Spondyloarthritis – clinical aspects (other than treatment)

Impact of Spondyloarthritis on Life Quality: Before and After Treatment

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Background: Quality life issues in spondyloarthritis (SPA) are often spontaneously mentioned by patients or identified by rheumatologists. Besides classic follow-up parameters, we have to consider those issues to improve our patients’ life quality.

Objectives: Explore and quantify the impact of SPA on life quality via everyday’s life and psychological items and the effect of treatment on them.

Methods: SPA cases were collected by a group of 14 private practice rheumatologists (Rh) in the Paris area. Basic informations about the patient and his disease were provided by his rheumatologist. Questionnaire including 12 themes and 41 items was filled in by the patient.

Results: 50 cases collected, 59.5% men, mean age 45 years, 82% working Axial SPA 42%, peripheric 4%, mixt 52%. Mean duration before study: 14 years. Moderate disease 57%, severe 26.5%. HLA B27 positive 84%.

Drugs: NSAIDS 96%, classic DMARDS 31%, biological DMARDS 84%, corticosteroids 36%, combination therapy 42%. Associated measures were suggested by the Rh: Physical activity (62%), rest (56%), psychological support, physiotherapy, yoga, adapting professional activity and environment...

Life quality issues are spontaneously mentioned by 40% of the patients. Before treatment, 72% of the patients report consequences on their hobbies, 68% on their psychological well-being, 54% on their getting about, 50% on their family relations. The less impacted items are food (26%) and economy (24%).

Life quality is mostly altered by pain (71%), then fatigue (17%), handicap (7%) and other people’s attitude (5%).

After treatment, social repercussions diminish by 47%, then getting about, housework, family relations, holidays, sexual life, psychological well-being, hobbies and work (between 21% and 44%).

Drug intolerance: 36%.

The items improving by more than 50% after treatment are in this order: cultural aspects (other than drug), family relations, holidays, sexual life, psychological well-being, hobbies and work (between 21% and 44%).

The changes of symptom onset was 35.2±12.9, mean follow-up duration was 18.1±25.5 months. Mean delay time of diagnosis SAPHO syndrome was calculated as 49.0±82.5 months. Thirteen patients (61.9%) were followed up with another clinical diagnosis before SAPHO syndrome. Diagnosis was based on the criteria by Benhamou et al. In the questionnaire, demographic data (age, sex, duration of illness), clinical features (skin and joint involvement), laboratory characteristics (acute phase reactants, HLA-B27), radiological imaging (bone scintigraphy (increased activity in the sternum, bilateral sternoclavicular joints and clavicles), MRI) disease activity parameters (BASDAI, BASFI) were questioned. There were 24 patients with SAPHO syndrome. The data of 21 patients were presented because the clinical findings of 3 patients were insufficient.

Methods: All patients with SAPHO syndrome diagnosed since February 2014 have been registered with a standard form. Patients are prospectively monitored since then. Diagnosis was based on the criteria by Benhamou et al. In the questionnaire, demographic data (age, sex, duration of illness), clinical features (skin and joint involvement), laboratory characteristics (acute phase reactants, HLA-B27), radiological imaging (bone scintigraphy (increased activity in the sternum, bilateral sternoclavicular joints and clavicles), MRI) disease activity parameters (BASDAI, BASFI) were questioned. There were 24 patients with SAPHO syndrome. The data of 21 patients were presented because the clinical findings of 3 patients were insufficient.

Results: Data of 21 patients with SAPHO syndrome were available and 11 (52.4%) patients were female. Mean age at diagnosis was 39.9±12.9, mean age of symptom onset was 35.2±12.9, mean follow-up duration was 18.1±25.5 months. Mean delay time of diagnosis SAPHO syndrome was calculated as 49.0±82.5 months. Thirteen patients (61.9%) were followed up with another clinical diagnosis before SAPHO syndrome. The clinical characteristics of the patients are shown in Figure 1. HLA-B27 was positive in 3 of 13 patients. Mean activity scores of our patients at initial visit were; BASDAI: 4.8±2.8, BASFI: 4.6±2.2, CRP2.3±4.2 mg/dl, and erythrocyte sedimentation rate 23.8±22.6 mm/h. Scintigraphy findings were positive in 16 (94.1%) of 17 patients. The diagnosis of 2 patients was supported by MRI. The remaining 2 patients were diagnosed with X-ray and clinical findings.

Objectives: In this study, we aim to present clinical features and diagnostic course of patients with SAPHO syndrome who are followed in our tertiary referral clinic.

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