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Types of Spondylitis

All types of spondylitis or spondyloarthritis result in pain and inflammation. Learn more about the six types of spondylitis and its traditional classification system.

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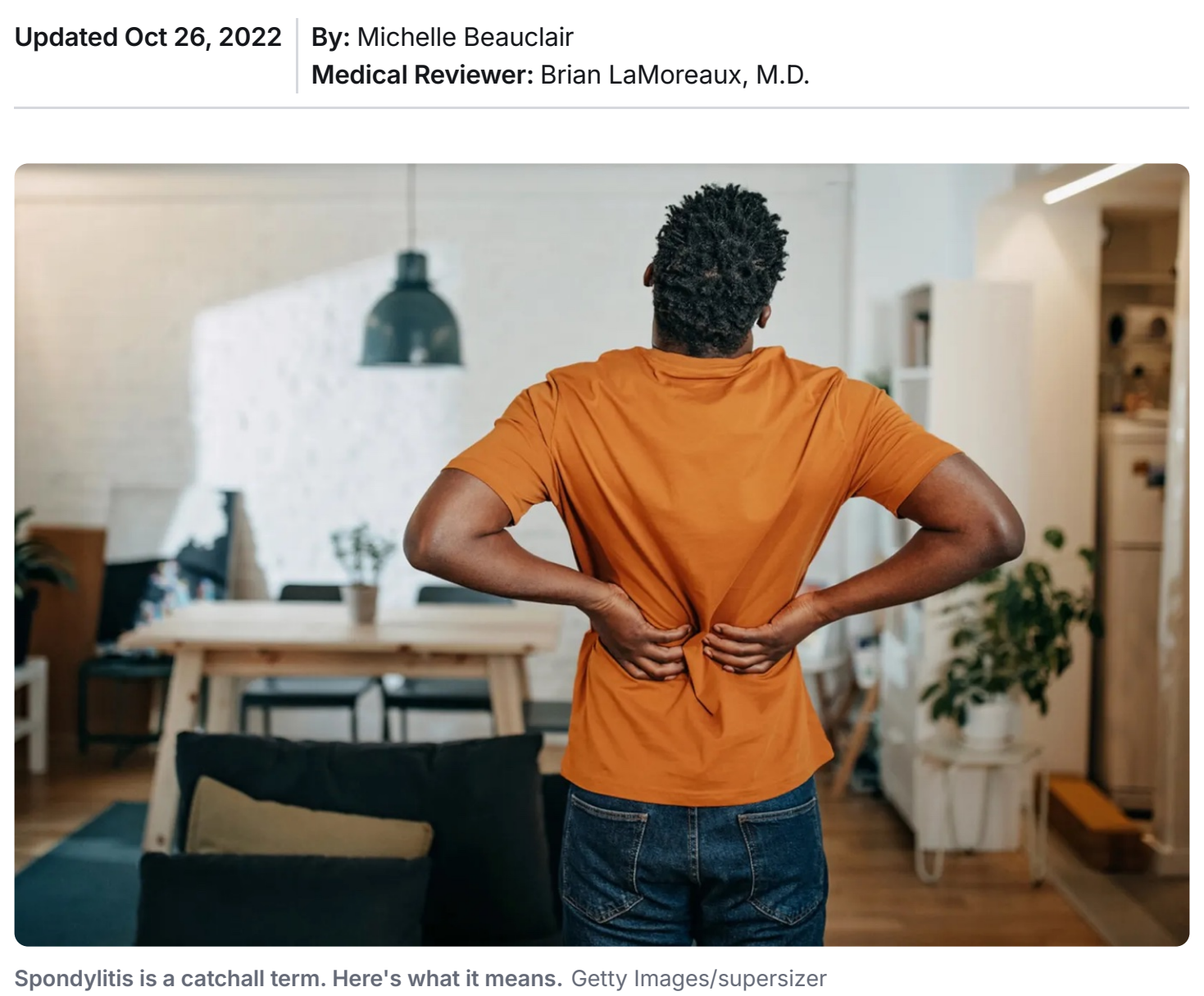

Spondylitis is a catchall term. Here's what it means. Getty Images/supersizer

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Saddled with chronic low back pain that never seems to go away? Have irritating aches and pains taken up seemingly permanent residence in your elbow joints or knees?

