THE SPONDYLOARTHRopathies

Autoimmune Joint and Spine Disorders

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The spondyloarthropathies include psoriatic arthritis, ankylosing spondylitis, Reiter's syndrome, the reactive arthritis of IBD, and various undifferentiated conditions.

The spondyloarthropathies are a family of chronic diseases affecting the joints, tendons and ligaments, especially those of the spine. The spondyloarthropathies include the autoimmune disorders juvenile arthritis, which is primarily a disease of childhood, ankylosing spondylitis, Reiter’s disease, psoriatic arthritis, and enteric arthritis (joint problems associated with inflammatory bowel disease) as well as conditions of sacroiliitis or spondylitis, which cause arthritis of the spine, and undifferentiated spondyloarthritis, which causes symptoms similar to the autoimmune diseases listed above without evidence of autoantibodies or full-blown disease.

Although the spondyloarthropathies have different symptoms, they primarily cause inflammatory back pain and affect:

* the sacroiliac joint that attaches the lower back and the pelvis
* areas around the joint where the ligaments and tendons attach to bone (enthesitis) such as the knee or hip.

Who Is Affected?

The spondyloarthropathies usually target teenagers and young adults through their 30s. Males are affected 2-3 times more often than females, except for psoriatic arthritis, which affects males and females equally. The spondyloarthropathies are also more likely to run in families than other autoimmune diseases such as systemic lupus erythematosus. Patients with the genetic marker HLA B27, which is seen in 7 percent of the population, are also at higher risk.

Symptoms in the Spondyloarthropathies

Because of the joints that are primarily affected, the spondyloarthropathies tend to cause:

* Low back pain that may spread into the buttocks
* Morning fatigue that improves during the day and after exercise

Other symptoms depend on the specific disorder present. For instance Reiter’s syndrome causes pain, swelling, and inflammation of the joints, especially in the sacroiliac joint, and in the fingers, feet, and toes. The characteristic swelling of the digits in Reiter’s
causes them to appear as “sausage digits.” In children with Reiter’s the joints of the lower legs are most likely to be affected.

In ankylosing spondylitis, the shoulders as well as the hips are often affected early in the disease course. In inflammatory bowel disease, up to 20 percent of patients develop spondyloarthropathies, usually with a sudden onset of arthritis affecting the lower extremities in asymmetric fashion (both sides not affected equally).

**Juvenile and Adult Spondyloarthropathies**

In the spondyloarthropathies affecting children, the arms and legs are usually affected, whereas in adults the spine is most likely to be affected. Children may have 4 or fewer joints that are painful or swollen, such as the knees and ankles, inflammation of a part of the eye (uveitis, iritis), and neck pain and stiffness. In adults who have long-standing disease, systemic complications may occur including involvement of the heart, heart valves, and lungs.

**Disease Course**

Usually, the spondyloarthropathies cause mild disease symptoms that tend to wax and wane. Often, the disease remains undiagnosed for years and symptoms are attributed to aging or morning stiffness. The most common spondyloarthropathy is ankylosing spondylitis, which affects 0.1 to 0.2 percent of the general population in the United States.

**Treatment**

Depending on the specific disorder and the type of symptoms that are predominant, treatment primarily consists of nonsteroidal anti-inflammatory drugs used to reduce pain and stiffness. Stretching exercises are recommended to improve posture and increase flexibility. A number of specific nutrients are also used to reduce joint inflammation, and in severe cases TNF alpha blockers or biologics such as infliximab are used.

**Resources:**


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