

# THE 2019 ACR/SAA/SPARTAN

## Recommendations for Patients With Active AS and nr-axSpA<sup>1,\*</sup>

**Strong recommendation**

**Conditional recommendation**

**Conditional recommendation against**

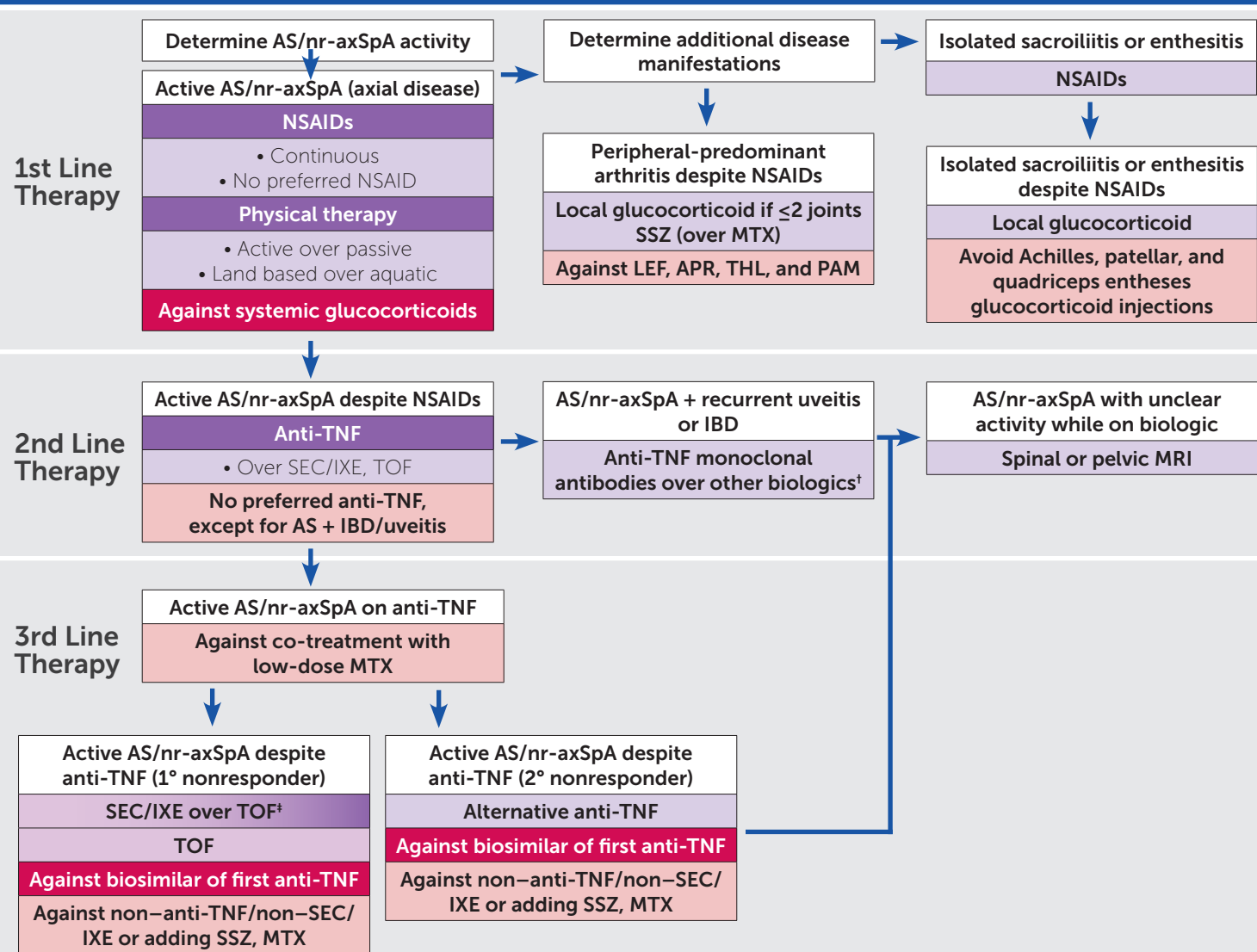
**Strong recommendation against**

### General Adjunctive Management (All Stages)

In adults with active AS/nr-axSpA, ACR conditionally recommends unsupervised back exercises, formal group or individual self-management education, fall evaluation/counseling. Monitor using validated axSpA disease activity measures, and CRP or ESR regularly.

### Treat-to-target

In adults with active AS/nr-axSpA, ACR conditionally recommends **against** using the treat-to-target strategy, which aims at a target of ASDAS <1.3 (or 2.1) over a treatment strategy based on physician assessment



\*Recommendations for nr-axSpA extrapolated from evidence in AS. †Adalimumab or infliximab are preferred over etanercept. Certolizumab pegol or golimumab may also be considered. ‡Strong recommendation for AS but conditional recommendation for nr-axSpA. APR, apremilast; ASDAS, Ankylosing Spondylitis Disease Activity Score; CRP, C-reactive protein; ESR, erythrocyte sedimentation rate; IXE, ixekizumab; LEF, leflunomide; MTX, methotrexate; NSAID, nonsteroidal anti-inflammatory drug; PAM, pamidronate; SEC, secukinumab; SSZ, sulfasalazine; THL, thalidomide; TOF, tofacitinib.

