

Diagnosing spondyloarthritis in adults

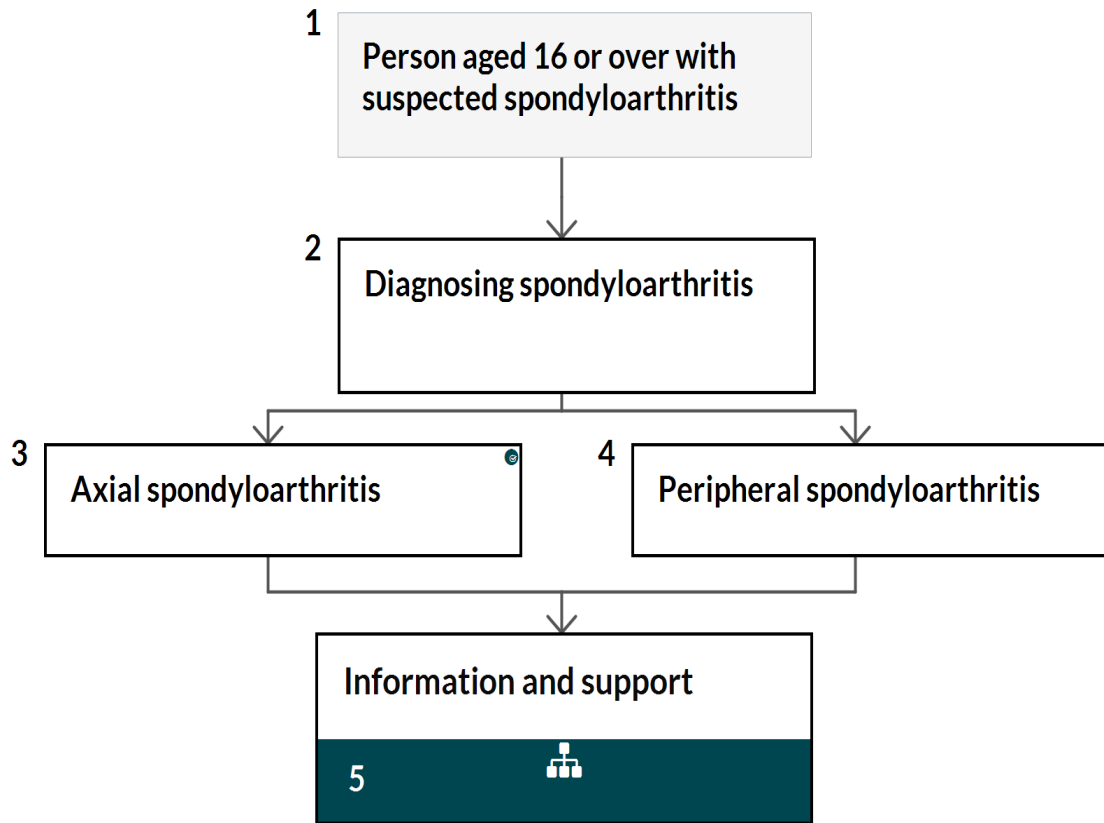
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/spondyloarthritis>

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This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Person aged 16 or over with suspected spondyloarthritis

No additional information

2 Diagnosing spondyloarthritis

In specialist care settings, consider using validated spondyloarthritis criteria to guide clinical judgement when diagnosing spondyloarthritis. Examples include:

- general spondyloarthritis criteria:
 - Amor
 - European Spondyloarthropathy Study Group
- axial spondyloarthritis criteria:
 - ASAS (axial)
 - Berlin
 - Rome
 - modified New York
- peripheral spondyloarthritis criteria:
 - ASAS (peripheral)
 - Classification of Psoriatic Arthritis
 - French Society of Rheumatology (reactive arthritis).

Do not rule out a diagnosis of spondyloarthritis solely on the basis of a negative HLA-B27 result.

Do not rule out a diagnosis of spondyloarthritis if a person's C reactive protein and erythrocyte sedimentation rate are normal.

3 Axial spondyloarthritis

Initial investigation using X-ray

Offer plain film X-ray of the sacroiliac joints for people with suspected axial spondyloarthritis, unless the person is likely to have an immature skeleton.

Diagnose radiographic axial spondyloarthritis (ankylosing spondylitis) if the plain film X-ray

shows sacroiliitis meeting the modified New York criteria (bilateral grade 2–4 or unilateral grade 3–4 sacroiliitis).

If the plain film X-ray does not show sacroiliitis meeting modified New York criteria (bilateral grade 2–4 or unilateral grade 3–4 sacroiliitis), or an X-ray is not appropriate because the person's skeleton is not fully mature, request unenhanced MRI using an inflammatory back pain protocol.

Subsequent investigation using MRI

Radiologists receiving a request for an inflammatory back pain MRI should perform short T1 inversion recovery (STIR) and T1 weighted sequences of the whole spine (sagittal view), and sacroiliac joints (coronal oblique view).

Use the ASAS/OMERACT MRI criteria to interpret the MRI as follows:

- If the MRI meets the ASAS/OMERACT MRI criteria:
 - diagnose non radiographic axial spondyloarthritis.
- If the MRI does not meet the ASAS/OMERACT MRI criteria:
 - do not exclude the possibility of axial spondyloarthritis
 - consider specialist musculoskeletal radiology review if there is disparity between the clinical suspicion and imaging findings, particularly in people with an immature skeleton
 - offer an HLA-B27 test if it has not already been done. If positive, base the diagnosis of non-radiographic axial spondyloarthritis on clinical features, for example, using the clinical 'arm' of the ASAS axial classification criteria.

If a diagnosis of axial spondyloarthritis cannot be confirmed and clinical suspicion remains high, consider a follow-up MRI.

Types of imaging not to use

Do not offer scintigraphy for people with suspected axial spondyloarthritis.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

2. Diagnosis of axial spondyloarthritis using imaging

4 Peripheral spondyloarthritides

Offer plain film X-ray of symptomatic hands and feet for people with suspected peripheral spondyloarthritis in these areas.

If a diagnosis cannot be made from the plain film X-ray, consider ultrasound of:

- the hands and feet to assess for joint involvement
- suspected enthesitis sites.

Consider plain film X-rays, ultrasound and/or MRI of other peripheral and axial symptomatic sites.

Interpret a positive HLA-B27 result as increasing the likelihood of peripheral spondyloarthritis.

If a diagnosis of peripheral spondyloarthritis is confirmed, offer plain film X-ray of the sacroiliac joints to assess for axial involvement, even if the person does not have any symptoms.

Antibody testing for suspected reactive arthritis

Do not routinely test for infective antibody status to diagnose reactive arthritis in people with a history of gastrointestinal infection.

5 Information and support

[See Spondyloarthritis / Spondyloarthritis overview / Information and support](#)

Glossary

ASAS

(Assessment of Spondyloarthritis International Society)

OMERACT

(outcome measures In rheumatology)

Sources

Spondyloarthritis in over 16s: diagnosis and management (2017) NICE guideline NG65

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.