

Hi All,

It was so terrific seeing everyone at the last meeting. I wish I had more time to talk with everyone.

Please forgive this long email. Some of the links are in the member section. If you can't open one of the links, please let me know and I will get the item to you.

As promised, here are some follow up responses to issues/items that came up:

- Someone asked what are the chances of a family members getting AS if HLA B27+?
 - **If a parent, brother or sister has spondylitis, and I test positive for HLA-B27, what are my chances of getting the disease?**

If a family member had spondylitis and you test positive for the HLA-B27 gene, your chance of getting the disease increases to 20%, if you are under age 40. If you are over 40, your chance of developing spondylitis is very low. If you have AS, the likelihood of passing it on to your children is relatively low. There is approximately a 50% chance that the child of one HLA-B27+ parent will inherit the gene, but only a small percentage of those will develop AS.

 - <http://www.spondylitis.org/about/faq.aspx>
 - ... The point that I am making is that this is a healthy, normal gene and that if a patient has AS, he or she doesn't have to be tested if the diagnosis is obvious because, in fact, testing for B27 has actually led to further delays in diagnosis among B27 negative patients. So, if we have the B27 gene, we do not need to test our children because half of them, roughly, will possess the gene, and even though they have the gene, most of them will never get AS. It is much better as an educated patient to know when to seek help if your child starts getting the kinds of symptoms that would suggest AS. Then, the gene typing can be helpful. If you have no psoriasis, no Crohn's disease running in the family, no ulcerative colitis running in the family, the chances are that your children and grandchildren will not be afflicted.
 - http://www.spondylitis.org/about/q_a.pdf
- I have contacted Dr. Wiseman's office. I will let you know if he will be at the next meeting. It's looking good that he will make it in January.
- Plan on our meetings to be on the 2nd Sunday of the month. So, Jan 13th, Feb 10th, March 10th, April 14th, etc.
- In my own search, I can't find literature on Lyme disease as a trigger for AS. As mentioned, the cause of AS is unknown.
 - **Differentiating Lyme disease, Rheumatoid arthritis, ankylosing spondylitis, and other conditions such as [gout](#), or [lupus](#) can be difficult for a physician.**
 - <http://lymediseaseguide.org/lyme-disease-rheumatoid-arthritis> (this is NOT from the SAA website and I can't vouch for it's accuracy, but it's interesting).
 - I did see some people on FacesofAS that mentions diagnosis confusion with Lyme.

- THERE IS CURRENTLY NO EVIDENCE that antibiotics are beneficial in most types of spondyloarthropathies.... antibiotic therapy is effective against septic arthritis and also cures **lyme** disease.
 - <http://www.spondylitis.org/members/05.aspx?login=yes&PgSrch=lyme>
- ACR (American College of Rheumatology) 2013 conference is in San Diego from October 26-20.
 - <http://www.acrannualmeeting.org/>
- Thank you Ruth for providing the refreshments!
- Do we have a volunteer to bring refreshments with some non-starch items next time?
- Everyone that asked to be added to the eSUN will receive next month's eSUN.
- Happy holidays! There is an article on promoting your spondyloarthritis health during the holidays in the Winter 2009 issue of SpondylitisPLUS.
 - <http://www.spondylitis.org/members/archive.aspx?PgSrch=article+41>
- FYI: you can 'friend me' on any social network that you use. My ID is "RichAHoward" on just about everything.

Please don't hesitate to contact me if you have any questions.

Best Wishes,

Rich