CONSENSUS-BASED RECOMMENDATIONS FOR THE MANAGEMENT OF AXIAL SPONDYLOARTHRITIS PATIENTS IN THE KINGDOM OF SAUDI ARABIA

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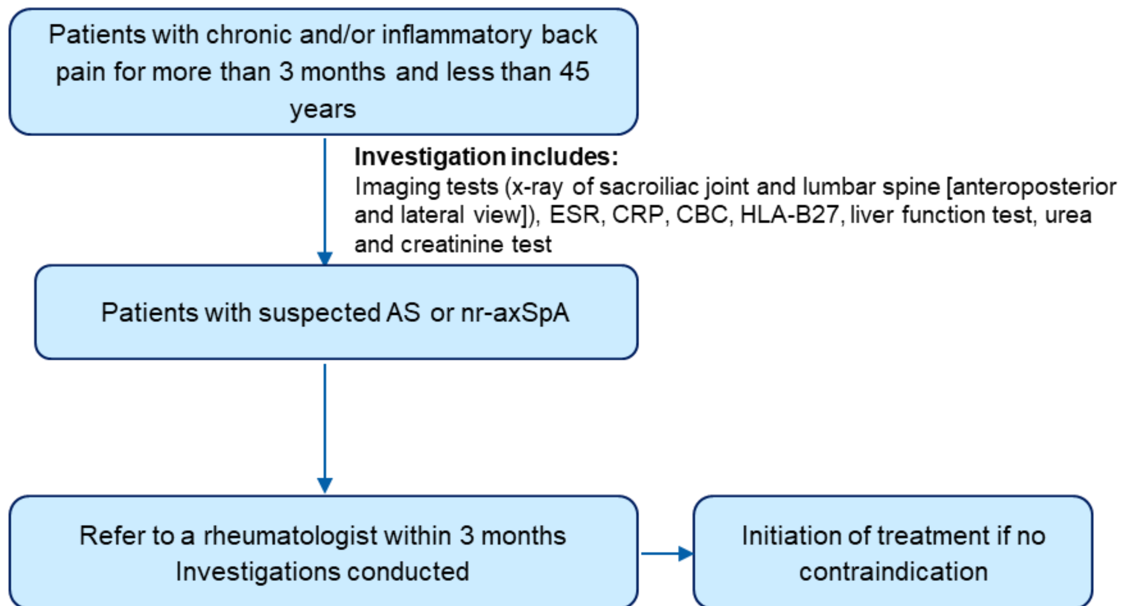
Objectives: Limited evidence is available for clinical management of patients with axial spondyloarthritis (axSpA) in Saudi Arabia. The objective of the study is to provide consensus-based guidance to Saudi health care providers (HCPs) on the management of patients with axSpA.

Methods: Delphi technique was used to understand patient care pathway in axSpA. Firstly, a literature review was conducted and a survey questionnaire was developed. The questionnaire was then shared with 127 HCPs for their inputs, out of which, 33 HCPs responded. To conclude, 12 experts including rheumatologists and 1 general physician reviewed the evidence along with survey results to align on final recommendations.

Results: The guidelines recommended for axSpA were Assessment of SpondyloArthritis International Society/ European League against Rheumatism (ASAS/EULAR, 100% agreed) and American College of Rheumatology (ACR, 100% agreed). For diagnosis, investigations should include imaging tests (x-ray of sacroiliac joint and lumbar spine [anteroposterior and lateral view], 100%; ultrasound of involved joint and enthesis), erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), complete blood count (CBC), human leukocyte antigen B27 (HLA-B27), liver function, urea and creatinine tests. The agreed definition for early identification of axSpA was chronic (78%) and/or inflammatory (90%) back pain for more than 3 months starting before the age of 45 years. It was recommended that all patients with chronic and/or inflammatory back pain should be referred to rheumatologists by HCPs preferably within 3 months. The referral pathway agreed by the experts for axSpA patients is presented in Figure 1. For treatment target, all experts agreed on recommendations provided by EULAR. Remission status was defined as Ankylosing Spondylitis Disease Activity Score (ASDAS) <1.3 (60%) and low disease activity as ASDAS ≥1.3 and <2.1.

Conclusion: Recommendations for the overall management of axial spondyloarthritis patients in the Kingdom of Saudi Arabia were created based on consensus and follow closely with the ASAS/EULAR recommendations.

Figure 1 Referral pathway for axial spondyloarthritis patients



AS: Ankylosing spondylitis; CRP: C-reactive protein; CBC: Complete blood count; ESR: Erythrocyte sedimentation rate; HLA: Human leukocyte antigen; nr-axSpA: Non-radiographic axial spondyloarthritis