

## **Clinic prompt for adults with suspected Axial Spondyloarthritis (AxSpA)**

This clinic prompt has been developed using evidence from the national early inflammatory arthritis audit (NEIAA) and recommendations from the NICE guidelines for the management of adults with Spondyloarthritis. Your colleagues have used it as an aide-memoire to support decision-making, a training tool at induction, and for educational interventions.

### **All patients presenting with suspected axial spondyloarthritis**

**Patient information:** Explain

- mechanisms for gaining urgent advice if appropriate and required e.g. helpline
- how to change appointment times if needed
- importance of investigations and of attendance for future appointments

**Investigations:** consider blood tests, MSK and chest X-ray, US, PFTs, BP, HLA B27, MRI as required for:

- diagnostic purposes
- disease activity assessment
- screening prior to DMARD or biologic treatment
- monitoring for complications of treatment prescribed

**NEIAA data collection:** Submit demographic and diagnosis data and update with investigation results

### **Additional actions for all patients with confirmed AxSpA (with or without peripheral joint synovitis)**

**Patient information:**

- Provide initial education on AxSpA and treatment, including written information
- Refer for further education on self-care

**Assessment:** Assess and record disease activity scores (eg: BASDAI / BASFI)

**Management:** Agree with patient

- initial treatment, including NSAIDs (unless contraindicated) and referral to a specialist physiotherapist
- treatment target
- need for AHP referral (OT, podiatry, psychology)
- timeframe for follow up appointment

**NEIAA data collection:** Complete AxSpA specific questions

### **Additional actions for AxSpA patients with peripheral joint IA meeting NEIAA follow up criteria**

**Patient information:**

- Provide initial education on inflammatory arthritis, including written information
- Refer for further education within 1 month

**Assessment:** Assess and record relevant disease activity scores (to include DAS 28)

**Management:**

- Agree with patient
  - initial treatment, (to include DMARDs and/or steroids and analgesia)
  - treatment target
  - need for AHP referral (OT, podiatry, psychology)
  - timeframe for follow up appointment
- Record reason for not starting DMARDs if relevant

**NEIAA data collection:** Complete clinician baseline and PRO data