

Transcript Details

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The Ankylosing Spondylitis Journey: Accelerating Diagnosis and Goals of Disease Management

Announcer:

Welcome to ReachMD. This Medical Industry Feature, titled, "The Ankylosing Spondylitis Journey: Accelerating Diagnosis and Goals of Disease Management" is sponsored by AbbVie. This program is intended for physicians. Here are your guests, Dr. Hillary Norton and Dr. Pendleton Wickersham.

Dr. Wickersham:

Hello Dr. Norton!

Dr. Norton:

Hello, Dr. Wickersham! I'm looking forward to speaking with you about some of the challenges we face in treating ankylosing spondylitis. Today, we'll be speaking as physicians and patients. AS is a topic and a condition that I know we're both passionate about.

Dr. Wickersham:

That's right. We both happen to be in the unique position of being rheumatologists who see patients with AS, while also having AS. I think it gives us a unique perspective on the burden that patients are facing and the challenges of treating this chronic disease.

Dr. Norton:

Like myself, AS patients usually self-manage their symptoms before going to the doctor. Many don't know it's a chronic disease and think, "I'm too young for this to be happening to me!" When they finally do make an appointment, the doctor may attribute symptoms to more common causes, which can lead to a misdiagnosis.

Dr. Wickersham:

And we're talking about a lot of patients here, considering that around 3 out of 1,000 people in North America may be living with AS. Many of them don't have a diagnosis!

Dr. Norton:

And a significant proportion are women, although men are 2 to 3 times more likely to have AS. Women face an even longer delay in diagnosis. One reason is that they often present with different symptoms than men, which makes diagnosis that much harder. Another reason is that AS has been historically considered a disease that predominantly affects men. While the perception is that AS is a male-dominated disease, we are seeing a more balanced number of males to females in our practices.

Dr. Wickersham:

Early-stage AS patients often have the same level of disease activity and pain as later-stage patients. And we both know diagnosing and treating AS early is essential to decrease the disease burden. AS can lead to fusion of the spine and disability for some, if left untreated. Historically, there's been a delay in diagnosing patients because of limited knowledge of the disease progression, and it may take years for radiographic sacroiliitis to develop. One study of patients with signs and symptoms of AS found 36% developed radiographic signs of sacroiliitis in five years and 59% did so in ten years. This is an invisible disease that progresses in different ways and we can't underestimate what the patient is going through. If left undiagnosed, it can lead to permanent structural damage, not to mention the associated pain and difficulty with daily activities.

Dr. Norton:

To reach an AS diagnosis, I typically use the five-letter mnemonic IPAIN to screen patients: Insidious onset, Pain at night, Age at onset under 40, Improvement of pain with exercise, and No improvement with rest. I'm sure you've heard the saying, "As a rheumatologist, if

you aren't detecting AS in patients, you aren't looking hard enough." Most AS patients I treat have been to numerous other providers before they come to me, because their disease is not yet in control. Unfortunately, that's still the most common patient journey.

Dr. Wickersham:

Can you share more about your experience being diagnosed with AS, Dr. Norton?

Dr. Norton:

Well, like many patients, I started to develop back pain in my 20s. I had trouble moving at night. So, I finally went to a sports doctor who misdiagnosed me with a sacroiliac joint sprain. I'm not sure such a thing exists. I did my own research, but never found information that led me to the correct diagnosis. This went on for quite a few years, actually. On the first day of my internship, I had this excruciating pain in my eye when I went outside on a bright day, and it turned out that I had eye inflammation, which was caused by my AS after all these years.

Dr. Wickersham:

That's interesting, because people typically think of AS as a disorder that primarily affects the sacroiliac joints and the spine. But, it's also associated with peripheral arthritis, enthesitis, psoriasis, inflammatory bowel disease, and uveitis.

Dr. Norton:

Right. I was fortunate, because the day after I felt this terrible eye pain, I saw an ophthalmologist. He asked if I had back pain. I said, "I've had back pain for ten years! What does that have to do with my eye?" It was like putting the puzzle pieces together before I finally went to see a rheumatologist and was diagnosed with AS. This is the journey many of my patients experience, as well.

Dr. Wickersham:

It's a very complicated disease that can take a psychological toll, as well. As, I'm sure, we can both attest.

Dr. Norton:

As patients and rheumatologists, we've seen both sides of managing ankylosing spondylitis. I tell my patients that when you take care of yourself, work with a rheumatologist, and get treated appropriately, it can help you resume daily activity and become a person who isn't defined by the disease. And being an AS patient myself has been insightful for me professionally, because it's enabled me to better understand my AS patients.

Dr. Norton:

So, Dr. Wickersham, what was your ankylosing spondylitis journey like before you went into rheumatology?

Dr. Wickersham:

Well, my journey was a bit different from yours. I was in medical school and I fell in love with rheumatology, mainly because of the long-term relationships between doctors and patients. On my rheumatology rotation, my back pain, which had been a rather intermittent problem since I was 17, flared up to the point I had difficulty walking. It turned out my professor at the time was one of the world's leading experts in AS. So you can call it serendipity or blind luck, but he diagnosed me, and it definitely pushed me further into taking up rheumatology as a career to help other AS patients.

Dr. Norton:

What were your personal goals as an AS patient, once you were diagnosed?

Dr. Wickersham:

Well, I wanted to be able to keep working and functioning and I dreamed of being able to run again. With proper care and management, I was able to start the work to get my symptoms under control. You know that as rheumatologists, once we have the right diagnosis, the primary objective of AS care management is to try to reduce disease activity by alleviating symptoms, such as morning stiffness, back pain, back pain at night ... as well as improve and maintain physical function. Then, ideally, reduce disease activity by slowing down structural damage as much as possible. For me personally, I was able to get my symptoms under control about 6 to 7 years after diagnosis.

Dr. Norton:

I've always advocated physical exercise for reducing pain and stiffness associated with AS.

Dr. Wickersham:

A lot of patients, though, can't get motivated to exercise because of the pain they experience. I still have daily pain and stiffness. But, because I move around so much during the day, I do better. Movement and exercise can help alleviate pain and help relax the joints. They go hand-in-hand with appropriate medical treatments, which continue to expand over the years.

Dr. Norton:

And that may translate to improved clinical outcomes for AS patients.

Dr. Wickersham:

The more tools we have in our toolkit, the better.

Dr. Norton:

That's why I love rheumatology. It's an exciting field. And I think, as both doctors and patients, we can say we're grateful for each step in the evolution of treating AS.

Dr. Wickersham:

Truly. It is so exciting to see patients' symptoms improve. We know more than anyone that there's hope for patients with AS, and we can both attest that patients can not only live with AS, but can keep working and functioning.

Announcer:

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