

# SPONDYLITIS, ANKYLOSING

(Marie-Strumpell Disease; AS)



## BASIC INFORMATION

### DESCRIPTION

A chronic, progressive, rheumatic disease of the joints, accompanied by inflammation and stiffening. It is characterized by a "bent forward" posture caused by stiffening of the spine and support structures. It involves the sacroiliac region; hip joints; lumbar, thoracic and cervical spines. Within families, males and females are affected equally. In the general population, males are affected 4-5 times more frequently than females, and onset is usually late teens or early twenties.

### FREQUENT SIGNS AND SYMPTOMS

Early stages:

- Recurrent episodes of low backache. Pain can also occur along the sciatic nerve.
- Stiffness that is worse in the morning.

Later stages:

- Progressive worsening of symptoms. Pain often spreads from the low back to the middle back or higher in the neck. Joints in the arms, legs, feet and hands may be affected.
- Anemia.
- Muscle stiffness.
- Fatigue; weight loss.
- Iritis (in about 25% of patients).

### CAUSES

Unknown, but it may be caused by genetic changes or autoimmune disorder.

### RISK INCREASES WITH

Family history of ankylosing spondylitis. Occurs more frequently in the Native American population and in the white population of North America and Western Europe.

### PREVENTIVE MEASURES

No specific preventive measures.

### EXPECTED OUTCOME

This disease is currently considered incurable. Symptoms progress unpredictably with mild or moderate flares and periods of total remission. With treatment, symptoms can be relieved or controlled and most patients can lead normal, productive lives. Occasionally, the disease is severe and incapacitating due to deformities.

### POSSIBLE COMPLICATIONS

- Congestive heart failure.
- Eye inflammation, rarely causing blindness.
- Amyloidosis.
- Heart-valve disease.
- Gastrointestinal disease.
- Lung disease.
- Nerve compression causing numbness in arms or legs.
- Permanent disability and immobilization.



## TREATMENT

### GENERAL MEASURES

- Diagnostic tests may include laboratory blood studies and x-rays of the spine.
- Treatment goals are to delay further deformity, promote comfort and relieve other symptoms.
- Therapy includes exercises for breathing techniques, maintaining proper posture and building up muscle groups (to oppose the direction of possible deformities). Patient compliance with therapy is important.
- Psychological counseling may be recommended.
- Sleep on your back on a firm mattress. Use a small pillow or none at all.
- Take hot baths or use heat compresses before exercising or to relieve pain. Have regular massages, if possible.
- Surgery to replace a damaged hip or to insert bone grafts in the spine (advanced stages only).
- Radiotherapy to the spine (only when other treatment methods fail).
- Don't smoke.
- Additional information available from the Arthritis Foundation (800) 283-7800.

### MEDICATION

- Nonsteroidal anti-inflammatory drugs help ease discomfort.
- Sulfasalazine, vitamin D and immunosuppressive therapy are potential options.
- Stronger pain medications and muscle relaxants may be prescribed for short periods of time.

### ACTIVITY

- Stay as active as your strength allows.
- Exercise to maintain good posture and retain as much upright carriage as possible.
- Swim regularly, if possible. Your buoyancy in water will allow you to move stiff, painful areas more easily.
- Avoid activity that puts stress on the back and avoid contact sports (too much risk of spinal injury).

### DIET

No special diet.



## NOTIFY OUR OFFICE IF

- You or your child has symptoms of ankylosing spondylitis.
- The following occur during treatment:
  - Fever. This may indicate the recurrence of an acute phase.
  - Increasing pain and disability, despite measures outlined above.