AS Effects on Shoulder Often Are Overlooked

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GLASGOW, SCOTLAND — Shoulder involvement is often overlooked in ankylosing spondylitis, despite patients' reports that upper body pain interferes with their daily activities, Dr. Charlotte E. Page reported in a poster session at the annual meeting of the British Society for Rheumatology.

Among a group of 31 ankylosing spondylitis (AS) patients attending a 2-week physiotherapy program who responded to questionnaires about their symptoms, 12 reported current shoulder pain, while 10 patients reported experiencing shoulder pain in the past, reported Dr. Page of the rheumatology department of University Hospital of Wales, Cardiff. The patients, aged 17-62 years, had a mean AS duration of 19 years.

Among patients with current shoulder pain, four reported bilateral symptoms, and nine indicated that their daily activities were affected. Among those with previous pain, three study patients reported that their shoulder involvement continued to interfere with their daily activities, noted Dr. Page.

The reported prevalence of shoulder pain among the general population is approximately 12%, and estimates among those with AS range from 7% to 33%, she noted. "Our prevalence of 39% is slightly higher, probably reflecting the type of patients who attend intensive physiotherapy programs."

Only 10 of the 22 patients who had either current or past shoulder pain had undergone one or more radiologic investigations. Eight had been evaluated with plain radiographs, three with ultrasound, and three with MRI arthrograms.

Among the eight patients who had received one or more corticosteroid injections to the shoulder region, five reported still having shoulder pain and six reported still experiencing symptoms that interfered with daily activities. Among the seven who had received physiotherapy directed at their shoulder symptoms, five continued to experience pain.

Specific physiotherapy and corticosteroid injections had therefore been given to only 32% and 36% of patients, respectively, and had not alleviated the symptoms in the majority, she noted.

Moreover, a total of 26 patients reported peripheral joint involvement other than the shoulder. Despite this, only six patients received disease-modifying antirheumatic drugs or anti–tumor necrosis factor–α therapy, which suggests an underappreciation of the extent of AS patients' peripheral joint pain, according to Dr. Page.

Much of the shoulder involvement was rotator cuff tendonitis, which can be imaged and treated, Dr. Page said in an interview. Patients should be asked specifically about this, she said.

"We all know about their hip pain but we seem to forget about the top half" of the body, she said. ■

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arthritis or refractory enthesopathies should have failed either methotrexate or sulfasalazine at maximally tolerated doses for at least 3 months. For those with axial involvement, there's no requirement for nonbiologic disease-modifying antirheumatic drugs (DMARDs) and they should go directly to a biologic agent," Dr. Davis said, adding that methotrexate and leflunomide have shown little evidence of efficacy in AS, while sulfasalizine has been shown to have effects mostly on peripheral manifestations. "Thalidomide and pamidronate interestingly have weak anti-TNF activity and have shown some clinical efficacy in small trials."

Muscle relaxants can help, particularly when the patient is starting physical therapy. Corticosteroids injected into the sacroiliac joints alleviate refractory pain and topical corticosteroids are effective in treating acute anterior uveitis, Dr. Davis said.

After placing a patient on TNF blockade, expect a response (based on clinical trials and clinical experience) within 12 weeks. "And you want a change in your BASDAI score of at least 50% or two units, and a change in your physician global score of at least one." Etanercept and infliximab have FDA approval, while approval of adalimumab is pending. Patients taking these medications should be screened for tuberculosis and consideration should be given to testing for hepatitis, especially in those from endemic areas, Dr. Davis said. ■