Inflammatory Back Pain vs. Mechanical Back Pain

Inflammatory Back Pain Could Mean Axial Spondyloarthritis (axSpA)

Most cases of axSpA can be diagnosed, or at least initially suspected, based on medical history and clinical examination. If you suspect your patient may have axial spondyloarthritis (axSpA), please have them see a rheumatologist ASAP.

The Spondylitis Association of America was the first and remains the largest resource in the U.S. for people affected by spondyloarthritis. For more than 35 years, SAA has dedicated all its resources to funding research and developing programs that directly benefit the spondylitis community.

DID YOU KNOW? Axial spondyloarthritis is not rare. The CDC estimates that at least 2.7 million adults in the U.S. have spondyloarthritis.

ADDITIONAL RESOURCES

Refresh your knowledge of the group of related diseases known as spondyloarthritis by visiting us at:

www.spondylitis.org/about

RHEUMATOLOGIST DIRECTORY - We can assist in your search for a rheumatologist by providing our free Rheumatologist Directory: A Patient-to-Patient Recommended List. This booklet contains a state-by-state list of patient-recommended, board certified rheumatologists. You can download the list by going to:

www.spondylitis.org/directory

SAA COMMUNITY - SAA provides a number of ways to connect with others living with spondylitis and share information. To find our support groups, online forums, social media and more, visit:

www.spondylitis.org/community

EDUCATIONAL MATERIALS - We have produced a wealth of educational materials on ankylosing spondylitis and related diseases - all vetted by our Medical and Scientific Advisory Board:

www.spondylitis.org/store

www.spondylitis.org
800.777.8189
info@spondylitis.org
OTHER SYMPTOMS & SIGNS

ENTHESITIS - Inflammation of the enthesis, where the joint capsules, ligaments or tendons attach to the bone, is a sign of spondyloarthritis (SpA). This can be felt in multiple areas of the body from the shoulders down to the feet. The two areas of the foot that can be affected are the Achilles tendon at the back of the heel and the plantar fascia at the base of the heel.

DACTYLITIS (SAUSAGE DIGITS) The inflammation of an entire digit (a finger or toe).

IRITIS / UVEITIS - Inflammation of the eye. Symptoms often occur in one eye at a time, and may include redness, pain, sensitivity to light and skewed vision.

IMPORTANT POINTS

- Onset is usually under 45 years of age and is insidious
- Pain persists for more than three months (i.e., it is chronic)
- The back pain and stiffness worsen with immobility, especially at night and early morning
- The back pain and stiffness tend to ease with physical activity and exercise
- NSAIDs are very effective in relieving pain and stiffness in about 50 percent of patients

CHARACTERISTICS OF PAIN ASSOCIATED WITH INFLAMMATORY BACK PAIN

Inflammatory back pain is usually a dull ache, difficult to localize, and felt deep in the buttock or lower back. The back pain is frequently associated with inflammation of the sacroiliac (SI) joints. In some cases, axSpA symptoms can also start in the neck or peripheral joints such as hips and shoulders.

Prolonged inactivity usually worsens the pain and stiffness, while exercise and physical activity tend to ease them. Pain may awaken the patient at night. Some patients find it necessary to exercise or move about for a few minutes before returning to bed and may have difficulty in getting out of bed in the morning. Hot showers can help minimize morning pain and stiffness.

X-RAYS & AXIAL SPONDYLOARTHRITIS

A hallmark of axSpA is involvement of the sacroiliac (SI) joint. However, using x-rays to detect SI joint erosion typical of sacroiliitis can be problematic because it can take 7 to 10 years of disease progression before these changes show up in conventional x-rays.

BLOOD WORK & AXIAL SPONDYLOARTHRITIS

First, HLA-B27 is a perfectly normal gene found in 7.5 percent of the Caucasian population. Generally speaking, no more than 5 percent of people born with this gene will eventually develop axial spondyloarthritis (axSpA).

Secondly, it is important to note that the HLA-B27 test is not a diagnostic test for axSpA - but is positive in 80-90 percent of axSpA patients of Caucasian origin. However, the association between axSpA and HLA-B27 varies in different ethnic and racial groups.

Since there is no definitive blood test for axSpA, laboratory work may not be of much help. A simple ESR (erythrocyte sedimentation rate), also known as sed rate, is commonly an indicator of inflammation. However, less than 40 percent of people with axSpA have a raised ESR level. Elevated C-reactive protein (CRP), is frequently observed in patients with active axSpA and has been correlated both with activity and functional severity progression of the disease.

Finally, there is no association between axial spondyloarthritis and rheumatoid factor (associated with rheumatoid arthritis) or antinuclear antibodies (associated with lupus).