

# GP Education

## **Topic: Diagnosing and Managing Inflammatory Back Pain in Primary Care**

**Interviewer:** Dr Leslie Borrill, Leicester City GP and a Lead Appraiser

**Interviewee:** Dr Moorthy, Consultant Rheumatologist and Honorary Senior Lecturer

**Time:** 18 minutes 25 seconds

### **Notes to accompany podcast:**

Back pain is a common presentation to primary care. 80% is due to mechanical back pain.

15-20% of back pain is due to inflammatory back pain. Research shows there is on average, a delay of 8-9 years in diagnosing inflammatory back pain.

This under recognised condition can affect both male and female populations from late teens to under 45 years of age. As this patient population tends to be fairly active, symptoms are episodic and are better by activity, patients do not tend to present early at the GP practice.

The inflammatory back pain eases with exercise and NSAIDS drugs but if left untreated the spine becomes fused and deformity is irreversible.

### **History**

GPs are advised to take a detailed medical history as this is the most valuable for diagnosis

- Patients under the age of 45 years who have had back pain for three months or more
- Back pain improves with activity and anti-inflammatory drugs
- Back pain at rest, better by activity
- History of alternating buttock pain
- History of heel pain
- Ask for extra articular manifestations as follows
  - Gut: Inflammatory Bowel diseases
  - Eye: Uveitis
  - Skin: Psoriasis
- Ask about family history
- Beware this is common in men and women (women aged 35-40 years are presenting with the first onset of problems.)

### **Examination**

- Assess the axial spine movement
- Measure Shobers, Lateral Flexion and Chest expansion
- Look for skin lesions, nail or scalp changes



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There is no point in doing an x-ray at early stage.  
Normal CRPs do not exclude inflammatory back pain  
MRI as per AS protocol is key to confirm diagnosis  
HLA B27 can be requested if you suspect Inflammatory Back pain

## Referrals

GPs can write direct to Dr A Moorthy to refer to his Spondyloarthropathy Clinic (SPA clinic) which runs on the second and fourth Monday of the month. Patients will be seen promptly by Dr A Moorthy and an assessed by Musculoskeletal Physiotherapist Ms Fiona Glover on the same day.

## Patient Support Groups

A local NASS support group has been established which meets weekly on Monday evening at the General site for group sessions. They have regular group physio and hydrotherapy sessions.

## Useful Resources

- NASS (National Ankylosing Spondylitis Society) <http://nass.co.uk/NASS/en/loose-leaf-pages/resources-for-health-professionals-2/>
- Arthritis Research UK [http://www.arthritisresearchuk.org/arthritis-information.aspx?gclid=CMehuPelpMACFQoCwwodOxQA\\_A](http://www.arthritisresearchuk.org/arthritis-information.aspx?gclid=CMehuPelpMACFQoCwwodOxQA_A)
- The department runs regular workshops for primary care to hear about how to distinguish mechanical back pain from inflammatory back pain

