

# Physiotherapists' awareness, knowledge and confidence in the recognition and referral of possible Axial Spondyloarthritis: Are we contributing to diagnostic delays?



- **Eliza Steen** Kings College Hospital NHS Foundation Trust
- **Dr Mindy C Cairns** University of Hertfordshire, Physiocare, Tywford, UK
- **Dr Carol McCrum** East Sussex Healthcare NHS Trust, University of Brighton

# Methodology

## Online Survey

- Vignettes
- Questions on inflammatory disease as a cause of persistent low back pain
- Demographics

Ethical approval was granted from the University of Hertfordshire, Health and Human Sciences Ethics Committee (HSK/PGT/UH/03202)



**Additional features**  
which should raise suspicion of inflammatory pain

- 24-hour pattern
- Investigations
- Worse with rest
- Peripheral features
- Extra-articular features
- Early morning stiffness
- Insidious onset

- Age < 45 years
- Chronicity > 3 months

**NICE SpA guideline entry criteria**

**Awareness of NICE spondyloarthritis guidelines**

**Full**  
All concepts identified

**Good**  
3-4/5 or 3/4 concepts identified

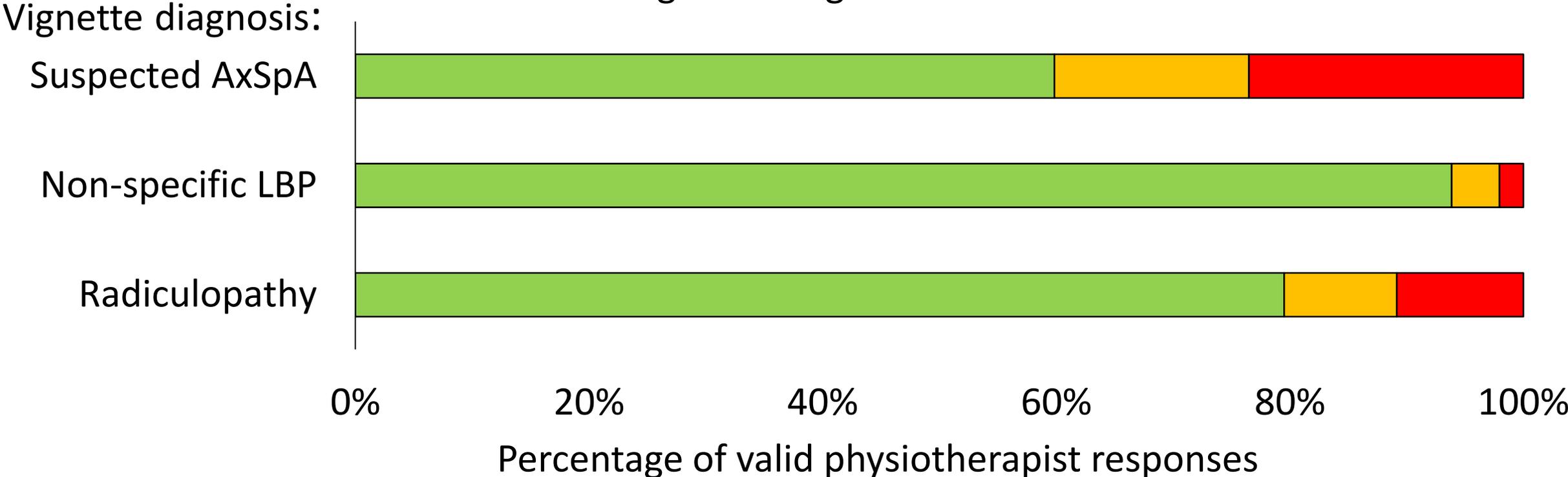
**Poor**  
1-2/5 or 1-2/4 concepts identified

