

PATIENT JOURNEY: ANKYLOSING SPONDYLITIS (AS)

Pre-diagnosis

Symptoms

You are usually under the age of 45 and experience back pain that gets better with activity and worse with rest. Symptoms may also include:

- Joint pain
- Psoriasis (a skin condition)
- Eye inflammation
- Inflammatory bowel disease (IBD)

Healthcare Provider Visit

Visit your doctor or nurse practitioner to talk about your symptoms, perform a physical exam and order blood tests and X-rays.

Specialist Referral

You are referred to a rheumatologist for suspected inflammatory arthritis.

Rheumatologist Visit & Tests

Expedited appointment with a rheumatologist for:

- Review of history
- General physical examination
- Joint examination and joint counts
- Assessment of the need for further blood tests and imaging (e.g. X-rays or MRI), with appropriate tests ordered

Diagnosis

You are diagnosed with ankylosing spondylitis (AS).

Learn More About AS

You can learn more about AS through:

- Arthritis Society ([arthritis.ca](http://arthritis.ca))
- Credible information resources
- Your healthcare team: *rheumatologist, family doctor, physiotherapist, occupational therapist, rheumatology nurse, pharmacist, dietitian, social worker*

Initial Treatment

Start your treatment with NSAID (Non-Steroidal Anti-inflammatory Drugs) pills.

- Try at least 2 NSAIDs for several weeks each

You can expect follow-up lab tests and frequent monitoring of spinal movement and symptoms to assess effectiveness and side effects of treatment. Use together with heat and spinal stretching exercises. Throughout your treatment, incorporate self-care including physical activity, nutrition and accessing allied professional healthcare services.

For short term use or flare-ups, treatment may include:

- Joint injections with corticosteroids
- Painkillers (analgesics), preferably non-opioid

Follow-Up Visit

Visit your rheumatologist for follow-up:

- Review of immunizations, cardiovascular risk, hepatitis B/C status
- If required, perform additional lab and imaging tests

Additional Treatment

If your symptoms are restricted to the spine, and 2 NSAIDs have not helped, there are other strategies to try.

Visit your rheumatologist to start DMARD (Disease-Modifying Anti-Rheumatic Drug) treatment to help with peripheral joint pain.

- Most common: methotrexate with folic acid
- Sometimes: sulfasalazine

AS Still Active

Visit your rheumatologist to add biologics or other targeted treatments:

- TNF inhibitors (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab)
- IL-17 inhibitor (secukinumab)

You may need to be screened for tuberculosis and your treatment may require a needle under the skin or into a vein.

AS Still Active

Visit your rheumatologist to switch to a different biologic treatment until AS is well controlled.

AS Still Active

AS Stabilized

Monitoring & Follow-Up

Once treatment has stabilized your AS, your rheumatologist will continue monitoring your condition.

Do not stop any medications, or change how much of your medication you take, until you discuss it with your rheumatologist. Symptoms may return if certain medications are stopped.

Diagnosis & Treatment

