



## ANKYLOSING SPONDYLITIS: MYTH VS. TRUTH

The SAA is committed to raising awareness about ankylosing spondylitis and its complications both within and outside of the medical community. The number of misconceptions and the amount of inaccurate information about AS in the public at large and in the media requires the SAA's continuing efforts to educate and inform.



**Myth:** AS is a "male only" disease and does not occur in women or children.

**Truth:** AS can affect women as well as children and can be just as severe in women and children as it is in men.



**Myth:** You must be HLA-B27 positive to have AS.

**Truth:** You can be HLA-B27 negative and still have AS. The HLA-B27 test is NOT a diagnostic test for AS. Although a majority of people who have AS are HLA-B27 positive, there are those who test negative for HLA-B27 and still have AS.



**Myth:** AS progresses the same in every patient and always leads to a fused spine.

**Truth:** Not all people with AS will become "full blown" or fuse. The complications of AS vary from patient to patient. A proper treatment plan can greatly help the prognosis of those with AS.



**Myth:** AS is a mild condition and will not affect a person's life much.

**Truth:** Although the severity of ankylosing spondylitis varies from patient to patient, AS can be very debilitating and can lead to disability.



**Myth:** Ankylosing spondylitis only affects the spine.

**Truth:** Peripheral joints can also become involved such as the shoulders, hips, ankles, etc. Other areas can become involved as well including the eyes, heart and lungs.



**Myth:** There are no new medications for treating AS.

**Truth:** Although NSAIDs are still the most common medication prescribed when initially treating AS, a new class of biologic medications, the TNF- $\alpha$  inhibitors including Enbrel, Remicade and Humira have shown great promise in treating AS. Enbrel was approved in 2003 by the FDA for use in treating AS. Remicade was approved in 2004.