

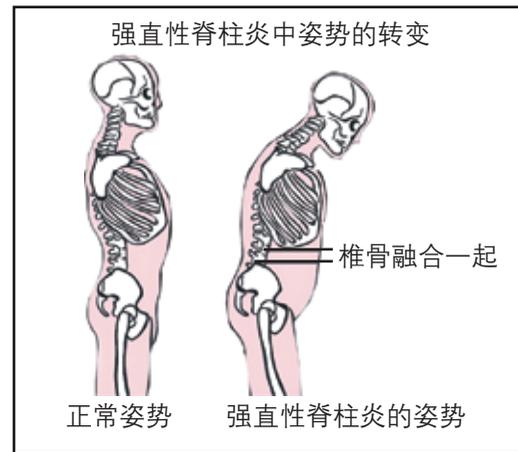
强直性脊柱炎是什么？

强直性脊柱炎(AS)是一种关节炎疾病，影响脊椎的关节并导致发炎、剧痛和背部僵硬。当情况恶化，整个脊椎会因为发炎的脊髓关节而融合一起至不能移动甚至变形(即脊椎被锁在一个弯曲的位置)。有些患者的周边关节，例如髋关节和膝盖等，也会受影响。虽然起因仍然不明，根据研究显示强直性脊柱炎与HLA-B27基因有密切的关系。

强直性脊柱炎会引致什么？

人的脊椎由24块椎骨或骨块组成，并连接头骨至骨盆，帮助我们挺直站立，弯身并且左右移动。脊椎和椎骨可以被划分成三个主段：颈椎骨(脖子)，胸椎骨(胸部)和腰椎骨(背部)。脊椎的下腰部份是连接脊椎及骨盆(骶髂关节)的三角型骨头，称为骶骨。强直性脊柱炎一般首先影响骶髂关节和腰椎部分，偶尔亦会影响颈部及胸部。

当情况恶化，发炎的脊椎会融合，在特殊情况下整个脊椎甚至会变得彻底僵硬，称为「竹柱脊」。



谁会受影响？

一般来说，每1000个人便有1位患上强直性脊柱炎。最常见于年龄15至35岁之间的青年人。而男性的发病率则比女性高10倍。

强直性脊柱炎有什么风险因素？

确切的起因仍然未知，但它与遗传因素及免疫系统相关。换句话说，强直性脊柱炎是家族遗传性疾病。强直性脊柱炎患者的孩子，有15%的机会亦会患上此病。

强直性脊柱炎有什么症状？

强直性脊柱炎的第一个征兆是背部疼痛和晨僵(情况于早上起床后尤见严重)。这与一般在休息以后情况便好转的背部扭伤不同。偶尔亦会同时出现髋关节和膝盖的疼痛。当情况恶化时，整个脊椎会全日疼痛和僵硬。这些症状会造成患者步行、下床、弯身和每日起居时的活动困难。病情活跃期时，患者也会经常感到疲倦、食欲不振和体重下降。当患者的眼睛受累时，亦会出现不同的症状包括眼睛红肿、光敏感度增加(怕光)和视力模糊。

怎样诊断强直性脊柱炎？

诊断强直性脊柱炎的方法包括评估患者和其家庭的病历，及仔细的脊椎检查。由于没有直接诊断强直性脊柱炎的测试，患者或须经过长时间的复诊，并且详报疾病症状后，医生才可作出明确的诊断。在疾病活跃期，血液中的炎症指标例如ESR和CRP经常会上升。在多数患者中，亦会出现基因HLA-B27。脊椎X-光和MRI一般都可用来确认强直性脊柱炎的诊断。

强直性脊柱炎的并发症

强直性脊柱炎的疾病过程呈现多种症状。有些患者的病情轻微而且只影响局部的背部或脊椎。有患者则整个脊椎包括髋关节和膝盖等较大的关节都会受影响。在疾病的后期可有以下的并发症：

- 弯腰驼背
- 胸扩受限引致气喘、咳嗽、慢性肺炎
- 眼睛发炎
- 肠道发炎
- 心脏的并发症

怎样治疗强直性脊柱炎？

当前没有根治强直性脊柱炎的方法，但病情是可以控制的。治疗主要是舒缓症状，避免病情恶化及恢复脊椎的活动性。

a. 药物

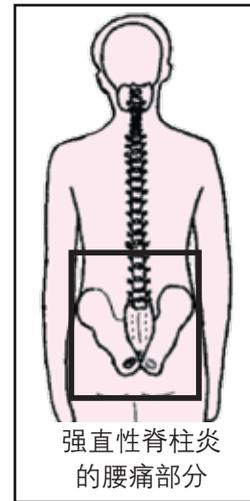
一般处方药物是针对治疗强直性脊柱炎的症状。NSAIDs(非类固醇抗炎药)例如吲哚美辛和双氯酚酸钠(服他宁)、新的合酶-2抑制剂例如希乐葆和Arcoxia等都是常用作消炎、镇痛及舒缓脊椎僵硬的处方药物。其他镇痛药物包括必理痛，曲马朵和及通安。根据病情的严重和恶化程度，DMARDs(病症缓解性抗风湿药)例如柳氮磺吡啶可消除脊椎和周边关节炎症的处方药物。新的生物制剂例如依那西普、英夫利昔单抗、阿达木单抗等可以用于顽固性病例。这些药物需定时注射并且费用高昂。您的医生可以帮助您选择最适合您的药物。

