

Guidelines developed for ankylosing spondylitis treatment

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TNFi monoclonal antibodies should be used in patients with concomitant inflammatory bowel disease or recurrent iritis. The authors conditionally recommended TNFi in patients with active nonradiographic axial SpA despite treatment with NSAIDs. For patients with nonradiographic SpA, other recommendations were the same as for patients with AS.

"These recommendations provide guidance for the management of common clinical questions in AS and nonradiographic axial SpA," the authors write. "Additional research on optimal medication management over time, disease monitoring, and preventive care is needed to help establish best practices in these areas."

Several authors disclosed financial ties to the pharmaceutical and medical device industries.

(HealthDay)—Evidence-based recommendations have been developed for treatment of patients with ankylosing spondylitis (AS) and nonradiographic axial spondyloarthritis (SpA). The guidelines were published in the February issue of *Arthritis Care & Research*.

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More information: Abstract

Full Text

Michael M. Ward, M.D., M.P.H., from the National Institutes of Health in Bethesda, Md., and colleagues conducted systematic reviews of the literature to address 57 specific clinical questions relating to the <u>treatment</u> of patients with AS and SpA.

For patients with active AS, the authors strongly recommend use of nonsteroidal anti-inflammatory drugs (NSAIDs), use of tumor necrosis factor inhibitors (TNFi) when activity persists in spite of treatment with NSAIDs, not using systemic glucocorticoids, use of physical therapy, and use of hip arthroplasty for patients with advanced hip arthritis. Conditional recommendations included that no specific TNFi was preferred, except that



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