

ANKYLOSING SPONDYLITIS (AS): PATIENT JOURNEY



Ankylosing spondylitis (AS) can impact your ability to carry out daily activities. This patient journey will help you better understand how to manage your symptoms, practice self-management techniques and inform your follow up appointments with your healthcare provider.

Pre-diagnosis

Symptoms

You are under the age of 45 and experience back pain that gets better with activity and worse with rest. Symptoms may also include:

- Joint pain
- Psoriasis (a skin condition)
- Eye inflammation
- Inflammatory bowel disease (IBD)

Healthcare Provider Visit

Visit your doctor or nurse practitioner, who will ask about your symptoms, perform a physical exam and may order blood tests and X-rays. If needed, advocate for yourself to help ensure you are able to get some answers about the cause of your pain.
Seeing a specialist may take some time.

Specialist Referral

You are referred to a rheumatologist for suspected inflammatory arthritis.

Rheumatologist Visit & Tests

Your appointment with a rheumatologist will include:

- A review of your medical history, including your new joint symptoms
- A general physical examination
- A joint and spine examination

- Assessment of the need for further blood tests and imaging (e.g. X-rays or MRI), with appropriate tests ordered

It can take some time to identify the exact cause of your symptoms and confirm a diagnosis.

Diagnosis

You are diagnosed with ankylosing spondylitis or the related condition [non-radiographic axial spondyloarthritis](#).

Learn More About AS

You can learn more about AS through:

- Arthritis Society ([arthritis.ca](#))
- Credible information resources, such as [rheuminfo.com](#) and [rheumatology.org](#)
- Your [healthcare team](#): *rheumatologist, family doctor, physiotherapist, occupational therapist, rheumatology nurse, pharmacist, dietitian, social worker*

Follow-Up Visit

Visit your rheumatologist for follow-up every 3-12 months to:

- Assess the status of your AS
- Review your immunization status and cardiovascular risk
- Perform additional lab and imaging tests, if required

Initial Treatment: Self-Management

Start your treatment with low-intensity, low-impact exercises to combat joint and spinal stiffness, along with heat and spinal stretches. A healthy diet may also help to reduce inflammation. Along with physical activity and nutrition, allied professional healthcare services such as physiotherapy and occupational therapy can help with your self-management.

Initial Treatment: Medication

Your first line of medication therapy begins with oral [non-steroidal anti-inflammatory medications](#) (NSAIDs). This may include at least 2 different NSAIDs taken consecutively for several weeks each (examples include naproxen, diclofenac, ibuprofen, meloxicam, celecoxib, and indomethacin). You can expect follow-up lab tests and frequent monitoring of spinal mobility and symptoms to assess the effectiveness and side effects of treatment.

For short-term use or flare-ups, treatment may include:

- Joint, tendon or ligament injections with corticosteroids
- Non-opioid painkillers (analgesics)

AS Still Active

AS Stabilized

Additional Treatment

If your symptoms are persistent and 2 NSAIDs have not helped, other strategies should be considered. Your rheumatologist can start you on a DMARD ([Disease-Modifying Anti-Rheumatic Drug](#)) to help with peripheral joint pain: [sulfasalazine](#).

AS Still Active

Your rheumatologist can add [biologics](#) or other targeted treatments:

- TNF inhibitors ([adalimumab](#), [certolizumab pegol](#), [etanercept](#), [golimumab](#), [infliximab](#))
- IL-17 inhibitor ([ixekizumab](#), [secukinumab](#))

You may need to be screened for tuberculosis and your treatment may require injections under the skin or infusions into a vein.

AS Still Active

There is an ongoing need for you to visit your rheumatologist to consider the use of different biologic (or targeted) treatment until your AS is well controlled.

Monitoring & Follow-Up

Once treatment has stabilized your AS, your rheumatologist will continue monitoring your condition. Do not stop any medications, or change how much of your medication you take, until you discuss it with your rheumatologist. Symptoms may return if certain medications are stopped. Continue your self-management through staying active and eating well.

Back to Self-Management

Diagnosis & Treatment