

REDUCING THE DELAY TO DIAGNOSIS IN AXIAL SPONDYLOARTHRITIS: A QUALITY IMPROVEMENT PROJECT

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Introduction:

Axial spondyloarthritis (AxSpA) is a chronic inflammatory condition primarily affecting the axial skeleton, including the spine and sacroiliac joints. It is characterized by symptoms such as inflammatory back pain, morning stiffness and reduced spinal mobility. AxSpA can also present with peripheral arthritis, enthesitis and dactylitis and extra-articular features; psoriasis, inflammatory bowel disease and uveitis.

The average delay to diagnosis for AxSpA is 8.5 years, resulting in significant physical and psychological burdens for patients. To address this issue, the National Ankylosing Spondylitis Society (NASS) launched the Act on Axial SpA programme in 2021 which aims to establish a gold standard time to diagnosis within 1 year of symptom onset.

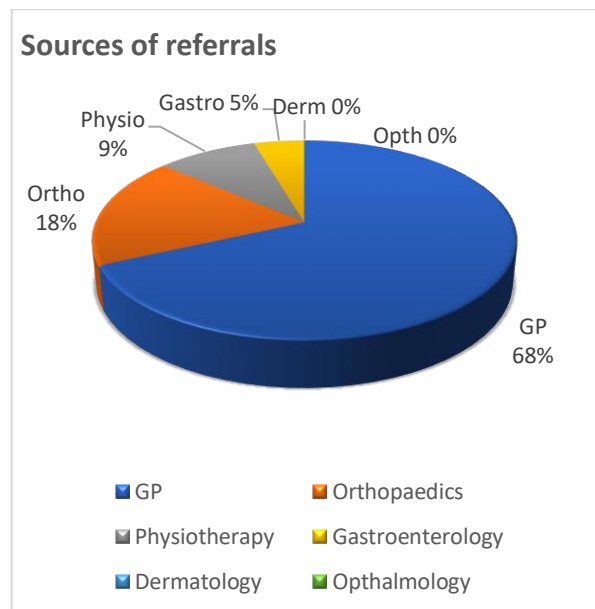
This quality improvement project's objective is to evaluate our department's referrals, the first step in the diagnostic pathway, against the gold standard.

Method:

We reviewed records of patients with inflammatory back pain symptoms referred to Rheumatology in 2019. We documented the time between symptom onset and referral for the entire cohort and a subset later diagnosed with AxSpA. We looked at sources of referral to help understand factors which may contribute to delays.

Results:

	Total referred	Diagnosed with AxSpA
	59	23
Sex M:F	34:25	14:9
Mean age at referral (range) yrs	41.8 (16 – 93)	44.8 (18 – 63)
Mean age symptom onset (yrs)	32.2	32.1
Mean delay in referral (yrs)	9.6	12.7
Median age (yrs)		30
Median delay (yrs)		7



Conclusions:

Our results align with NASS research. This is the first stage of the project, prior to local service changes and national initiatives. Delays are multifactorial: poor patient and health professional awareness, waiting lists and attending private providers. Other parts of the QIP: clinic redesign to increase capacity, education to improve referrer awareness, improved patient engagement and optimizing outcomes.