

build a better me 2 programs, 1 outcome - a better you.

www.buildabetterme.com.au

170 Haydon Drive, BRUCE ACT 2617. Mail: PO Box 908, BELCONNEN ACT 2616. Phone: 6251 2055. Email: info@arthritisact.org.au

Spondyloarthritis

This sheet has been written for people with a spondyloarthritis (sometimes called spondyloarthropathy or seronegative arthritis). It provides general information to help you understand what spondyloarthritis and seronegative arthritis are. 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 a 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 a 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:** develops in response to an infection. See the *Reactive arthritis* information sheet.
- enteropathic arthritis: related to inflammatory bowel





Australian Rheumatology Association

For your local office: 1800 011 041 www.arthritisact.org.au





www.buildabetterme.com.au

170 Haydon Drive, BRUCE ACT 2617. Mail: PO Box 908, BELCONNEN ACT 2616. Phone: 6251 2055. Email: info@arthritisact.org.au

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 how severe your condition is. 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.

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 to consider referring you. 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.

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

For more information:

Websites: Australian Rheumatology Association www.rheumatology.org.au

Are you taking a biological DMARD?

The Australian Rheumatology Association collects information on how well these drugs work and how often they cause problems. The best way to get this information is from you! Sign up to the ARAD project now by Email: **ARAD@monash.edu**

Ph: Sydney 02 9463 1889 or Melbourne 03 9508 3424 www.ARAD.org.au

© Copyright Arthritis Australia 2007. Reviewed December 2017. **Source**: A full list of the references used to compile this sheet is available from your local Arthritis Office. The Australian General Practice Network, Australian Physiotherapy Association, Australian Practice Nurses Association, Pharmaceutical Society of Australia and Royal Australian College of General Practitioners contributed to the development of this fact sheet. The Australian Government has provided funding to support this project.

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

Infoline 1800 011 041 www.arthritisact.org.au

Disclaimer: This sheet is published by Arthritis Australia for information purposes only and should not be used in place of medical advice.