

Spondyloarthritis

This sheet has been written for people with spondyloarthritis (sometimes called spondyloarthropathy or seronegative arthritis). It provides general information to help you understand spondyloarthritis and seronegative arthritis. It describes the main types of these conditions and how they are managed. This sheet also tells you where you can find further information.

What is spondyloarthritis?

'Spondylo' means affecting the spine and 'arthritis' means joint disease. Spondyloarthritis is a name for types of arthritis that commonly affect the spine. These types of arthritis all have the following signs in common:

- inflammation of the:
 - spine and sacroiliac joints (joints that connect the base of your spine to your pelvis), felt as pain and stiffness in the buttocks, back and/or neck
 - joints in the legs and less commonly the arms, causing pain, stiffness and swelling
 - tendons (strong cords that connect muscles to bones) and ligaments (which connect bones to each other), often felt as pain in the back of the heel or underneath the foot
 - eyes, skin and other parts of the body
- seronegative (see below)
- associated with a gene called HLA-B27.

Another name used for this group of conditions is spondylitis, meaning inflammation of the spine. There are several types of arthritis that can be classified as spondyloarthritis.

What does seronegative mean?

The word seronegative means 'absent from the blood'. Types of arthritis that test negative for rheumatoid factor in the blood are called seronegative arthritis.

What is rheumatoid factor?

Rheumatoid factor is made by the body's immune system. It is found in people who have rheumatoid arthritis (RA) but is not normally present in healthy

people. Only one out of 100 people have rheumatoid factor without having RA. Rheumatoid factor is found by doing a blood test. Cases of arthritis that test negative for rheumatoid factor can be called seronegative arthritis.

Why is my condition sometimes called spondyloarthritis and sometimes seronegative arthritis?

These names are often used to describe the same types of arthritis. Your condition may be classified as spondyloarthritis, even if your spine is not affected. These types of arthritis all test negative for rheumatoid factor so they can also be described as seronegative arthritis. It can be very confusing having so many names for your arthritis. It doesn't really matter if you and your doctor call your arthritis seronegative, spondyloarthritis or spondylitis, as long as you understand what it is.

What are the main types of spondyloarthritis?

There are several types of arthritis that are grouped together, under the name spondyloarthritis.

These include:

- **ankylosing spondylitis:** causes inflammation of the joints in the spine. See the *Ankylosing spondylitis* information sheet.
- **psoriatic arthritis:** related to the skin condition psoriasis. See the *Psoriatic arthritis* information sheet.
- **reactive arthritis (or Reiter's syndrome):** develops in response to an infection. See the *Reactive arthritis* information sheet.

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- **enteropathic arthritis:** related to inflammatory bowel diseases, such as ulcerative colitis or Crohn's disease. About one in 10 people with an inflammatory bowel disease develop this type of arthritis.
- **undifferentiated spondyloarthritis:** a form of spondyloarthritis that does not fit into any of the above four categories.

What treatments are there for spondyloarthritis?

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. Your doctor may need to trial several different treatments before finding the one that is right for you and may include:

- physiotherapy exercises, to keep the spine flexible and improve posture
- medicines, such as:
 - analgesics (pain relievers, such as paracetamol)
 - non-steroidal anti-inflammatory drugs (NSAIDs)
 - corticosteroid medicines or injections
 - disease-modifying anti-rheumatic drugs (DMARDs)
 - biological DMARDs, such as tumour necrosis factor (TNF) medicines.

For more information 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 your disease and make sure you get the right treatment. If you have spondyloarthritis and have not seen a rheumatologist, ask your doctor about a referral. See the *Working with your healthcare team* information sheet.

Learn about your condition 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. Self management courses aim to help you develop skills to be actively involved in your healthcare. Contact your local Arthritis Office for details of these courses.

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

Learn about your type of arthritis and your treatment options. There are several types of arthritis that are called spondyloarthritis.

For more information:

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

The Arthritis Research Campaign www.arc.org.uk

American College of Rheumatology www.rheumatology.org

Arthritis Foundation (US) www.arthritis.org

Spondylitis Association (US) www.spondylitis.org

Crohns & Colitis Foundation (US) www.cdfa.org

National Association for Colitis and Crohn's Disease (UK) www.nacc.org.uk

National Psoriasis Foundation (US) www.psoriasis.org

The Psoriasis and Psoriatic Arthritis Alliance (UK) www.paalliance.org

Source: A full list of the references used to compile this sheet is available from your local Arthritis Office

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Your local Arthritis Office has information, education and support for people with arthritis
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