

Patient information from BMJ

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Ankylosing spondylitis: what treatments work?

Ankylosing spondylitis mainly affects the spine, causing stiffness and pain. It affects how you can move, and it can cause different levels of disability.

What treatments work?

Ankylosing spondylitis is a condition that causes inflammation (swelling) in the spine. This can lead to pain, stiffness, problems with movement, fatigue (tiredness), and problems in other parts of the body.

There is no cure for ankylosing spondylitis, but there are treatments that can help relieve the pain and swelling, and keep you as mobile and flexible as possible.

The condition affects everyone differently. So your treatment should be tailored to your needs, with your wishes taken into account.

Learning about the condition

People with ankylosing spondylitis tend to do better when they learn about and understand the condition. For example, when people understand the importance of daily stretches and exercises, they are more likely to do them, and to get the benefits.

Many people with the condition join self-help groups for people with ankylosing spondylitis. These groups can help people to keep up with their exercises, learn more about the condition, and share experiences with other people who have it.

For example, in the UK, the National Ankylosing Spondylitis Society (NASS) provides information, support, and group exercise via local branches.

Physiotherapy

Staying as physically active as possible is vital in helping people with ankylosing spondylitis stay flexible and mobile.

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When you are referred to a specialist, he or she should help you to find a suitable physiotherapy programme. This might be exercises that you do with a nurse or doctor, or with a group, or at home by yourself.

Whichever programme you use, the important thing is to do your exercises regularly for the best results.

Stopping smoking

Ankylosing spondylitis tends to get worse more quickly in people who smoke. If you smoke, your doctor will strongly advise you to stop, and should offer help and advice on how to do so.

Medicines

Medicines called **NSAIDs** (non-steroidal anti-inflammatory drugs) can help relieve pain and stiffness in many people. Some that you might have heard of include ibuprofen and naproxen.

These medicines work by reducing inflammation. Your doctor will probably suggest that you begin taking this type of medicine.

Like all medicines, NSAIDs can have side effects, such as stomach problems, heart problems, and liver and kidney damage. Your doctor should discuss which of these medicines might be best for you. You should never take more than your doctor prescribes.

If NSAIDs don't help relieve your symptoms, your doctor might suggest that you take a type of medicine called a **tumour necrosis factor-alpha inhibitor**, or TNF-alpha inhibitor.

Although the word 'tumour' appears in their name, these drugs don't have much to do with cancer. They are mainly used to treat inflammation in a variety of conditions, including inflammatory bowel disease and rheumatoid arthritis, as well as ankylosing spondylitis.

These drugs can cause side effects in some people, including being more likely to get infections. Your doctor should discuss the possible side effects with you, and advise you what possible problems to look out for.

Steroid injections (the full name is corticosteroid) can help some people when joints other than the spine are affected. These drugs are another way of reducing inflammation.

Steroid injections can work well, but your doctor will keep an eye on how often you have them, as they can cause serious side effects if you have too many of them over time.

Another option is **disease-modifying anti-rheumatic drugs (DMARDs)**. These drugs are often used to help people with other joint problems, including rheumatoid arthritis. But they can also help some people with ankylosing spondylitis.

DMARDs can cause side effects in some people, including an upset stomach and skin reactions.

Your doctor should discuss with you the possible side effects of any medicines he or she suggests for you. If you get side effects that bother you, you can talk with your doctor about switching to a different medication.

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Ankylosing spondylitis in children

Children with ankylosing spondylitis benefit from physiotherapy and can be treated with some of the same medicines as adults. But there is evidence that some different types of medicines might also work well in children.

If your child has ankylosing spondylitis your doctor should discuss all the treatment options with you.

What will happen?

It's impossible to say what will happen to you as an individual. In some people, ankylosing spondylitis gets worse over time, while in others it stays the same or improves.

But we know that the people who tend to do best are those who stay as active as possible and who do regular physiotherapy.

You will need regular check-ups to assess your levels of pain, stiffness, and fatigue, and whether any joints other than your spine are affected. This can help your doctor to adjust your medication to what will help you most. You might have a scan every few years, to check your spine.

Ankylosing spondylitis doesn't usually affect how long people live. But people with ankylosing spondylitis have an increased chance of heart problems. So your doctor will want to check you regularly for any signs of heart trouble.

If you have any problems with your eyes, see your doctor straight away. This could be a condition called iritis, which is common in people with ankylosing spondylitis. It needs to be treated as soon as possible to make sure it doesn't affect your vision.

If you regularly take NSAIDs for your symptoms you will need regular blood tests to check that the medicines are not harming your liver or kidneys.

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