b. 运动

患者应建立一个适合自己的运动和物理治疗的惯常日程表。运动能舒缓僵硬的脊椎并且强化背部肌肉。一般来说，游泳适合各类型的关节炎患者。其它的物理疗法应在咨询过风湿科医生和物理治疗师后才进行。为了长期效益，必须保持定时运动。

c. 姿势

强直性脊柱炎患者应经常注意自己的姿势。由于脊椎和臀部的关节融合增加脊柱和髋关节弯曲的风险，所以必须经常提醒自己保持良好的姿势。当工作必需长期坐着，便应注意坐姿安全来保护自己的身体。您应该调整您的位子至适当的高度，以便您不须要弯身于工作桌或工作台上，高背的椅子亦可以帮助您保持良好的坐姿。



d. 休息

在强直性脊柱炎的活跃期，由于慢性疼痛和僵硬所带来的不适，您或许需要留在家中或医院内休息。交替着改变姿势，平躺或俯卧于一张稳固和平坦的床上更为重要并能帮助舒缓不适。

结语

强直性脊柱炎是终生病症，虽然潜在并发症，但多数患者仍旧能过着丰盛的人生。及早诊断最为重要 - 因此您，尤其是年轻男性，不应该忽略任何持续超过三个月的腰痛或背部僵硬的症状。典型的症状包括于早上起床时出现的腰痛或背部僵硬，随后于日间慢慢改善。如果您患有强直性脊柱炎，您应听取医生的建议，定时运动例如游泳及伸展运动、生活健康、定时服药、多参加互助团体和认识更多有关疾病的资讯。

National Ankylosing Spondylitis Society (UK)
www.nass.co.uk

Spondylitis Association of America
www.spondylitis.org

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National Arthritis Foundation
Awareness Programme



Ankylosing Spondylitis
强直性脊柱炎

What is Ankylosing Spondylitis?

Ankylosing Spondylitis (AS) is an arthritic condition that affects the joints of the spine causing inflammation, severe pain and stiffness in the back. As the condition progresses, the inflammation of the spinal joints may cause the entire spine to fuse together, causing severe immobility and deformity (i.e. the spine is locked in a bent position). In some patients the peripheral joints like the hips and knees can also be affected.

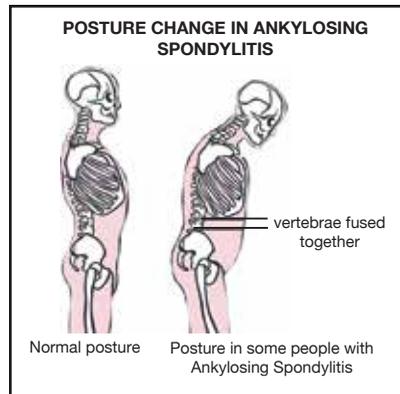
The cause of Ankylosing Spondylitis is still unknown, although there is a strong linkage to a gene called HLA-B27.

What happens to the joints in Ankylosing Spondylitis?

The human spine is made up of 24 vertebrae or bone blocks and it connects the skull to the pelvis and helps us to stand upright, bend forward and move sideways. The spine and its vertebrae can be divided into three main segments: the Cervical (neck), Thoracic (chest) and Lumbar (back).

Below the lumbar segment of the spine is the triangular bone called the **sacrum**, which connects the spine to the pelvis (the Sacroiliac joint). Ankylosing Spondylitis often affects the sacroiliac joints and lumbar segments first although occasionally the neck and thoracic segments can also be affected.

As the condition progresses, the inflammation will cause fusion of the spine and in extreme cases the entire spine may become fused resulting in complete rigidity of the spine; a condition known as "**bamboo spine**".



Who gets affected?

Generally, Ankylosing Spondylitis affects 1 in 1,000 people, mainly young people from the age of 15 to 35. Men are 10 times more prone to develop the condition than women.

What are the risk factors for Ankylosing Spondylitis?