**None**  
No concepts identified

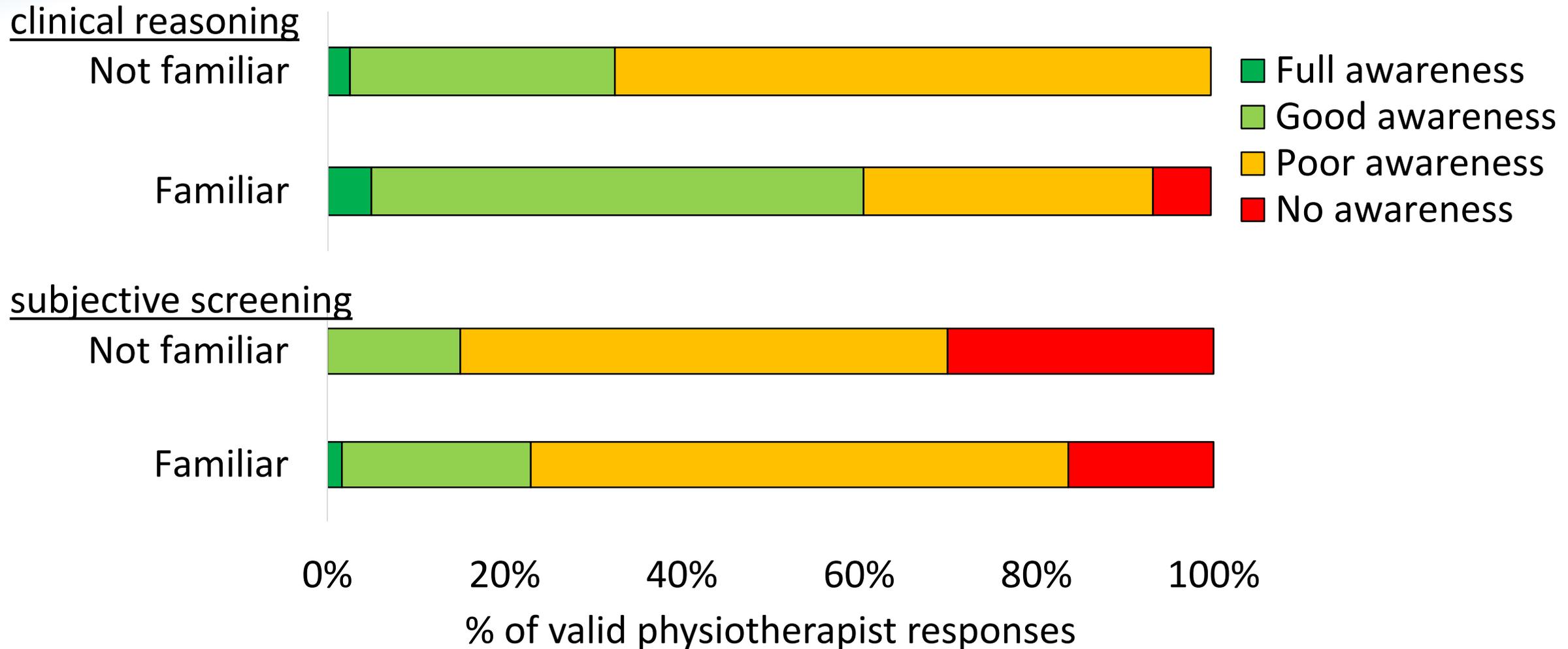
- LBP started before age 35 years
- Waking 2<sup>nd</sup> ½ night because of symptoms
- Buttock pain
- Better with movement
- Improvement within 48 hours of NSAIDs
- 1<sup>st</sup> degree relative with SpA
- Current or past:
  - Arthritis
  - Enthesitis
  - Psoriasis

**Only 60% of respondents correctly diagnosed the axial spondyloarthritis vignette at primary diagnosis compared to 94% and 80% of respondents for non-specific low back pain and radiculopathy vignettes respectively**

Respondent's clinical impression of vignette diagnosis compared to intended vignette diagnosis



**‘Full awareness’ or ‘good awareness’ was demonstrated by 61% of respondents familiar with the NICE guidelines, compared to 33% of those not familiar when demonstrating clinical reasoning and 23% of respondents familiar with the NICE guidelines, compared to 15% of those not familiar when demonstrating direction of further subjective screening**



# Key Messages



- There is a lack of consideration of axial SpA in the differential diagnosis of low back pain
- Lack of awareness and knowledge of signs, symptoms and risk factors for suspected axial SpA
- Awareness of criteria for referral to rheumatology was limited
- The consequences for diagnostic delay are significant and indicate the need for **professional education** and applying guidance to improve screening and earlier recognition
- The survey provides a valuable **evaluation and education tool** for measuring and raising awareness of axial SpA

Thank you

Contact:

[eliza.steen@nhs.net](mailto:eliza.steen@nhs.net)

With thanks to:

Whittington Health



University of  
Hertfordshire **UH**



**University of Brighton**