What you may think is pain from normal wear and tear from Father Time may be masquerading as a form of spondylitis. These are genetic immune diseases that, left untreated, could significantly impair your normal daily functioning, physical activity, and wreak havoc on your bone health.

Spondylitis

What Is Spondylitis?

Spondylitis, otherwise known as spondyloarthritis (SpA) is a comprehensive term for a family of inflammatory, immune-mediated diseases with similar genetic risk factors.

The conditions mostly affect the spine, though may affect joints in the arms, legs, and hips. Skin, eyes, and intestines can also be affected. Chronic low back pain is the main spondylitis symptom.

The main types of spondylitis are:

- Ankylosing spondylitis
- Psoriatic arthritis
- Enteropathic arthritis
- Reactive arthritis
- Juvenile spondylitis
- Undifferentiated spondylitis

Axial Spondylitis vs Peripheral Spondylitis

Spondylitis conditions can be classified as peripheral (pSpA) or axial (axSpA).

Axial spondyloarthritis is defined by arthritis and inflammatory pain in the hips and spine. Axial in medical terms means relating to the body's central part or "axis" as in the trunk and head versus the limbs.

The condition is characterized by back pain, usually in the lower back or buttocks. It's also linked to sacroiliac (SI) joint inflammation. The SI joints connect the pelvis and lower spine.

The back pain typically has a gradual onset, improves with physical movement though not with rest, lasts longer than 3 months, starts prior to age 45, and is associated with morning stiffness lasting 30 minutes or more. The pain frequently starts in the lower back though for some people it can begin in the neck or other places.

The skin, stomach, eyes, shoulders, and hips may also be affected.

Axial spondyloarthritis (AxSpA) is separated into two categories: Radiographic and non-radiographic.

- Non-radiographic axSpA – does not have fusing or bone changes that can be seen on x-ray.
- Radiographic axSpA – Also termed ankylosing spondylitis, where spine fusing or spine bone changes are visible on x-ray.

Peripheral spondyloarthritis (PSpA) is defined by arthritis and inflammatory pain in the peripheral joints and tendons, not including the spine.

You may simultaneously have peripheral and axial spondylitis symptoms. The diagnosis will depend on if the symptoms are primarily more peripheral or axial.

Spondylitis vs Spondylosis

Spondylosis and spondylitis are similar diseases in that they both can cause pain and inflammation in the back and hips. They differ however, in each condition's triggers.

Spondylitis is a disease where the body's immune system degrades joints, producing inflammation, surplus bone formation, and bone fusion.

Spondylosis is a category of arthritis that happens as the spine ages and experiences normal wear and tear. It appears during degeneration of the spine's discs and joints. It also occurs when bone spurs, known as osteophytes, develop on the spine's individual vertebrae or backbones.

Ankylosing Spondylitis

Ankylosing Spondylitis (AS)

Ankylosing spondylitis (AS) is the most common form of spondylitis. is an arthritis type that mostly affects the spine and sometimes can affect other joints and body locations. The condition causes spinal joint inflammation that can result in extreme discomfort and chronic pain.

In some cases the inflammation progresses to ankylosis where bone remodeling causes spine sections to fuse and become immobile.

Other body areas where AS can trigger inflammation include the ribs, heels, shoulders, hips, and small joints of the feet and hands. The eyes may be affected with uveitis or iritis and in rare cases the lungs and heart.

Ankylosing spondylitis symptoms can differ greatly from one person to another, as can symptom onset. Common early symptoms are persistent stiffness and pain in the lower buttocks and back with a gradual onset over a couple weeks or months. The pain is typically spread out and dull instead of localized.

