#Rehabmatters

NICE guidance on Spondyloarthritis for over 16s: management and research recommendations relevant to physiotherapists

Dr Carol McCrum
Consultant Physiotherapist
East Sussex Healthcare NHS Trust
NICE Fellow
@carol_mccrum

carol.mccrum@nhs.net
Spondyloarthritis (SpA)

- group of inflammatory conditions with some shared features

- Axial spondyloarthritis/AS
  - SIJ & spine-Tsp, Lsp, Csp, costo-vert jts

- Peripheral spondyloarthritis
  - Dactylitis (‘sausage’)
  - Enthesitis
  - Joint pain/ swelling

- Often both regions involved
Spondyloarthritis – associated extra-articular conditions

- Psoriasis - skin or nails (Psoriatic Arthritis)
- Inflammatory bowel disease
  - Crohn’s disease, ulcerative colitis
- Uveitis
- Infection - GIT, UTI & STIs
  (Reactive Arthritis)

- Seronegative: RF and ACCP –ve
- HLA B27 test can be negative
- CRP and ESR can be normal
Systematic Review - Aim

• to evaluate effectiveness of non-pharmacological interventions including:
  – manual therapy
  – exercise programmes
  – hydrotherapy
  – acupuncture
  – physical aids

  – surgical intervention
  – disease complications

• Research recommendations
Review methodology and developing recommendations

- followed standard NICE guideline methodology to evaluate evidence [www.nice.org.uk/process/pmg20/resources](http://www.nice.org.uk/process/pmg20/resources)
- recommendations developed by multispecialty committee including people with SpA
- wording denotes strength of evidence
- Draft recommendations reviewed and comments by stakeholder organisations fed into final version
  - including CSP, professional networks, patient organisations
Results and NICE recommendations

- Limited evidence on most reviewed interventions

For people with axSpA/AS

- Refer to a specialist physiotherapist to start an individualised, structured exercise programme which should include:
  
  - stretching, strengthening and postural exercises, especially spine extension
  - ROM exercises for Lsp, Tsp & Csp regions
  - deep breathing
  - aerobic exercise

(Dagfinrud 2008; Millner 2016)
Why is specialist physiotherapy key

- Important early management strategy before biologics
- Tailored advice, education and guidance, support self-management and signposting resources
- Adapted for level of disease activity, recognising flares or poor disease control
- Monitoring disease activity and taking measures (BASDAI, BASFI, BASMI, ASAS)
- Differentiate mechanical v inflamm problems
- Support work ability
NICE Recommendation on Aqua Therapy

• Consider hydrotherapy as adjunctive therapy to manage pain & maintain function

Helliwell et al., 1996
Other specialist care recommendations:

• Consider referral to a specialist therapist (PT, OT, hand therapist, orthotist, podiatrist) for support with difficulties with any everyday activities

• Specialist therapists should:
  • assess the person’s needs
  • provide advice about physical aids
  • arrange periodic reviews to assess for changing needs

• Importance of multi-speciality care and effective MDT communication
**Surgical Intervention for Axial SpA**

- **Do not refer** people with AxSpA for surgical review for spinal deformity correction **unless**:
  - the spinal deformity is significantly affecting their quality of life
  - severe or progressing despite optimal non-surgical management (including physiotherapy)
Osteoporosis- complication of SpA

NICE Guidance recommends:

• Advise people with SpA of risk of osteoporosis

• Consider # fracture if acute onset pain after a fall or trauma

• If spinal # is suspected, refer to specialist for further investigation and assessment of stability
Research recommendations

• Lack of research, mostly in long standing AS

• Recommendations:
  - to evaluate effectiveness & cost-effectiveness of
    • manual therapy alone
    • structured exercise programmes v usual care
    • different care delivery strategies (eg grp, indiv, home prog, apps)
    • aquatic physiotherapy (including hydrotherapy pool v standard pool)
    • acupuncture (as standardly performed in the UK) versus sham
Summary - Importance of the NICE Guidance

- Value of specialist physiotherapy and aquatic therapy
- Highlights research needed on benefits of physiotherapy:
  - axSpa & peripheral SpA
  - different stages of disease & levels disease activity
  - complications such as CV disease, osteoporosis, work
- Standards to underpin staffing, structuring services, commissioning pathways
- Preventing pool closures
Map my hydro pool

hydroproject@astretch.co.uk

@MelRheum  @Astretch_Physio
NICE website, links & resources

- NICE Guideline on Spondyloarthritis for overs16s: [www.nice.org.uk/guidance/ng65](http://www.nice.org.uk/guidance/ng65)
- NICE Quality Standards QS170 [www.nice.org.uk/guidance/QS170](http://www.nice.org.uk/guidance/QS170)


- National Ankylosing Spondylitis Society: [www.nass.org.uk](http://www.nass.org.uk)
- AStretch: [www.astretch.co.uk](http://www.astretch.co.uk)
- Versus Arthritis [www.versusarthritis.org](http://www.versusarthritis.org)