Hook worms - colitis ?

ARTHRITIS AND IBD

This report is taken from NACC Newsletter no. 26 and is from a lecture given to a meeting of the Hadrian Group of NACC at the Freeman Hospital, Newcastle upon Tyne, by Dr Ian Hislock, Consultant Rheumatologist of the South Cleveland Hospital, Middlesborough, on 6th June 1992.

Osteoarthritis is one of the main sources of disability in this country, and people with Inflammatory Bowel Disease are just as likely as the rest of the population to develop this sort of arthritis during their lives.
However, there are in addition two specific types of arthritis which are associated with IBD: (i) Enteropathic Arthritis (ii) Ankylosing Spondylitis.

Enteropathic Arthritis refers to inflammation in the joints where the primary cause lies in the gut. It is an episodic or random problem which effects 15% of those with UC and 20% of those with Crohn's. The usual pattern is that it will affect one joint (or at most 2 or 3); it affects large joints rather than small ones, and the lower limbs more than the upper limbs. The commonest joint affected is the knee. However, there are many causes for a painful knee, particularly in the young, and as a result, the problem may easily be trivialised and wrongly diagnosed as a twisted or strained joint.

A prerequisite for this type of arthritis is active gut inflammation. Therefore, control or removal of the inflamed gut helps the joint problem.

This particular joint problem is probably associated with antigenic material (perhaps bacterial) entering the body through the damaged and leaky gut wall. Such antigen may then react with antibodies produced by the patient to form antigen-antibody complexes, which can trigger inflammation in joints, as well as in the skin and the eyes.

The good news is that, unlike other forms of joint inflammation, enteropathic arthritis does not result in damage to the joints. Even with repeated painful inflammation, the long term future is good. Treatment for this condition is with the short term use of non-steroidal anti-inflammatory drugs (NSAIDs). Local steroid injections into the affected joint are particularly helpful.

Ankylosing Spondylitis occurs in up to 15% of both Crohn's and UC patients. It is an inflammatory rheumatic disease which is associated with ibd, but not caused by it. It may precede the onset of ibd by many years.

Two forms of the illness can occur:

(a) Sacroiliitis which involves the sacroiliac joints in the lower back only.
(b) Ankylosing spondylitis (AS) which can involve the sacroiliac joints, the spine and other limb joints. There is an equal incidence of AS in both men and women with IBD, although in the rest of the population men are much more likely to develop this.

It is associated with a particular inherited chemical marker, carried on white cells, called HLA B27. In patients without ibd who have Ankylosing Spondylitis, HLA B27 is found in about 95% of cases. Although Ankylosing Spondylitis in those with ibd is identical, HLA B27 is only found in about 60%. How the presence of ibd reduced this association with B27 is not yet known.

Ankylosing Spondylitis is a progressive inflammatory joint disease which starts in the sacroiliac joints of the lower back and spreads up the spine. As it heals, it is most unusual in laying down layers of calcium, then bone. This causes the vertebral bones to fuse together, and may result in severe back stiffness. Although it can occur in other joints such as the knee, the traditional picture is of the spine becoming stiffer and the shoulders more rounded.

The usual symptoms of Ankylosing Spondylitis are lower back pain, often severe morning stiffness, relief by movement, and enthesitis (i.e. painful tenderness at the junction of tendons or ligaments and bone, as in 'tennis elbow'). Diagnosis may be complicated by the fact that lower back pain is a very common complaint, and also pain in the gut is quite frequently felt in the lower back.

Treatment is very different from that of enteropathic arthritis, involving daily repeated exercise, e.g. swimming, concentration on posture and breathing, and finally drugs such as NSAIDs or sulphasalazine (Salazopyrin). The key point is that an active lifestyle is more important than drugs.

Dr Hislock illustrated the importance of continuous awareness of posture with the story of a member of the Irish Guards with an impeccable posture, who in fact had advanced AS, but was in no way disabled, and had full use of his chest in breathing. AS had fused his spine into an upright rather than a curved position.

Salazopyrin was used originally in Scandanavia for treating rheumatoid arthritis in the 40s but went out of fashion in the 70s and 80s, but is now being used again to treat Rheumatoid Arthritis and, more recently, Ankylosing Spondylitis. More potent anti-inflammatories don't necessarily work, but Salazopyrin may help both AS and ibd.

Dr Hislock believes that there may well soon be an increase in the incidence of ibd-associated joint disease, as the use of Salazopyrin for ibd is declining. Patients are now being treated with Asacol, Pentasa or Dipentum, which do not have anti-inflammatory effects on joints.

If someone with ibd has a non-associated arthritic or rheumatic problem, i.e. NOT enteropathic arthritis or ankylosing spondylitis, but rather the more usual osteoarthritis or perhaps rheumatoid arthritis, how should they be treated? The normal treatment is with non-steroidal anti-inflammatories, such as Ibuprofen, but these can cause ibd to flare up. NSAIDs may cause gastric ulcers, and can damage the small bowel. It is

clear then that ibd sufferers must use these with great caution, and preferably rely on physical therapy rather than on drugs.

Finally the things to remember about arthritis with ibd are that:

- Not all arthritis with ibd is caused by ibd but some is;
- Not all back pain in ibdis due to Ankylosing Spondylitis, but some is;
- Treatment is helpful, provided that the correct diagnosis is made promptly.

Source: NACC Newsletter Number 26

Useful organisations:

Arthritic Association, The
Treating Arthritis Naturally
First floor suite
2 Hyde Gardens
Eastbourne
East Sussex BN21 4PN
☎ 01323 416550 and 020 7491 0233 Fax: 01323 639793
Dedicated to the relief of arthritis by natural methods based on dietary guidance, homeopathy and herbal preparations.

Arthritis Care
18 Stephenson Way
London NW1 0YW
☎ 020 7380 6500 Fax: 020 7380 6505
Helpline (Mon-Fri – 12-4) 0808 800 4050
Website: www.arthritiscare.org.uk
Local groups; home visiting scheme; magazine, leaflets and booklets; holiday service; information.

National Ankylosing Spondilitis Society
PO Box 179
Mayfield
East Sussex TN20 6ZL
☎ 01435 873527 Fax: 01435 873027
Email: nass@nass.co.uk Website: www.nass.co.uk

Pain Concern
PO Box 13256
Haddington EH41 4YD
☎ 01620 822 572 Helpline: (Friday 6.30pm-7.30pm) 01620 822 572
Fax: 01620 829138
Email: painconcern@btinternet.com Website: www.painconcern.org.uk