

Treatment Options: Peripheral vs. Axial Symptoms

AS Treatment Algorithm: Patients with Axial AS

NSAIDs or Selective COX-2 inhibitors

- Efficacy and safety comparable between non-selective agents
- Selective COX-2 efficacy comparable, better safety profile, higher cost than non-selective NSAIDs

Failure of at least two different NSAIDs/selective COX-2 inhibitors for minimum of 3 months

Initiate physical therapy plan with long-term exercise program to accompany pharmacologic intervention

- Emphasize posture, range of motion, and strengthening

Anti-TNF agents

- Etanercept 50 mg SC per week as two 25 mg injections in the same day or 3–4 days apart*
- Infliximab 5 mg/kg at 0, 2, and 6 weeks and every 6 to 8 weeks thereafter[†]
- Contraindicated in patients with infections, tuberculosis, multiple sclerosis, lupus, malignancy, and pregnancy/lactation

Alternative Options

- Pamidronate
- Thalidomide

AS Treatment Algorithm: Patients with Predominantly Symptomatic Peripheral Arthritis

NSAIDs or Selective COX-2 inhibitors

- Efficacy and safety comparable between non-selective agents
- Selective COX-2 efficacy comparable, better safety profile, higher cost than non-selective NSAIDs

Failure of at least two different NSAIDs/selective COX-2 inhibitors for minimum of 3 months

Initiate physical therapy plan with long-term exercise program to accompany pharmacologic intervention

- Emphasize posture, range of motion, and strengthening

DMARDs

- Preferably sulfasalazine

Anti-TNF agents

- Etanercept 50 mg SC per week as two 25 mg injections in the same day or 3–4 days apart*
- Infliximab 5 mg/kg at 0, 2, and 6 weeks and every 6 to 8 weeks thereafter[†]
- Contraindicated in patients with infections, tuberculosis, multiple sclerosis, lupus, malignancy, and pregnancy/lactation

Alternative Options

- Pamidronate
- Thalidomide

*Only biologic approved for treatment of AS in US and Europe

[†]Approved in Europe for treatment of AS

Braun J, Pham T, Sieper J, et al for the ASAS Working Group. International ASAS consensus statement for the use of anti-tumor necrosis factor agents in patients with ankylosing spondylitis. *Ann Rheum Dis.* 2003;62:817-824.

This treatment algorithm contains unlabeled use of infliximab, pamidronate and thalidomide.