

About Axial Spondyloarthritis

This material is intended for patients who have been prescribed **Cosentyx**® (secukinumab).

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About this guide

If you've had axial spondyloarthritis for a while, you may already know a lot about the condition. However, if there are some things about axial spondyloarthritis that you're not sure about, learning more could help you to feel more in control of your condition.

This booklet explains what axial spondyloarthritis is and how it's treated. It is not intended to replace conversations with your doctor or nurse, but it could help you develop a clearer understanding of the condition and assist you during appointments with your doctor and nurse.

What is axial spondyloarthritis?

Axial spondyloarthritis is an umbrella term used to describe two conditions; non-radiographic axial spondyloarthritis and ankylosing spondylitis. Both conditions involve inflammation of the joints of the spine. In ankylosing spondylitis, the changes caused by inflammation of the joints of the spine can be seen on x-ray. In non-radiographic axial spondyloarthritis those changes are not visible on x-ray but they may be seen on MRI scans or you may have symptoms. Throughout this booklet we will use the term "axial spondyloarthritis" to refer to both conditions. Axial spondyloarthritis is an inflammatory disease that makes joints in the spine and other areas of the body swollen, stiff and painful.

Symptoms tend to develop gradually, usually over several months or years, and may come and go over time. Axial spondyloarthritis usually starts in the joints between the spine and pelvis, but it may spread up towards the neck.

Some people could also develop problems in other joints or different parts of their body.



What causes axial spondyloarthritis?

Axial spondyloarthritis is classified as an autoimmune condition because it occurs when the body's own immune system fails to respond in the correct way.

The immune system is the body's defence against infection and illness. It recognises bacteria and viruses as foreign substances, and creates temporary inflammation to remove them. In axial spondyloarthritis, the immune system becomes overactive and mistakenly produces inflammatory proteins and molecules that target healthy tissue in the spine and other joints.

The cause of axial spondyloarthritis is unknown, but it can run in families and it is thought to be inherited.

Most people with axial spondyloarthritis have a gene known as HLA-B27. However, having this gene does not mean you will definitely get axial spondyloarthritis. It is likely that both genes and the environment play a role.

What are the symptoms of axial spondyloarthritis?


The most common symptoms are back pain and stiffness:

- This pain and stiffness gets better with exercise but does not improve with rest
- These symptoms are worse in the morning and at night
- Some people may feel pain and stiffness around the buttocks

Other symptoms include:

- Pain and swelling in other joints
- Swollen fingers or toes
- Chest pain or tightness
- Heel pain
- Extreme tiredness
- Painful, red eyes
- Pain and tenderness in shoulder blades, hips and thighs
- Mild fever
- Loss of appetite
- Mild to moderate anaemia (shortage of red blood cells), which can make people pale, tired and short of breath.
- Bowel problems

Some people may also develop problems in other joints or different parts of their body, including their eyes, although these are rare.



How does axial spondyloarthritis progress?

One of the things that can make axial spondyloarthritis a frustrating condition to live with is its unpredictability.

Axial spondyloarthritis can cause a lot of pain. You may have times when the symptoms become worse (called a flare-up) and other times when the symptoms lessen. The number of flare-ups that you experience, how severe they are, and how long they last can vary greatly from person to person.

For some, the condition improves after an initial period of inflammation, but for others it can get progressively worse, though only a few people with axial spondyloarthritis will become severely disabled.

As well as causing pain, stiffness and swelling, this inflammation

can damage affected areas of the body over time, and in some cases can lead to some of the individual bones of the spine fusing into a fixed position (ankylosis). Other joints, such as the hips or knees, may also be affected.


Axial spondyloarthritis is associated with an increased risk of other complications such as osteoporosis (weakening of the bones), spinal fractures and conditions affecting the heart and blood vessels, lungs, and nervous system.

The condition can affect how well you function and can also have a big impact on your quality of life, but treatment can help reduce the effects of the disease.

How is axial spondyloarthritis diagnosed?

Axial spondyloarthritis is usually diagnosed by a rheumatologist, who will examine your joints and ask about your symptoms.

Although there's no specific lab test for axial spondyloarthritis, your doctor may take a blood test to check for signs of inflammation. X-rays, ultrasound or MRI scans can sometimes help your doctor confirm a diagnosis.



How is axial spondyloarthritis treated?

Axial spondyloarthritis treatment aims to reduce pain and stiffness, keep your spine mobile and limit joint or spine damage as much as possible.

By understanding the different treatment options available to you, and discussing any questions or concerns you have with your doctor, you can make sure you are receiving the treatment that is right for you.

Your doctor may advise one of the following treatments:

Physiotherapy and exercise

Keeping active can improve your posture and range of spinal movement, along with preventing your spine from becoming stiff and painful. Physiotherapy is a key part of

treating axial spondyloarthritis. A physiotherapist can advise about the most effective exercises and create an exercise programme that suits you.

Nonsteroidal anti-inflammatory drugs (NSAIDs)

NSAIDs block the inflammation in your joints and are sometimes known as 'anti-inflammatories'. They are good at easing pain and stiffness and may be sufficient if the disease is mild.

Painkillers

Painkillers such as paracetamol may be sufficient if symptoms are mild between flare-ups.

Steroids

Corticosteroids have a strong anti-inflammatory effect and can be used as a short-term treatment for flare-ups. They can be taken as tablets or injections. If you

have a single, severely inflamed or swollen joint, your doctor may inject a steroid medication directly into the joint.

Disease-modifying anti-rheumatic drugs (DMARDs)

DMARDs may be prescribed for axial spondyloarthritis, but they are only useful for treating joints in areas of the body other than the spine. These medications are designed to reduce damage to your joints rather than just treat symptoms. It may take several weeks for DMARDs to have an effect on your joints, so you should keep taking them even if you cannot feel them working.

Biological therapies

These are a newer class of drugs that can be effective for axial spondyloarthritis. They target specific chemicals of the immune system involved in the inflammation process. Biological therapies are normally liquid and administered as an injection or as an infusion. There are several different biologics available for the treatment of axial spondyloarthritis, which target different proteins responsible for causing your disease (e.g. TNF- α and IL-17A proteins).



Glossary

Axial spondyloarthritis

Axial spondyloarthritis is an inflammatory disease that makes joints in the spine and other areas of the body swollen, stiff and painful.

Flare-up

Axial spondyloarthritis can go through periods when the inflammation, pain and stiffness becomes worse for a while – this is called a flare-up.

Gene

A small section of DNA that contains the instructions for a specific molecule, usually a protein.

HLA-B27

A gene that is often present in people who have axial spondyloarthritis.

Immune system


The body's own complex defence system, made up of a network of cells, tissues, and organs that work together to protect the body. In axial spondyloarthritis, a malfunctioning of a specific part of the immune system leads to inflammation and joint damage.

Inflammation

The body's normal reaction to injury or infection. When inflammation occurs, blood flow to the affected tissues increases, resulting in heat and redness. Fluid and cells also leak into the tissue, causing swelling.

Magnetic resonance imaging (MRI) scan

A type of scan that uses high frequency radio waves in a strong magnetic field to build up pictures of the inside of the body. An MRI scan can show up soft tissue structures as well as bone.



Who to contact in case of side effects and/or product complaints

If you get any side effects, talk to your doctor, pharmacist or nurse. By reporting side effects, you can help provide more information on the safety of this medicine.

You can report side effects directly to HPRA Pharmacovigilance, at www.hpra.ie.

Side effects can also be reported to Novartis preferably at www.novartis.com/report, by emailing drugsafety.dublin@novartis.com or by calling (01) 2080 612.