

Women and long-term axial spondyloarthritis patients at higher risk for complications

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According to a new research, gender and disease duration can predict the risk of developing debilitating symptoms beyond the joints in spondyloarthritis (AxSpA) patients.

Spondyloarthritis refers to an inflammatory form of arthritis affecting the spine, and joints of the arms and legs. It is the most common subtype axial spondyloarthropathies (AxSpA). It is often represented by extra-articular manifestations, such as uveitis, or inflammation of the eye, psoriasis and inflammatory bowel disease such as Crohn's disease, and ulcerative colitis. However, the cause of the condition remains unknown. Recently, researchers collected data from the Ankylosing Spondylitis Registry of Ireland (ARSI) to evaluate the prevalence of extra-articular manifestations in an axSpA patient cohort. They aimed to identify the differences in these manifestations in early versus late disease and other characteristics. The study results showed that:

- >50 percent of participants had at least one of the three conditions.
- 35.5 percent of patients had uveitis, the most common of the three.
- The prevalence of uveitis was significantly higher in women than men (46.7 percent versus 32.3 percent) and in men and women who had had the disease for 10 years or longer than in those who had had it less than 10 years (39.8 percent versus 21.7 percent).
- 17.8 percent had psoriasis.
- 9.7 percent had inflammatory bowel disease (IBD).
- The prevalence of IBD was significantly higher in women than in men (16.5 percent versus 7.7 percent).

The co-author, Gillian Fitzgerald, MD, a rheumatology fellow at St. James's Hospital in Dublin, Ireland, said that these conditions add to the burden of the disease, or morbidity. "Each of these extra-articular manifestations alone has morbidity, and our patients can often have several of these conditions in addition to the morbidity from inflammatory back pain. This can have a huge impact on their quality of life, so it is important for us as rheumatologists to understand as much as we can about them".

Dr. Fitzgerald added, "I think a lot of patients think it's only back pain they should mention, but we are interested in all symptoms. So if they have problems with their skin or eyes or with inflammatory bowel disease, we want them to know to talk with their rheumatologist about it".

According to Theodore Fields, MD, a rheumatologist at Hospital for Special Surgery in New York City, since 2013 Ankylosing Spondylitis Registry of Ireland has been collecting data is a valuable resource. "Over time, as the years of prospective data accumulation grow, data from this registry can assist in anticipating complications of axial spondyloarthritis in different patient groups," Dr. Fields said.

Doctors performed surveillance for uveitis in women and looked outpatients with longer duration of disease and carefully treated the subtle inflammatory bowel disease. "For the moment, all patients with axial spondyloarthritis need to be under observation for the spectrum of associated conditions, but further fine-tuning of subsets of patients at special risk of particular manifestations will help us better focus our screening," Dr. Fields said.

Thus, further research is needed in this context to identify other characteristics that can predict the development of these conditions.

Source:	Arthritis Foundation
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