Spondyloarthritis (nr-axSpA)

ARTHRITIS INFORMATION SHEET

This sheet has been prepared for people affected by non-radiographic axial Spondyloarthritis. It provides general information and includes examples of what you can do to help manage the condition. It also tells you where to find further information and advice.

What is non-radiographic axial Spondyloarthritis (nr-axSpA)?

Non-radiographic axial Spondyloarthritis (nr-axSpA) is an autoimmune disease which causes arthritis in the spine and pelvis.

While 'non-radiographic axial Spondyloarthritis' is a very complicated name, it can be understood as:

- Non-radiographic: the inflammation will not show up on an x-ray (radiograph) but may show up on an MRI (magnetic resonance imaging) scan.
- Axial: it mainly affects the spine (rather than arms or legs).
- Spondyloarthritis: arthritis that affects the joints as well as sites where ligaments and tendons join the bone.

What are the symptoms?

The symptoms of nr-axSpA usually begin between the ages of 15 and 40 years and are often very similar to the symptoms of a related form of arthritis, known as ankylosing spondylitis. Symptoms can vary from person to person, but commonly include:

- Pain and stiffness in the back or buttocks.
- Pain that worsens after rest (for example, after waking up) and is relieved by exercise.
- Pain in tendons (which connect muscles to bones) and ligaments (which connect bones to each other), often felt as pain at the front of the chest, back of the heel or underneath the foot.

What causes nr-axSpA?

The cause of the condition is not known. Unlike other types of back pain, nr-axSpA isn't caused by particular jobs, activities or injuries. Doctors believe it is closely related to another form of inflammatory arthritis known as ankylosing spondylitis (AS). In fact,

one or two out of every 10 patients diagnosed with nr-axSpA will progress to AS within a few years. Often, these individuals possess a gene called HLA-B27.

How is nr-axSpA diagnosed?

Many people in the early stages of nr-axSpA think they have common back pain and do not seek help. However, it is important to have nr-axSpA diagnosed as early as possible in order to allow for effective treatment.

After initial assessment by a general practitioner, a rheumatologist will diagnose nr-axSpA based on an evaluation of your symptoms, a physical examination, blood tests (C-reactive protein [CRP], erythrocyte sedimentation rate [ESR] and/or HLA-B27) and imaging tests such as x-ray and MRI. X-rays however may not identify the joint damage nor inflammation.

What will happen to me?

With the right treatment, most people with nr-axSpA can lead full and active lives. Many people find there are times when their symptoms worsen (known as a 'flare'), and times when their symptoms get better. In most cases it can be well controlled with treatment and may even resolve over time. However, some people may have severe, long-lasting pain. This used to be common but can now usually be prevented by starting proper treatment, as early as possible.

Can nr-axSpA be cured?

Currently there is no cure for nr-axSpA. However, treatment for the condition has improved dramatically, with new medicines that are extremely helpful in controlling the condition. Be wary of any products or therapies that claim to cure nr-axSpA.

For your local Arthritis Office:

☎ 1800 011 041

🌐 arthritisaustralia.com.au

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What treatments are there for nr-axSpA?

Your rheumatologist will tailor your treatment to your symptoms and the severity of your condition. There is no way of predicting exactly which treatment will work best for you. Each treatment has its own benefits and risks. Treatment for nr-axSpA usually involves:

- Physiotherapy exercises (such as hydrotherapy or exercises in water), to keep the spine flexible and improve posture
- Medicines, such as:
 - Non-steroidal anti-inflammatory drugs (NSAIDs).
 - DMARDS or Biologic therapy.

For more information about medicines see the Australian Rheumatology Association's *Patient Medicine* Information or the *Medicines and arthritis* information sheet.

What can I do?

See a rheumatologist. A rheumatologist can diagnose nr-axSpA and make sure you get the right treatment. If you have the symptoms of nr-axSpA and have not seen a rheumatologist, ask your doctor about a referral. See the *Working with your healthcare team* information sheet.

Learn about nr-axSpA and play an active role in your treatment. Not all information you read or hear about is trustworthy so always talk to your doctor or healthcare team about treatments you are thinking about trying. Reliable sources of further information are also listed in the section below. Additionally, your local Arthritis Office can provide details for self-management courses.

Learn ways to manage pain. See the *Dealing with pain* information sheet or see our booklet *Taking Control of your pain in Arthritis*.

Live a healthy life. Eat a healthy diet, stop smoking and reduce stress to help your overall health and wellbeing. See the *Healthy eating* information sheet.

Stay active. It is important to do regular sports and activities for general fitness and wellbeing. See the *Physical activity* information sheet or ask your physiotherapist for advice.

Acknowledge your feelings and seek support. As there is no cure for nr-axSpA and it can affect many parts of your life, it is natural to feel scared, frustrated, sad and sometimes angry. Be aware of these feelings and get help if they start affecting your daily life. See the *Arthritis and emotions* information sheet.

CONTACT YOUR LOCAL ARTHRITIS OFFICE FOR MORE INFORMATION SHEETS ON ARTHRITIS.

Learn about nr-axSpA and your treatment options.
See a rheumatologist as early as possible.



FOR MORE INFORMATION

Arthritis Australia has a designated nr-axSpA section on its websites ArthritisAustralia.com.au and MyAS.org.au

Australian Rheumatology Association - information about medicines and seeing a rheumatologist
www.rheumatology.org.au

American College of Rheumatology
www.rheumatology.org

Arthritis Foundation (US) www.arthritis.org

Spondylitis Association of America
www.spondylitis.org

To find a physiotherapist, contact the Australian Physiotherapy Association on 1300 306 622 or use the 'find a physio' feature at www.physiotherapy.asn.au

Are you taking a biological DMARD?

The Australian Rheumatology Association collects information on how well these drugs work and how often they cause problems.

The best way to get this information is from you! Sign up to the ARAD project now by Email: ARAD@monash.edu Ph: Sydney **02 9463 1885** or Melbourne **03 9508 3424**
www.ARAD.org.au