1. Ward MM, et al. Arthritis Care Res (Hoboken). 2019. doi: 10.1002/acr.24025. [Epub ahead of print].

Used with permission from Ward MM, et al. Arthritis Care Res (Hoboken). 2019. doi: 10.1002/acr.24025 © John Wiley and Sons and American College of Rheumatology.

# THE 2019 ACR/SAA/SPARTAN

## Recommendations for Patients With Stable AS and nr-axSpA<sup>1,\*</sup>

- Strong recommendation
- Conditional recommendation
- Conditional recommendation against
- Strong recommendation against

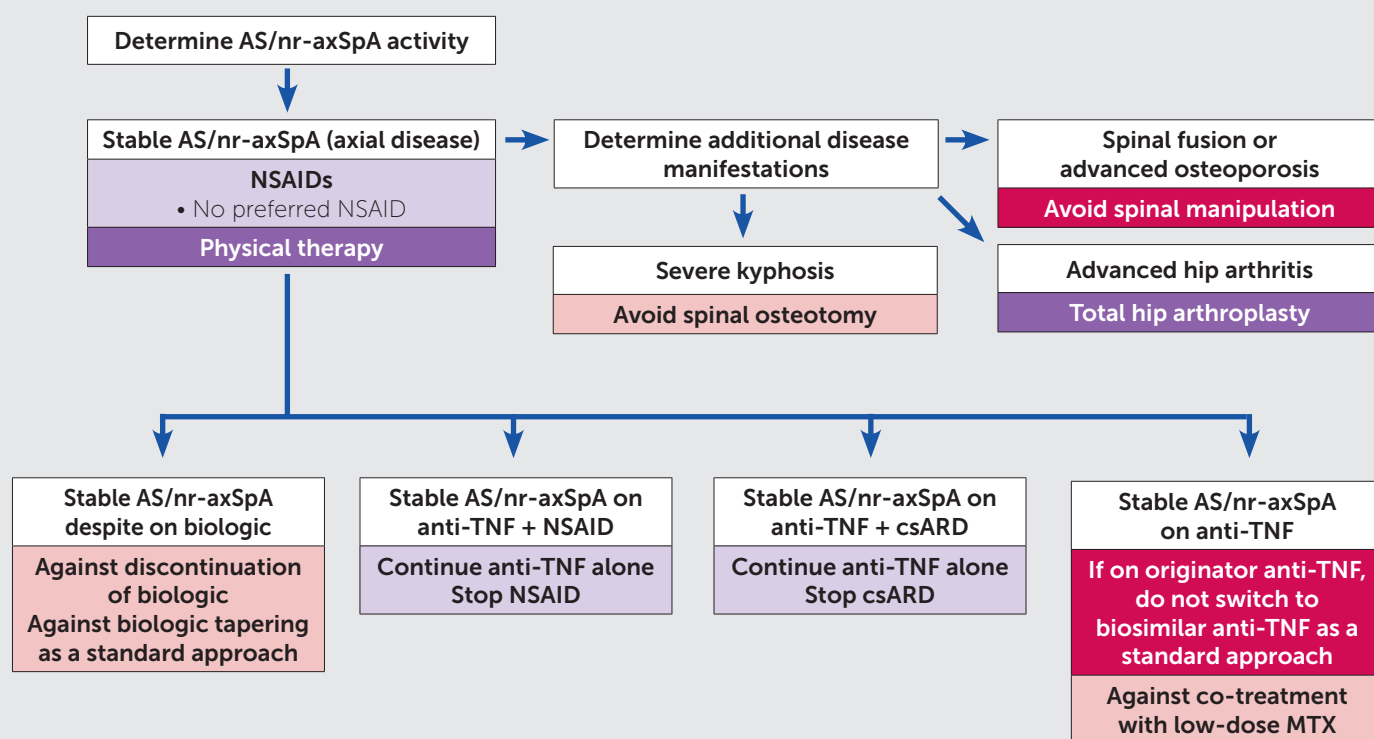
### General Adjunctive Management (All Stages)

In adults with stable AS/nr-axSpA, ACR conditionally recommends unsupervised back exercises, formal group or individual self-management education, fall evaluation/counseling. Monitor using validated axSpA disease activity measures, and CRP or ESR regularly.

### MRI or X-ray

In adults with stable AS/nr-axSpA, ACR conditionally recommends **against** obtaining spinal or pelvis MRI to confirm inactivity.

In adults with stable AS/nr-axSpA, ACR conditionally recommends **against** obtaining repeat spine radiographs at a scheduled interval.



\*Recommendations for nr-axSpA extrapolated from evidence in AS. CRP, C-reactive protein; csARD, convention synthetic antirheumatic drug; ESR, erythrocyte sedimentation rate; MTX, methotrexate; NSAID, nonsteroidal anti-inflammatory drug.

1. Ward MM, et al. Arthritis Care Res (Hoboken). 2019. doi: 10.1002/acr.24025. [Epub ahead of print].

Used with permission from Ward MM, et al. Arthritis Care Res (Hoboken). 2019. doi: 10.1002/acr.24025 © John Wiley and Sons and American College of Rheumatology.

The axial spondyloarthritis clinical toolkit is an informational resource only and is not intended as medical advice. Healthcare providers should exercise professional judgment when treating patients. The information contained in this toolkit is intended for U.S. healthcare practitioners only. By using or distributing any contents of this toolkit, in whole or in part, you certify that you are a healthcare provider licensed in the U.S.