ASSESSMENT AND DIAGNOSIS OF ANKYLOSING SPONDYLITIS: TREATMENT OPTIONS FOR PATIENTS BOTH ON AND NOT ON ANTI-TUMOUR NECROSIS FACTOR AT CHESTERFIELD ROYAL HOSPITAL

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Background: AS is a progressive inflammatory arthritis, mainly affecting the spine and sacroiliac joints, causing pain, stiffness and ankylosis. Currently for diagnosis of AS, X-ray evidence of sacroiliitis is required. The modified New York Criteria outlines the radiological and clinical criteria for a definite diagnosis of AS, while National Institute for Health and Care Excellence (NICE) guidance outlines recommendations for eligibility for treatment with anti-TNF. We decided to look at patients in the Ankylosing Spondylitis Clinic to establish whether they met the criteria for diagnosis and treatment with anti-TNF and hence whether NICE guidance was being followed. The audit objectives were to audit our own practice against national guidelines, to demonstrate compliance with national guidelines and to look at patients who are not currently on anti-TNF treatment.

Methods: Fifty-five patients with a diagnosis of AS, 20 receiving anti-TNF and 35 not receiving anti-TNF, were audited retrospectively using a pro forma at Chesterfield Royal Hospital. This included assessing the modified New York criteria for diagnosis and NICE guidelines for treatment with anti-TNF.

Results: Eighty-five per cent of patients on anti-TNF and 50% of patients not on anti-TNF were diagnosed within the first 3 years of symptoms. Of the patients on biologics, 80% met the New York criteria for diagnosis, 65% met the NICE criteria for biologics; 94% had a reduction in the pain visual analogue scale and 84% had a reduction in BASDAI after treatment. For the patients not on anti-TNF, 71% met the New York criteria for diagnosis and 22% met the criteria for anti-TNF.

Conclusion: Most people on anti-TNF meet the criteria for a diagnosis of AS, but 35% do not appear to meet the NICE guidelines for this treatment. Conversely, 22% of patients not on anti-TNF met the NICE guidelines for treatment. A more uniform approach to assessment is needed to ensure that eligibility for treatment is recognized and guidelines are followed. Communication between different members of the multidisciplinary team (MDT) is important to ensure that patients...
seen in the specialist clinics are assessed for treatment. Recommendation is for an AS work booklet, shared by the MDT and held in the patient’s notes, to follow the progress of patients through each visit. The introduction of the new classification axial Spa (which includes both patients with AS and those patients with similar symptoms but no X-ray evidence of sacroilitis) may mean that NICE guidelines should be changed; hence more of our audited patients may meet the new guidelines for biologic treatment. Therefore, we would recommend a re-audit should the guidelines change.

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