**Axial Spondyloarthritis**

**Refer to Consultant Rheumatologist**

For diagnosis if criteria above met

**Management**

Patient education/information

[https://www.versusarthritis.org/ankylosing-spondylitis/](https://www.versusarthritis.org/about-arthritis/conditions/ankylosing-spondylitis/)

<https://nass.co.uk/>

Medication management with NSAID. Consider switching to another NSAID if maximum tolerated dose for 2-4 weeks does not provide adequate pain relief

Consider PPI cover

Refer to Rheumatologist if:

Low back pain > 3 months with onset before 45 years of age

**And** if 4 or more additional features below:

Low back pain that started before the age of 35 years

Waking during the second half of the night because of symptoms

Buttock pain

Improvement with movement

Improvement within 48 hours of taking non-steroidal anti-inflammatory drugs (NSAIDs)

A first-degree relative with spondyloarthritis

Current or past arthritis, enthesitis, or pain or swelling in tendon or joints not due to injury

Current or past psoriasis, or family history

Uveitis: ask people with back pain > 3mths with onset before 45yrs if history of uveitis, and if the person is HLA B27 positive or has a history of psoriasis

**Investigations:**

FBC, TFT, U&E, LFT, CRP, ESR, Glucose, Bone profile, Vitamin D and CK

If only 3 additional features, NICE recommends testing for HLA B27

Rule out

Red flags