The stiffness and pain is mostly worse during mornings and nights and can get better with light exercise or a warm shower. Early on in the condition there can be general discomfort, appetite loss, and mild fever. AS back pain is differentiated by inflammatory back pain versus mechanical.

The pain commonly turns chronic, lasts for a minimum of 3 months, and can be felt on both sides. Within months or years, the pain and stiffness can travel into the neck and spine. Tenderness and pain in the hips, thighs, shoulder blades, heels and ribs may also occur.

Justin Park, MD, an orthopedic spine surgeon in Baltimore, Maryland, advises that anyone diagnosed with ankylosing spondylitis needs to be hypervigilant about seeing their doctor for any back and/or neck injuries.

"If you feel like you might have injured your your back or your neck that you have to be evaluated by a physician for that," says Dr. Park.

There's currently no available AS cure though there are medications and treatments accessible that can manage pain and decrease symptoms. NSAIDs with or without biologic therapies like tumor necrosis factor (TNF) inhibitors are the mainstay of treatment, with other forms of treatment supporting.

A typical ankylosing spondylitis treatment approach includes applications of cold/heat to encourage muscle relations and decrease joint pain, good posture practices, exercise, physical therapy, and medication.

Psoriatic Arthritis

Psoriatic Arthritis (PsA)

Psoriatic arthritis (PsA) often causes swelling, pain, and inflammation in the hands' and feet's small joints. though the joints of the knees, ankles, and wrists can also be affected. Psoriasis, a rash that causes scaly skin patches, is present in most people afflicted with PsA. In some cases, people develop dactylitis, where a finger or toes swells in between and surrounding the joints referred to as a "sausage digit". Some people with PsA experience spinal stiffness and pain.

Around 30 percent of psoriasis cases evolve to psoriatic arthritis. Generally, though not in every case, the psoriasis occurs before the arthritis, occasionally by several years. When psoriasis happens with arthritis, it's termed psoriatic arthritis.

Typically with PsA, the end finger joints are most frequently affected, and experience pain and inflammation, and sometimes joints of the ankles, knees, and wrists can be afflicted.

The condition usually includes fingernail and toenail symptoms, spanning from small nail pits to almost entire destruction and decomposition as occurs in fungal infections and reactive arthritis.

PsA doesn't have a known cure, although there are medications and treatments that can help control the condition's inflammation and pain and decrease symptoms.

Conventional medications recommended for PsA are frequently utilized to treat ankylosing spondylitis and include:

- Biologic medications like TNF inhibitors
- Immunosuppressants
- Sulfasalazine (Azulfidine)
- Methotrexate
- Disease modifying antirheumatic drugs (DMARDs)
- Nnonsteroidal anti-inflammatory drugs (NSAIDs)

Exercise is critical for PsA patients to preserve range of motion and maintain strength. Isometric exercises which work muscles without joint motion may be less injurious to inflamed joints. Occupational and physical therapy may significantly assist patients in optimizing arthritic joints' function.

Enteropathic Spondylitis

Enteropathic Spondylitis (EnA)

Enteropathic Arthritis (EnA) is a type of inflammatory, chronic arthritis linked to inflammatory bowel disease (IBD), the most recognized types being Crohn's and ulcerative colitis. Around 20% of people with ulcerative colitis or Crohn's will get enteropathic arthritis.

The most prevalent body areas afflicted with EnA are the peripheral limb joints and sometimes the whole spine too. Other disease components are bloody diarrhea related to IBD and abdominal pain.

A main symptom of enteropathic arthritis is intestine inflammation including the bowel in addition to joint pain and/or inflammatory back pain. Other symptoms may involve weight loss, blood in the stool, abdominal pain, and/or chronic diarrhea. The most prevalent inflammatory bowel diseases are undifferentiated colitis, Crohn's, and ulcerative colitis.

There is currently no cure for enteropathic arthritis though there are therapies and medications available for symptom management of the disease's bowel and arthritis components.

Controlling enteropathic arthritis typically means managing the underlying bowel disease. With enteropathic arthritis the medications may need to be altered so the disease's gastrointestinal element is also treated but not worsened.

