Smoking Worsens Early Axial Spondyloarthritis

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For patients with spondyloarthritis who smoke, it's never too early to quit, according to new data presented by Dr. Pedro Machado.

An analysis of data on 708 patients in a multicenter study found that patients with axial spondyloarthritis (SpA) who smoked were more likely than nonsmokers with the disease to have earlier onset of inflammatory back pain, greater disease activity, increased axial inflammation on MRI, increased axial structural damage on MRI and radiographs, poorer function, and worse quality of life.

"Taking into account that smoking is a potentially modifiable lifestyle factor, axial spondyloarthritis patients that smoke should be strongly advised to quit this habit," Dr. Machado said in an interview.

Previous studies focused on ankylosing spondylitis and showed that smokers had more limited physical function and increased radiographic damage compared with nonsmokers.

The current analysis focused on the early disease stage of axial SpA, said Dr. Machado of Coimbra (Portugal) University Hospital, who is currently a physician-researcher at Leiden (the Netherlands) University Center. The analysis of data from the Devenir des Spondylarthropathies Indifférenciées Récente (DESIR) study covered 654 patients who fulfilled criteria for axial SpA on at least one of several criteria sets.

On average, the onset of inflammatory back pain occurred 1.5 years earlier in the 37% of patients who currently smoked compared with nonsmokers, after adjustment. Smoking was associated with significantly higher disease activity scores on the Ankylosing Spondylitis Disease Activity Index (a 0.2-point average worsening on the 10-point scale) and the Bath Ankylosing Spondylitis Disease Activity Index (a 0.5-point average worsening on the 10-point scale), and

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Smokers were 54% more likely to have lesions of the sacroiliac joints.

with worse functional status scores on the Bath Ankylosing Spondylitis Functional Index (a 0.4-point average worsening on the 10-point scale).

Among the MRI findings, smokers had a 57% increased likelihood of inflammation of the sacroiliac joints and double the risk for spine inflammation compared with nonsmokers, Dr. Machado and his associates found. Smokers were 54% more likely to show structural lesions of the sacroiliac joints and twice as likely to show structural lesions of the spine on MRI compared with nonsmokers. Modified Stroke Ankylosing Spondylitis Spinal Scores were 0.5 points worse on average in smokers than in nonsmokers, a statistically significant difference.

Health-related quality of life was poorer in smokers than nonsmokers, evidenced by an average 1.4-point worsening on the Ankylosing Spondylitis Quality of Life score, a 5-point worsening on the 36-item Short Form Health Survey (SF-36) physical component score, and a 6-point worsening on the SF-36 mental component score.

The cohort was relatively young (mean age, 34 years; median age, 33 years) with a short duration of symptoms (mean, 1.5 years; median, 1.4 years).

Pfizer, which markets a medication for ankylosing spondylitis, funded the DESIR study with an unrestricted grant and was not involved in the analyses. Dr. Machado said the investigators had no relevant financial disclosures. ■