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Advances in medicine have revealed better results in patients with active AS: Dr. Ashish Badika

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Dr. Ashish Badika, Rheumatologist, Arthritis, Immunology and Rheumatology Centre, Indore talks about Ankylosing Spondylitis



There is an urgent need to raise awareness on providing effective and timely treatment to Ankylosing Spondylitis (AS) patients. A condition with a global prevalence of 0.1 to 1.4%, AS affects 1 in 200 to 500 of the adult population. According to medical experts, there is high incidence of delayed diagnosis amongst the patients, with many AS patients being diagnosed after 6-7 years of disease onset.

The condition affects men during the most active and productive years of their lives and can lead to an extremely poor quality of life for patients. If the condition is left untreated or there is a severe delay in diagnosis, it can cause damage to posture and disrupt mobility, bending the spine and neck to an extent that it may become impossible for one to lift their head high enough to see forward. This is known as ‘structural damage progression’ and in some cases, patients could also become wheelchair bound.

Rheumatology practitioners have indicated a significant lack of awareness about AS because of which symptoms are often ignored or confused with poor-lifestyle-induced back pain or spondylitis by patients. In many cases patients are observed to reach a rheumatologist 6-7 years after disease onset. While visiting a physician or an orthopedic may be the first step for patients to seek guidance, a specialized medical expert should be consulted to ensure effective treatment of AS.

Until few years ago, the focus of treatment of AS was around relieving patients from inflammatory pain and stiffness, mostly by administering non-steroidal anti-inflammatory drugs (NSAIDs) and anti-TNF therapies, complemented with physiotherapy and lifestyle management. Many patients with AS respond inadequately to current standard of care anti-TNF therapies. Additionally, owing to the irreversible and degenerative nature of the disease, treatment modalities should aim at halting and/or slowing down structural damage progression.

Advances in medicine have revealed better results in patients with active AS, treated with biologics as the first line of treatment. Certain biologics have shown to slow down structural damage progression, by delaying the fusion of spinal bones. Recent studies indicate that almost 80 percent of AS patients treated with IL-17A inhibitor biologic had no radiographic progression of the spine at 4 years and exhibited sustained improvement in signs and symptoms. The IL-17A inhibitor biologic works by specifically inhibiting the IL-17A cytokine, which plays a significant role in the pathogenesis of AS.

The study further reported that 75 percent of AS patients, preserved an ASAS 20 response at 4 years1. Improvements in the symptoms of AS are measured by the ASAS response criteria (ASAS 20). This is defined as an improvement of at least 20 percent, and absolute improvement of at least 10 units on a 0 100 mm scale in at least three of the following criteria: improvement in flexibility, night-time pain, ability to perform specific tasks, morning stiffness, and no further deterioration in the condition.

Before starting treatment with biologics, patients with active AS must be thoroughly evaluated for any other existing health conditions. The patient should also be made aware about the treatment cycle. The long-term goal of treatment in AS patients should extend beyond pain relief, to preventing disability, maintaining mobility for a longer time and ensuring an improved quality of life.