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ANKYLOSING SPONDYLITIS

Ankylosing Spondylitis is a Rheumatic disease of unknown cause that primarily affects the back bone or spine. The involvement of the sacro-iliac joint (the junction of the bottom of the spine with the pelvic bones) is one of the hallmarks of the disease.

The name is derived from the Greek words 'Ankylos" meaning fusion and "Spondylos" meaning vertebra. "Itis" denotes inflammation of the body part. The name therefore describes the inflammatory process in the spinal joints. During the resultant healing, bone grows out from the sides of the vertebra. If the bone grows together, the joints become fused and stiff.

Ankylosing Spondylitis is considered to be one of a group of diseases called the **Spondylo-Arthropathies.** These include Reiter's Disease, Arthritis associated with Psoriasis, and a form of Chronic Arthritis in Children.

The first accurate account of Ankylosing Spondylitis was in the 18th Century but there is proof that it has existed since ancient times. Even Egyptian mummies excavated from the Valley of Kings showed fusion of the spinal column.

Symptoms

The onset of Ankylosing Spondylitis in most cases is in early adulthood. It starts slowly, usually with low, dull back or buttock pain. The symptoms generally ***improve*** with ***appropriate exercise*** and are ***made worse by inactivity.***

Occasionally Ankylosing Spondylitis may start with a loss of appetite, a general loss of well being and mild anaemia. Intermittent knee swelling may be one of the first signs, or painful hips and shoulders if these are involved.

Sometimes one or a few of the small joints in the hands, feet, ankles and wrists may be affected. The most common feature outside the joints is ***inflammation of the eye called uveitis or acute iritis.*** This occurs with 25% of patients at some time in the course of the disease.

Who gets ankylosing spondylitis?

Family studies of Ankylosing Spondylitis show that it may run in families although the inheritance factors are complex.

The major hereditary factor is closely connected with the white cell group HLA B27. This is found in the blood of over 90% of people who suffer with Ankylosing Spondylitis but also occurs in 8% of the normal population. B27 is not the sole cause of Ankylosing Spondylitis but does seem to indicate susceptibility to it.

The disease has often been described as a disease of 'Young Men', but recent studies suggest that the incidence appears to be 10 males to 1 female.

Course and Consequence

The course of Ankylosing Spondylitis is highly variable but it is generally favourable because the disease is often relatively mild or self-limiting.

When it temporarily disappears it is said to be in ***Remission***. This may last for weeks to months or years. Good functional capacity and the ability to work can be maintained even in more severe cases, provided appropriate measures are begun early and continued. Patients with neck fusion or hip involvement are likely to suffer more disability. In the latter case however the results of Total Hip Replacements have greatly improved the outlook. Ankylosing Spondylitis has little effect or no effect on overall life expectancy.

Low back pain is an extremely common condition in the general population. Although Ankylosing Spondylitis is not the most common cause of back problems, it is an important consideration in young adults.

Early Diagnosis is Important

The highest priority is ***Maintenance of a Good Posture***. The patient is encouraged to maintain an erect position while walking, standing or sitting. By sleeping on a firm mattress, using a flat pillow, the principles of good posture can be maintained, even during sleep.

A hot shower or bath early in the morning is often helpful in relieving morning stiffness and increasing the ability to exercise.

Exercises should become an intrinsic part of daily life because ***Therapeutic Exercises*** are the single most important measure in the management of Ankylosing Spondylitis.

The Aims of Exercise are:

1. To strengthen the muscles that oppose the direction of deformity.
2. Stretch and mobilise the tightened muscles and ligaments and hence mobilise the joints.

Regular swimming and hydrotherapy (exercises in water) are among the most useful exercises for people with Spondylitis.

Splints, braces and corsets are rarely helpful in the management of Ankylosing Spondylitis. Patients with severe neck stiffness should have side mirrors on their cars to assist with rear vision.

Pregnancy generally does not present major problems but in some cases a temporary worsening of symptoms may require special management. It would be sensible to discuss such possibilities in advance with a Doctor.

Medication will not halt the progression of the disease but will provide pain relief and permit maintenance of good posture, performance of regular exercise and enjoyment of normal activities of life. asprin seldom provides an adequate response and certain non steroidal anti-inflammatory drugs (such as indomethacin) may be more effective.

The adverse effects of cortisone tablets almost always outweigh the beneficial effects on the disease. However, cortisone preparations when given locally in the form of eye drops or injections into inflamed joints may be useful. It is now considered that radiotherapy has a very limited place in the treatment of Ankylosing Spondylitis.

Research into Ankylosing Spondylitis has been directed towards understanding risk factors, understanding the nature of the inflammatory process and ways of preventing and treating the disease more efficiently.