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Appraisal

Appraisal of Clinical Practice Guideline: NICE Guidance on Spondyloarthritis in over 16s: diagnosis and management [NG65]

Date of latest update: June 2017. **Date of next update**: 2022. **Patient group**: People aged ≥ 16 years with back pain or buttock pain onset before 45 years of age and lasting > 3 months, or with dactylitis or persistent or multisite tendon or joint pain or swelling, and people diagnosed with spondyloarthritis. **Intended audience**: Health professionals, healthcare providers, commissioners, people with suspected or diagnosed spondyloarthritis, and families. **Expert working group**: Multidisciplinary guideline development group of specialist health professionals in rheumatology (rheumatologists, radiologists, specialist physiotherapist, specialist nurse, general practitioners and occupational therapist), people with spondyloarthritis, technical analysts, co-opted specialists from dermatology, ophthalmology, gastroenterology and podiatry, and patient representatives. **Funded by**: National Institute for Health and Care Excellence (NICE). **Consultation with**: Final draft was informed by stakeholder consultation and comments, including Chartered Society of Physiotherapy, British Society of Rheumatology and British Society of Spondyloarthritis. **Approved by**: NICE. **Location**: The NICE website has the summary of recommendations and full guideline available at: https://www.nice.org.uk/guidance/ng65. There is an interactive flowchart https://pathways.nice.org.uk/pathways/spondyloarthritis and endorsed clinical guide leaflet for clinicians available at: https://www.esht.nhs.uk/wp-content/uploads/2018/07/Msk-Think-SpA-NICE-guidance-on-recognition-and-referral-of-Spondyloarthritis.pdf. **Description**: The guideline covers recognition, diagnosis and management of spondyloarthritis, which encompasses a group of inflammatory diseases associated with extra-articular inflammatory conditions including psoriasis, inflammatory bowel disease (Crohn's disease/ulcerative colitis) and uveitis. This guideline links with NICE Guidance on low back pain and sciatica [NG59] and outlines features that raise suspicion of spondyloarthritis, dispel common misunderstandings and give advice on when to refer to rheumatology. Recommendations on investigations, diagnosis, long-term complications and management are also provided. This includes pharmacological and non-pharmacological strategies and, in rare circumstances, surgery. Recommendations most relevant to physiotherapists include when to suspect axial or peripheral spondyloarthritis, referral criteria, investigations, and awareness of complications such as osteoporosis and non-pharmacological management.

Key recommendations: Health professionals should suspect axial spondyloarthritis (axSpA) and refer to rheumatology if a person presents with back pain > 3 months, with onset before 45 years of age, and if four or more additional features are present: onset before 35 years of age; woken during second half of night by symptoms; improves with movement; buttock pain; improves with nonsteroidal anti-inflammatories (often within 48 hours); close relative (parent, sibling, child) with spondyloarthritis; current/past psoriasis; family history of psoriasis; and inflammatory arthritis, enthesitis, tendon or joint pain/swelling not due to injury. Other risk factors include a history of uveitis, inflammatory bowel disease and HLA-B27 positivity. Importantly, people can have axSpA with normal inflammatory markers and be HLA-B27 negative; axSpA occurs equally in women and men. If clinical suspicion remains but insufficient features are present to support referral, advise the person to seek reassessment if new signs or symptoms develop. Magnetic resonance imaging for suspected axSpA differs from that for standard lumbar spine imaging and needs imaging of the sacroiliac joints and whole spine. The guidelines recommend referral to rheumatology for suspected peripheral spondyloarthritis if dactylitis (whole swollen 'sausage' finger or toe) is present. Also suspect peripheral spondyloarthritis in people with persistent or multiple-site enthesitis (inflammation where tendon attaches to bone), and if there are other features, including: back pain without apparent mechanical cause; psoriasis or family history of psoriasis; inflammatory bowel disease; uveitis; close relative with spondyloarthritis; or symptom onset following gastrointestinal or genitourinary infection. The guideline recommends that people diagnosed with axSpA should be referred to specialist physiotherapy for an individualised, structured exercise program and consider aquatic physiotherapy.

Provenance: Invited. Not peer reviewed.

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