While the exact cause of the condition is unknown, it is linked to genetic factors associated with the immune system. In other words, a family history of Ankylosing Spondylitis is a risk factor. There is about a 15% chance for a child to develop Ankylosing Spondylitis when a parent has the condition.

What are the symptoms of Ankylosing Spondylitis?

The first signs of Ankylosing Spondylitis are pain and stiffness in the lower back. This is especially bad in the morning when getting out of bed. This is quite different from back strain which is better after rest. Occasionally, this may be associated with pain in the hips and knees. As the condition progresses, the pain and stiffness can affect the entire spine and last the whole day.

This causes difficulty in walking, getting out of bed, bending forward and other activities of daily living. Patients with active AS often experience fatigue, poor appetite and weight loss. The eyes can also be affected in AS and the symptoms include redness of the eyes, increased sensitivity to light and blurred vision.

How is Ankylosing Spondylitis diagnosed?

Ankylosing Spondylitis is diagnosed by taking a careful history, reviewing the family history and careful examination of the spine. There is no direct test for Ankylosing Spondylitis and it may take several visits to the doctor and accurate reporting of symptoms

over a period of time before a definitive diagnosis is made. During active disease state, inflammatory markers like the ESR and CRP may be used. In majority of AS patients, the gene HLA-B27 is present. X-Rays of the spine and MRI are often helpful in confirming the diagnosis.

Complications of Ankylosing Spondylitis

Ankylosing Spondylitis has a variable course. In some patients the disease is mild and limited to the lower back or spine. In others, the whole of the spine can be involved including many of the larger joints like the hips and knees.

In advanced stage, the following complications can develop:

- A stooped posture
- Restricted expansion of the chest leading to breathlessness, cough, frequent lung infection
- Eye inflammation
- Bowel inflammation
- Heart complications

How is Ankylosing Spondylitis treated?

There is currently no cure for Ankylosing Spondylitis but the condition is not beyond help.

Treatment strategies centre on alleviating the symptoms and managing the progression of the condition to regain mobility of the spine.

a. Medication

Most medications prescribed treat only the symptoms of Ankylosing Spondylitis.

NSAIDs (non-steroidal anti-inflammatory drugs) like Indomethacin, Diclofenac Acid and the newer COX-2 inhibitors are often prescribed to reduce inflammation, pain and stiffness of the spine. Other pain relieving drugs like Paracetamol and Tramadol are also used.

Depending on the severity and progression of the condition, DMARDs (disease-modifying anti-rheumatic drugs) like Sulphasalazine may also be prescribed to reduce the inflammation of the spine and peripheral joints.

A new group of drugs known as Biologic Agents can be used in resistant cases to control signs and symptoms or the inflammation. These drugs have to be injected regularly and are expensive, so your doctor is the best judge to decide on the type of drugs you need.

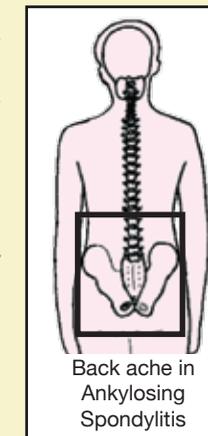
b. Exercise

A daily regimen of specially-designed exercise or physiotherapy is often recommended. Exercise helps reduce stiffness of the spine and strengthens the back muscles.

In general, swimming is recommended for all forms of arthritis. Other physical therapies must be recommended and approved by a rheumatologist in consultation with a physiotherapist. In order to be effective, all exercises need to be done regularly and on a long term basis.

c. Posture

Posture management is very important for patients living with Ankylosing Spondylitis. As they are in danger of developing spinal curvatures and bent hips as the joints of the spine and hips fuse. It is necessary to keep a good posture during your waking hours.



At a sedentary job, it is important to practise safe ergonomics. You should adjust your seat to the proper height so that you do not stoop over the table or workbench, and it is easier to keep your posture with a high-back chair.

d. Rest

During the active stage of Ankylosing Spondylitis, a period of rest at home or in the hospital may be needed due to the chronic pain and stiffness. It is important to lie flat in bed alternating on the back and in the prone position on a firm surface.

The Final Word

Ankylosing Spondylitis is a life-long illness, but despite the potential complications, most people are able to live productive lives. The most important measure is early diagnosis – therefore one must not neglect any backache or back stiffness lasting for more than three months especially in a young male. Typically, this backache or stiffness is worse in the morning on getting up and improves during the day.

If you have Ankylosing Spondylitis, you can help yourself by doing regular exercises like swimming and stretching, adopting a healthy lifestyle, taking your medicine regularly as advised by your doctor, joining a support group or learning more about your disease.

For more information, visit the following websites:

Arthritis Foundation (USA)
www.arthritis.org

Spondylitis Association of America
www.spondylitis.org

National Ankylosing Spondylitis Society (UK)
www.nass.co.uk