

# About ankylosing spondylitis (AS)

## What is AS?

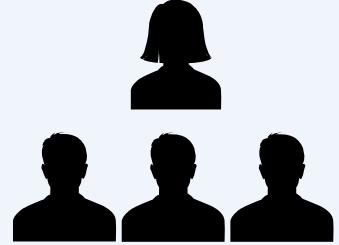
Ankylosing Spondylitis (an-kyl-os-ing spondylitis) or "AS" – a form of arthritis – is an inflammatory condition that causes pain and inflammation in the backbone and pelvis. AS may also affect other organs in the body, such as the eyes, gut and the joints in your hands and feet.<sup>1,2</sup>



## Who does it affect?



AS may affect up to **1–2%** of Australians<sup>1-3</sup>



**3x more** men than women<sup>1</sup>

## Early diagnosis is important

- Left undiagnosed and unmanaged, AS may lead to stiffening and changes in the spine.<sup>2</sup>
- It's important to figure out if chronic back pain is caused by AS, because it should be managed differently to other forms of back pain.<sup>2</sup>
- Early diagnosis of AS is important, as appropriate management can help minimise long-term disability and improve quality of life.<sup>4-8</sup>

On average, AS patients can needlessly suffer inadequately treated back pain for

**10**  
YEARS<sup>1,9-11</sup>

## Look out for the signs:

- Inflammatory back pain can be a sign of AS. To work out whether your back pain is being caused by AS, you can complete a simple, five-question screener.<sup>1,4</sup> This screener is a guide only and further testing by a doctor is required to confirm your diagnosis.

**> 3**  
**MONTHS**

For people with back pain lasting more than 3 months:

1. Did your back pain start before the age of 40?
2. Did your back pain develop gradually?
3. Does your back pain improve with exercise?
4. Does your back pain NOT improve with rest?
5. Do you suffer from back pain at night, which improves after getting up?

**'Yes'**  
**to 4**

or more questions may infer a risk of AS<sup>4</sup>

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## Seeking support

- People who find their symptoms align to those of AS should first seek GP advice. Your GP may do further testing and consider referral to a Rheumatologist, a doctor specialising in diseases of the joints, muscles and bones.<sup>1,4,5,9,12</sup>
- Exercise and appropriate medications are standard therapies for AS or inflammatory back pain (IBP).<sup>4,5</sup>
- In the care of a rheumatologist, people living with AS can access further, disease-specific treatments and be assisted with ongoing management.<sup>4,6</sup>



Referral to  
Rheumatologist



Exercise  
& stretching



Medication

Take a step toward a full and active life:  
take the inflammatory back pain screener at  
[dontturnyourbackonit.com.au](http://dontturnyourbackonit.com.au)  
and share the results with your GP.<sup>4,6,8</sup>



**References:** **1.** Rudalweit M & Sieper, *J. Nat Rev Rheumatol* 2012; 8:262–268. **2.** Boonen A & van der Linden SM. *J Rheumatol Suppl* 2006; 78:4–11. **3.** Empowered. Ankylosing spondylitis, What is ankylosing spondylitis? Available at <http://empowered.org.au/ankylosing-spondylitis/> accessed 08/03/2017. **4.** Sieper J *et al. Ann Rheum Dis* 2002;61:iii8–iii18. **5.** Braun J *et al. Ann Rheum Dis* 2011; 70:896–904. **6.** Rudalweit M *et al. Arthritis Rheum* 2005;52:1000–1008. **7.** Arthritis Australia. Ankylosing spondylitis, What is AS? Available at [http://www.arthritisaustralia.com.au/accessed 20/5/2013](http://www.arthritisaustralia.com.au/accessed%2020/5/2013). **8.** Arthritis and Osteoporosis New South Wales. Ankylosing spondylitis. Available at <http://arthritisnsw.org.au/ankylosing-spondylitis/> accessed May 2014. **9.** Feldtkeller E *et al. Rheumatology Int* 2003; 23:61–66. **10.** Salvadorini G *et al. Clin Exp Rheumatol* 2012; 30:561–565. **11.** Grigg SE *et al. Arth Rheum* 2011; 63:S512 (Abs 1308). **12.** Kain T *et al. Med J Australia* 2008; 188:235–237. **13.** Rudalweit M *et al. Ann Rheum Dis* 2004; 63:665–670.