

Ankylosing Spondylitis

www.arthritis.org.nz



**ARTHRITIS
NEW ZEALAND**

KAIPONAPONA AOTEAROA

*Improving the lives of
people affected by arthritis*
Te whai kia pai ake te hunga
kua pōngia e te kaiponapona

Did you know?

- Arthritis affects one in six New Zealanders over the age of 15 years
- AS is a type of arthritis
- AS affects more men than women
- Onset is often in young people between ages 15 and 35 years
- There is often a history in the family – it can be hereditary.

By working with your doctor, specialist, pharmacist and Arthritis New Zealand, you can find ways to cope with AS.

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What is Ankylosing Spondylitis?

AS mainly affects the spine and causes ongoing inflammation of soft tissues around the spinal bones (vertebrae). Over time, the process of spinal inflammation may lead to fusion of part of the spine and sometimes the pelvis, which can cause loss of movement of the spine.

Who gets Ankylosing Spondylitis?

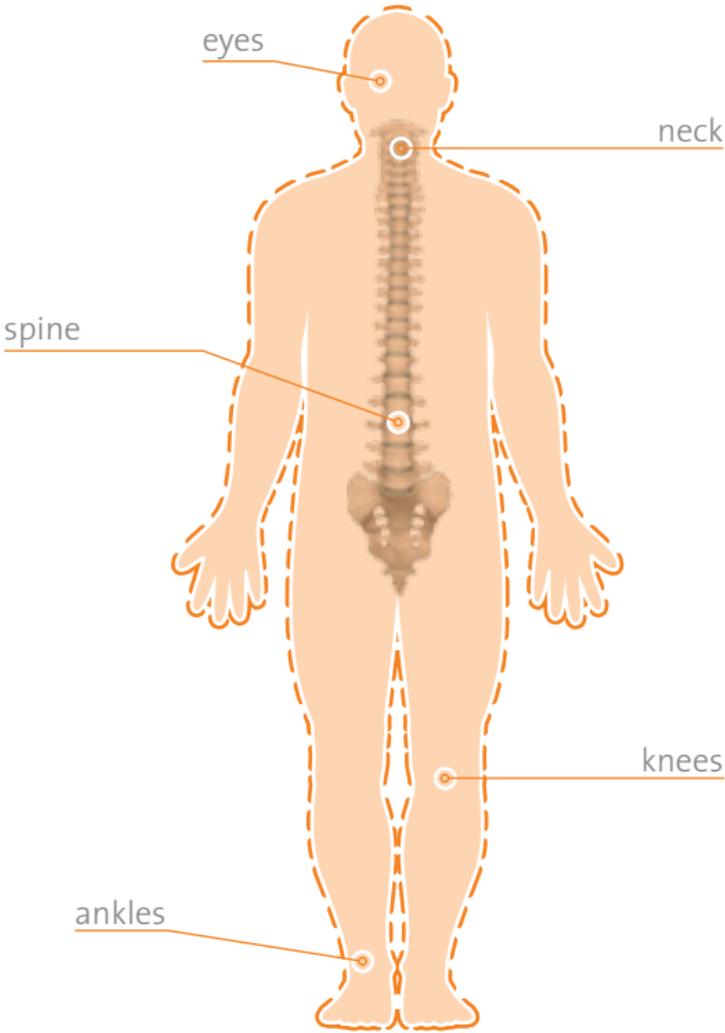
Symptoms usually develop between the ages of 15 and 35, rarely older than 40 years. Men are generally more severely affected than women, the reasons for this are unknown.

What causes Ankylosing Spondylitis?

There is a strong tendency for AS to run in families, especially if you have a close relative with AS. About half this risk is related to a single gene called HLA-B27. There is also a genetic overlap between AS and inflammation of the bowel, especially a condition called Crohn's disease.

Smoking tends to make AS worse, and stopping smoking is always helpful.

Common areas affected by ankylosing spondylitis



Symptoms

The most common symptoms are pain and stiffness in the back and neck – often causing people to wake up at night. The stiffness tends to improve once people get moving.

