

## IS MEDICAL THERAPY ENOUGH IN ANKILOSING SPONDYLITIS?

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### Abstract

**Introduction:** Ankylosing spondylitis is a chronic inflammatory disease that can lead to severe damage of the spine with functional impairment, disability and poor quality of life. Medical therapy of ankylosing spondylitis has improved dramatically with the introduction of biologic drugs, but does it mean this is enough? Or do we still need other non-pharmacologic therapies?

**Materials and methods:** We present the case of a 56 years old male patient, who first came to our clinic more than 10 years ago, complaining of inflammatory back pain associated with morning stiffness and bilateral talalgia. Following the clinical exam, lab tests and other para-clinical investigations, he was then diagnosed with Axial Ankylosing Spondylitis HLA B27 negative. He was treated with different NSAIDs in maximal doses for about 2 years, with no answer on BASDAI scale. Therefore, biological therapy was being considered. From the moment of diagnosis, the patient was also referred to a rehabilitation doctor, in order to start physical therapy, but he chose not to go. He was also explained the importance of mobility exercises on a daily basis, but again, with no success.

**Results:** The patient received treatment with Infliximab 400mg every 6 weeks for the next 6 years, along with occasional NSAID. After the proper initialization of Infliximab, he received 400mg every 8 weeks as stated in the protocol, but the symptoms were not controlled, so we had to prescribe the therapy every 6 weeks. After 6 years he became non-responsive at Infliximab so we had to switch to Golimumab 50mg/month, treatment that he still receives in the present. We were able to achieve control over the activity of the disease with the maximal pharmacological therapy (BASDAI= 7 at the beginning, BASDAI=1,6 now) but the lack of physical therapy could easily be observed. Thus, the mobility indices are now worse than at the moment of diagnosis (for example the expansion of the thoracic cage is almost 0 now) and the patient has the typical “hunchback” posture of advanced ankylosing spondylitis.

**Conclusions:** This case demonstrates the important role of exercise therapy by using a negative example. Even if the disease activity is finally controlled with the most potent drugs-anti TNF alpha therapy, the disease progression is getting worse as the time passes and the patient still does not follow the recommendations concerning physical therapy. More important, various exercises and physical therapy programs have been evaluated in clinical studies and had shown that they can improve symptoms, mobility, posture, function and quality of life. In conclusion, exercise therapy should remain a mainstay of ankylosing spondylitis treatment complementing medical therapy.