

Ankylosing Spondylitis

Media backgrounder

DISEASE AWARENESS:

What is ankylosing spondylitis?

Ankylosing spondylitis (AS) is a debilitating chronic inflammatory condition that tends to affect healthy young people, mainly men, in their late teens and twenties.¹

FACT!

Men are affected by AS two or three times more frequently than women¹

The exact prevalence of AS is not known due to wide geographical variations seen within the population.¹ The prevalence is at least 0.1 per cent, but figures have been reported to be significantly higher.²

Although AS literally means inflammation of the spine, it can affect any joint and may over time with disease progression lead to permanent disability and deformity.^{2,3}

What causes AS?

The cause of AS is poorly understood.¹ However, research shows that up to 96 per cent of white western patients have the human tissue leukocyte antigen B27 suggesting that there is a genetic pre-disposition to the condition. It is possible that a normally harmless bacterial infection, which on this occasion the immune system cannot fight, comes into contact with HLA-B27 and the subsequent immune response triggers the onset of AS.³

Inflammation occurs where ligaments or tendons are attached to the bone. As the inflammation subsides, new bone develops replacing the elastic tissue of ligaments or tendons.¹

Repetition of this inflammatory process leads to further bone formation which results in the restriction of joint movement. When this disease process occurs in the spine

irreversible damage is caused as the vertebrae become fused together.¹

IMPACT ON PATIENTS:

What are the symptoms of AS?

AS initially begins with lower back pain, stiffness and muscle spasm which over time become progressively worse, particularly at night.¹ Inflammation spreads to the upper back, neck and hips, causing fever, fatigue and weight loss. As the spine becomes more rigid, breathing may become more difficult and the patient will have to use their diaphragm and abdomen muscles to help.⁴

Patients commonly experience aching, pain and swelling in the hips, knees and ankles.¹ As the condition progresses, patients may experience:

- ▶ Neck pain and stiffness, characteristic of advanced disease¹
- ▶ Inflammatory bowel disease¹
- ▶ Periodic eye inflammation⁴
- ▶ The most serious complication is spinal fracture which can cause quadriplegia (paralysis of all four limbs)¹
- ▶ An increased risk of cardiovascular morbidity and mortality²

FACT!

One in three people with AS develop a severe inflammation inside one or both of their eyes and experience aching, redness and blurred vision⁴

How is AS diagnosed?

The correct diagnosis of AS is important in order to decrease disease burden and reduce disability. The established diagnostic criteria for AS relies on the combination of clinical symptoms, plus clear inflammation of the spinal sacroiliac joint. However, X-rays taken at the onset of the condition can appear normal further hindering correct diagnosis.^{1,5}

Low awareness amongst those most at risk

Although AS affects young men, there is low awareness within this age group about the condition. In addition, a physician who is not fully aware of the clinical presentation of AS may not recognise the symptoms and assume that back pain is the result of exercise or muscular strain. As a result the condition may not be recognised early on before irreversible damage has occurred.^{1,5}

FACT!

Due to low awareness and poor recognition of AS amongst physicians, diagnosis may be delayed by as much as eleven years after the initial onset of symptoms^{1,5}

The impact of AS on the patient and society

Because AS tends to affect young people, the lifetime socioeconomic impact of the disease can be important for the patient as well as for society. Studies have shown that the impact on the individual and society is felt for a longer duration in patients suffering from AS compared with patients suffering from rheumatoid arthritis in terms of inability to work, lost wages and greater health care utilisation. Treatments that reduce functional disability are likely to be the most effective means of decreasing the direct and indirect costs of AS.¹

FACT!

Patients with severe AS experience a reduced quality of life and loss of productivity due to work disability and sick leave¹

TREATMENT OPTIONS

What treatments are available?

The aims of treatment include control of pain and stiffness, as well as reducing damage, disability, and functional loss.² Physical therapy and exercise may be important to improving posture, spine mobility and lung capacity.⁴

Anti-inflammatory drugs, such as ibuprofen, may reduce inflammation and relieve pain however they do not alter the progression of the disease.¹

In some AS patients, inflammation of joints excluding the spine (such as the hips, knees, or ankles) may develop.¹ Inflammation in these joints may not respond to anti-inflammatory drugs alone and the addition of disease-modifying anti-rheumatic drugs (DMARDs) such as sulfasalazine or methotrexate are considered.² Recent research has however shown that DMARDs may still only provide limited benefit, especially for patients suffering from persistent ankylosing spondylitis with spinal inflammation.^{1,2}

Biologics:

Recently a new class of medicines called biologics has been developed to treat ankylosing spondylitis.² Unlike other therapies which are made by combining man-made chemicals, biologics are created from living human or animal proteins.

There has been interest in the pivotal role that molecules in the immune system, particularly tumour necrosis factor alpha (TNF- α), play in the inflammatory process.² People with immune diseases like ankylosing spondylitis have too much TNF- α in their bodies. Some biologics work by blocking the inflammation caused by TNF- α and are known as anti-TNFs. Anti-TNFs that are approved for the treatment of ankylosing spondylitis in Europe include:

- ▶ Enbrel[®] (etanercept)
- ▶ Humira[®] (adalimumab)
- ▶ Remicade[®] (infliximab)

Enbrel and Humira are injected under the skin and Remicade is administered as an infusion into a vein.

Biologics have demonstrated to be highly effective for the treatment of AS by reducing inflammation, improving spinal mobility and by slowing disease activity.^{1,2}

Proven Enbrel experience

Enbrel has a long established safety profile with over 16 years of proven clinical experience for the treatment of inflammatory conditions. Enbrel is currently the number one biologic prescribed worldwide.⁶

Clinical data from the ASCEND study have demonstrated that Enbrel is more efficacious than sulphasalazine for treating the signs and symptoms of active AS. Patients reported significant differences in their condition as early as two weeks after commencement of Enbrel treatment characterised through improvements in pain, physical function and spinal mobility.⁷

Furthermore, Enbrel offers AS patients a long term solution for disease control. Study results have shown that active AS patients treated with Enbrel reported improvements in their disease that were sustained for up to a five year period.⁸

New evidence from the ASCEND trial presented at the 2009 European League Against Rheumatism congress indicates that not only has Enbrel proven efficacious for the treatment of axial disease but new data in peripheral joints demonstrates significant improvements for these patients compared to treatment with the DMARD sulfasalazine.^{9,10}

Note to media

Please contact your local Wyeth office for information regarding country regulations. Further details are available at www.wyeth.eu

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