

# ANKYLOSING SPONDYLITIS (AS)

ADALIMUMAB

UNDERSTANDING YOUR CONDITION

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PATIENT CARE

## WHAT IS ANKYLOSING SPONDYLITIS?

WHO IS AT RISK?

SYMPTOMS

HOW TO DIAGNOSE AS?

DIAGNOSIS INVOLVES

THE HALLMARK OF AS – X-RAYS

## What is Ankylosing Spondylitis?

- > Ankylosing Spondylitis (AS) is a form of arthritis that primarily affects the spine, although other joints can become involved.
- > Adalimumab has been shown to reduce the signs and symptoms of, and is approved for treatment of, ankylosing spondylitis (AS) in adults.
- > The hallmark feature of ankylosing spondylitis is the involvement of the sacroiliac (SI) joints during the progression of the disease, which are the joints at the base of the spine, where the spine joins the pelvis
- > It causes inflammation of the spinal joints (vertebrae) that can lead to severe, chronic pain and discomfort.
- > In the most advanced cases (but not in all cases), this inflammation can lead to new bone formation on the spine, causing the spine to fuse in a fixed, immobile position, sometimes creating a forward-stooped posture.
- > AS can also cause inflammation, pain and stiffness in other areas of the body especially peripheral joints such as the shoulders, hips, ribs, heels and small joints of the hands and feet.
- > Sometimes the eyes can become involved (known as Iritis or Uveitis), and rarely, the lungs and heart can be affected.

## Who is at Risk?

The risk factors that predispose a person to AS include:

- > Testing positive for the HLA-B27 marker
- > A family history of AS
- > Frequent gastrointestinal infections

Unlike other forms of arthritis and rheumatic diseases, general onset of AS commonly occurs in younger people, between the ages of 17-45. However, it can affect children and those who are much older. AS is more common in men, but occurs in women as well.

## Symptoms

- > The severity of AS varies greatly from person to person, and not everyone will experience the most serious complications or have spinal fusion.
- > Some will experience only intermittent back pain and discomfort, but others will experience severe pain and stiffness over multiple areas of the body for long periods of time.
- > AS can be very debilitating, and in some cases, lead to disability.
- > Almost all cases of AS are characterized by acute, painful episodes (also known as "flares") followed by temporary periods of remission where symptoms subside.
- > It is important to know that AS is a chronic, or life-long disease and that the severity of AS has nothing to do with age or gender. It can be just as severe in women and children as it is in men.

## How to Diagnose AS?

The overall points taken into account when making an AS diagnoses are:

- > Onset is usually under 45 years of age.
- > Pain persists for more than 3 months (i.e. it is chronic).
- > The back pain and stiffness worsen with immobility, especially at night and early morning.
- > The back pain and stiffness tend to ease with physical activity and exercise.
- > Positive response to NSAIDs (Non-steroidal anti-inflammatory drugs).
- > Other symptoms and indicators are also taken into account including a history of iritis or uveitis (inflammation of the eye), a history of gastrointestinal infections (for example, the presence of Crohn's Disease or ulcerative colitis), a family history of AS, as well as fatigue due to the presence of inflammation.

## Diagnosis involves

- > The history of your condition (including whether pain and discomfort is waking you during the second half of the night)
- > A physical examination
- > Blood tests, which may show inflammation
- > X-rays or a magnetic resonance imaging (MRI) scan.
  - o X-rays sometimes help to confirm the diagnosis, though they generally don't show anything unusual in the early stages. As the condition progresses new bone develops between the vertebrae, which will be shown in x-ray images
  - o MRI scans may show the typical changes in your spine and at the sacroiliac joints at an earlier stage of the disease and before changes can be identified on x-rays.

A blood test can show if there's inflammation in the body, but only if the condition is in an active phase.

- > C-reactive protein (CRP)
- > Erythrocyte sedimentation rate (ESR)
- > Another blood test can confirm whether you have the HLA-B27 gene.

## The Hallmark of AS – X-rays

- > The hallmark of AS is involvement of the sacroiliac (SI) joint.
- > The x-rays will show erosion typical of Sacroiliitis (Sacroiliitis is the inflammation of the sacroiliac joints).
- > Another option is to use MRI to check for SI involvement.

## Is There a Cure?

- > Nonsteroidal anti-inflammatory drugs (NSAIDs) — such as ibuprofen, naproxen, and aspirin — are the most commonly used drugs for spondylitis treatment. In moderate to severe cases, other drugs may be added to the treatment regimen.
- > Disease-modifying antirheumatic drugs (DMARDs), such as methotrexate, can be used when NSAIDs alone are not enough to reduce the inflammation, stiffness, and pain.
- > Biologics –
  - Adalimumab
  - Infliximab
  - Golimumab
  - Certolizumab pegol
  - Etanercept

These have been FDA-approved for treating ankylosing spondylitis.

- > Corticosteroids: Steroid injections into the joint or tendon may be helpful in some cases.
- > Surgery: Artificial joint replacement surgery may be a treatment option for some people with advanced joint disease affecting the hips or knees.

## Physical and occupational therapy

- > Currently, there is no known cure for AS, but there are treatments and medications available to reduce symptoms and manage the pain.
- > The goals of treatment are to reduce pain and stiffness, maintain a good posture, prevent deformity, and preserve the ability to perform normal activities.

## Exercise

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## Medications

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- > About Zydus
- > Zydus Innovation programme
- > Adalimumab
- > Adalimumab Biosimilar
- > Adverse Event Reporting
- > Site Map

### IMPORTANT LINKS

- > Healthcare Professional Site
- > Exemptia™ Care – Patient Support Programme
- > Important Safety Instructions
- > Medication Guide
- > Prescribing Information

### CONDITIONS

- > Rheumatoid Arthritis (RA)
- > Ankylosing Spondylitis (AS)
- > Psoriatic Arthritis (PsA)
- > Juvenile Idiopathic Arthritis (JIA)
- > Plaque Psoriasis
- > Hidradenitis Suppurativa (HS)
- > Crohn's Disease & Ulcerative Colitis (CD & UC)
- > Uveitis (New)

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