Sometimes joints such as the knee and tendons, especially around the ankle, can be affected.

Some people can get inflammation in the eye, which causes pain and redness, this is called uveitis.

How does Ankylosing Spondylitis progress?

Some people with AS experience a loss of spinal flexibility with time. In a small proportion of people, the condition is severe enough for them to stop work or change their employment.

How is Ankylosing Spondylitis diagnosed?

Early diagnosis of AS is important because spinal deformity can be minimised and loss of mobility can be reduced with appropriate management. Although there is currently no cure or prevention for AS, the treatment options have improved in recent years so the disease can be well managed.

The diagnosis of AS is made from an assessment of symptoms, physical examination findings, blood tests and X-rays or MRI scans. These will be organised by a rheumatologist who can explain the result of each test.

Treating Ankylosing Spondylitis

Treatment of AS is provided by a team of health professionals such as your GP, rheumatologist, physiotherapist, occupational therapist and orthotist or podiatrist when required.

It is important that you take medications to decrease inflammation and prevent joint damage. Medicines used for AS fall into the following categories:

- **Non Steroidal Anti-Inflammatory Drugs (NSAIDs)** – such as ibuprofen, diclofenac and naproxen are usually the first medicines prescribed in the treatment of AS. NSAIDs can lessen pain and stiffness by reducing inflammation.
- **Analgesics** – pain relievers, such as paracetamol, can help to ease the pain; sometimes used in conjunction with other drugs.
- **Biologic Medicines** – these are the latest disease modifying medicines used for treating severe AS and can be very effective in those severely affected. They are given by injection. The biologics that can be used for AS include adalimumab, etanercept and infliximab.

Matt Lockwood, aspiring
V8 super car driver, who has AS

*Arthritis
it could
surprise
you...*



What can I do?

- **Maintaining a good posture** when standing and sitting – good posture is important; those with AS have a tendency to bend forwards and stoop but poor posture may impact negatively on the spine’s function. When standing, keep bodyweight balanced and even on both feet with shoulders relaxed (back and down). Keep the back of the neck long, allowing the chin to drop slightly forwards. Do not stand still for too long and when moving, try to maintain this tall, relaxed posture.
- **Keeping physically active** – it is essential to perform exercises that are designed to stretch tight muscles and ligaments, encourage full mobility and to strengthen postural muscles. Do exercises designed to increase the strength and endurance of these muscles, to make it easier to keep in an upright position with good posture. Specific AS exercises for up to 30 minutes a day, at least five times a week (preferably every day), are recommended. A moderate, consistent exercise programme is generally the best way to get results for AS.



- **Preserving energy** – feeling tired is common for people with AS. Plan and pace daily activities, varying tasks and allowing time to rest and relax. Extra resources are also available to make life easier. Specially designed chairs and supportive cushions are available to help maintain correct posture while driving or sitting at a desk and simple devices are available to make gardening easier.
- **Practice relaxation** – is very important especially if the rib joints are involved. Learn how to relax muscles, getting rid of tension can help to decrease pain, improve sleep and energy levels.
- **Stop smoking** – smoking is associated with worse outcomes in AS.
- **Having a good night's sleep** is essential for rest and repair of the body. Use a mattress that gives support. Sleep in a position that is most comfortable, but if on the side, avoid a lot of bending at the hips and knees. A few simple stretching exercises in the evening before going to bed may improve your sleep.
- **Healthy eating** – there is no scientific evidence that diet has an effect on AS. However, a good balanced diet is important for maintaining general health and energy levels and for preventing osteoporosis.



Although there is currently no cure or prevention for AS, treatment options have improved ... the disease can be well managed.

For more information:

Talk with your healthcare team and visit our website www.arthritis.org.nz or call 0800 663463.

Other resources:

- Arthritis Research UK – www.arthritisresearchuk.org
- NZ Rheumatology Association – www.rheumatology.org.nz

Where can I learn more?

www.arthritis.org.nz

Regional offices

Northern (Auckland) 09 523 8900

Midland/Central (Wellington) 04 472 1427

Southern (Christchurch) 03 366 8383

National office

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