Comparison of Men and Women With Axial Spondyloarthritis in the US-Based Corrona Psoriatic Arthritis/Spondyloarthritis Registry

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Hello, I am Dr. Philip Mease. I am pleased to talk to you about our study titled, “Comparison of Men and Women With Axial Spondyloarthritis in the US-Based Corrona Psoriatic Arthritis/Spondyloarthritis Registry.”

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Axial spondyloarthritis, or axSpA, is a chronic inflammatory disease that primarily affects the spine and sacroiliac joints. Peripheral joints and entheses can also be affected. AxSpA includes both patients with radiographic axSpA, also known as ankylosing spondylitis or AS, and those with nonradiographic axSpA who do not have visible radiographic evidence of damage in the sacroiliac joints. The leading symptom of axSpA is chronic inflammatory back pain. Other symptoms include peripheral arthritis, enthesitis, and extra-articular manifestations, such as uveitis, psoriasis, and inflammatory bowel disease. Failure to diagnose axSpA in its early stages can result in delayed treatment and worse patient outcomes.

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Historically, axSpA has been considered a disease that predominantly affects men, partly due to the perception of AS as the prototypical form of the disease and classification criteria focused on axial symptoms and the presence of discernable radiographic structural damage. Women are less likely to have definitive sacroiliitis and visible structural damage than men, which may contribute to the underrecognition of axSpA in women. Women are also more likely to have peripheral symptoms and extra-articular manifestations than men, which can lead to misdiagnosis. A thorough understanding of these differences may lead to improved identification of patients with axSpA and earlier, more-appropriate treatment.

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The objective of this study was to characterize and compare men and women with axSpA in a real-world population of patients seen in routine US clinical practice.

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This study included adult patients with axSpA who were enrolled in the Corrona Psoriatic Arthritis/Spondyloarthritis Registry, a large, independent, prospective, observational cohort of patients diagnosed with psoriatic arthritis or spondyloarthritis by a rheumatologist. Data on patient demographics, clinical characteristics, disease activity, patient-reported symptoms, work productivity, and treatment history were collected at enrollment and compared between men and women.

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Of 498 eligible patients, approximately 62% were men and 38% were women. The majority of patients had a diagnosis of AS, and the proportions of patients with AS or nonradiographic axSpA were similar between men and women. Depression and fibromyalgia were more common among women than men, and women had more prior conventional synthetic DMARD and prednisone use.

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Although women had comparable or better spinal mobility than men, women had more peripheral symptoms, including higher tender and swollen joint counts and a higher prevalence of enthesitis. Women also had higher overall disease activity and greater functional impairment than men, indicated by statistically significant, clinically meaningful differences in BASDAI and BASFI scores.

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Women also had worse health-related quality of life than men, including more severe inflammatory back pain, overall pain, and fatigue, as well as greater work and activity impairment.

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There are some limitations that should be considered when interpreting the findings of our study. Patients in the Corrona Registry are routinely seen and treated by rheumatologists who voluntarily participate in the registry . The cohort may not be representative of all US patients with axSpA, as many patients are not being treated by a rheumatologist.

Diagnosis of fibromyalgia was based on physician judgment, the prevalence of which may be underrepresented in this data set. The Corrona Registry is currently incorporating the Widespread Pain Index and Symptom Severity Scale, validated, quantitative measures of central sensitization, to better assess fibromyalgia in future analyses.

The small sample size of patients with nonradiographic axSpA may have limited the detection of statistically significant differences between men and women with nonradiographic axSpA. No longitudinal analyses were conducted to assess differences between men and women over time.

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In summary, we found that in this US registry of patients with axSpA, women had a greater overall disease burden compared with men, including higher disease activity, worse patient-reported symptoms, and greater work productivity impairment. Women demonstrated less impairment of spinal mobility but increased signs of peripheral arthritis, suggesting that conventional definitions of axSpA centered around axial symptoms may need to be broadened to include peripheral manifestations in women. Improved awareness of sex differences in the presentation of axSpA may aid physicians in earlier identification and improved disease management.