Juvenile Spondyloarthritis

Juvenile Spondyloarthritis (JSpA)

Juvenile spondyloarthritis (JSpA) refers to a group of childhood rheumatic diseases which cause arthritis onset prior to age 16 and may continue through adult life. Juvenile spondyloarthritis encompasses enteropathic arthritis, enthesitis-related arthritis, undifferentiated spondyloarthritis, psoriatic arthritis, reactive arthritis, and juvenile ankylosing spondylitis.

JSpA routinely causes inflammation and pain in joints in the lower body, for instance, the ankles, hips, knees, and pelvis. Other body areas may be affected like the bowels, eyes, skin, and spine. Lethargy and fatigue may also be present.

In JSpA, occasionally the symptoms are unpredictable and episodic and can appear and disappear without any specific cause over a long period. The condition cycles between flares and remission.

Common treatment approaches for the varying types of juvenile spondyloarthritis include medication, exercise, good posture practices, physical therapy, medication, and other choices like application of cold/heat to decrease joint pain and relax muscles. In severe cases surgery may be recommended.

Reactive Arthritis

Reactive Arthritis/Reiter's Syndrome (ReA)

Reactive arthritis (ReA) is an arthritis type that can precipitate pain and inflammation in the mucous membranes, bladder, skin, joints, eyes, and genitals. ReA tends not to affect the sacroiliac joints and spine in most cases, unlike ankylosing spondylitis. ReA is believed to happen as a "reaction" to a body infection, usually in the gastrointestinal or genitourinary tract.

Reactive arthritis is typically treated with nonsteroidal anti-inflammatory drugs (NSAIDs), steroids, and rheumatoid arthritis drugs. If your reactive arthritis was brought on by a bacterial infection, your physician may prescribe an antibiotic if there's a persistent infection.

Undifferentiated Spondyloarthritis

Undifferentiated Spondyloarthritis (USpA)

Undifferentiated spondyloarthritis (USpA) describes the spondyloarthritis type where the signs and symptoms of spondylitis don't meet the criteria for a diagnosis of a specific rheumatoid disorder.

The majority of people diagnosed with undifferentiated spondyloarthritis (USpA) will have one or more of the symptoms below:

- Fatigue
- Swollen toes or fingers
- Arthritis affecting small joints
- Heel pain
- Eye inflammation
- Arthritis in the large limb joints
- Alternating or unilateral buttock pain
- Inflammatory back pain
- Enthesitis - inflammation where the ligament or tendon connects to the bone

Sometimes individuals with undifferentiated spondyloarthritis will present with symptoms of other spondylitis types, like psoriatic arthritis or ankylosing spondylitis while others will keep

There currently is no cure for USpA, though there are medication and treatment options to manage pain and decrease symptoms. Other treatment approaches include exercise, physical therapy, practicing good posture, exercise and application of cold and heat to decrease joint pain and loosen up muscles.

Treatments on the Horizon

Novel Spondylitis Treatments on the Horizon

Given all types of spondylitis presently have no available cure, it's comforting to know there is hope on the spondylitis arthritis horizon that novel therapeutics may be developed from further studying the gut. Research suggests that additional study of cause and effect of microbial imbalances of the gut and spondyloarthritis (SpA) may lead to developing new treatment approaches.

Research shows that spondyloarthritis diagnosis is the key to clinical improvements and proper management. Conversely, a delayed diagnosis is linked to poorer outcomes in radiographic damage, function, spinal mobility, and/or disease activity. Patient and doctor recognition of inflammatory back pain are crucial for SpA early diagnosis.

Dr. Park concurs that early diagnosis is paramount. "Getting a diagnosis is important because then that can help guide how to manage it," says Dr. Park. "Hopefully, if this is something that's diagnosed earlier then people can, from that early onset, maintain a healthy weight and maintain a healthy diet, regularly exercise and do all these things that prevent progression to where now they're overweight, morbidly obese and now need to be put on these disease modifying agents because it escalated to a point where they have all these problems."

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