



ΠΑΝΕΠΙΣΤΗΜΙΑΚΟ ΓΕΝΙΚΟ  
ΝΟΣΟΚΟΜΕΙΟ ΕΒΡΟΥ  
ΦΟΡΕΑΣ ΑΛΕΞΑΝΔΡΟΥΠΟΛΗΣ



INFLATHRACE



## ΕΠΙΠΟΛΑΣΜΟΣ ΜΥΟΣΚΕΛΕΤΙΚΩΝ ΕΚΔΗΛΩΣΕΩΝ ΣΕ ΑΣΘΕΝΕΙΣ ΜΕ ΙΔΙΟΠΑΘΗ ΦΛΕΓΜΟΝΩΔΗ ΝΟΣΟ ΤΟΥ ΕΝΤΕΡΟΥ ΚΑΙ ΕΠΙΔΡΑΣΗ ΤΩΝ ΒΙΟΛΟΓΙΚΩΝ ΘΕΡΑΠΕΙΩΝ: ΕΜΠΕΙΡΙΑ ΕΝΟΣ ΚΕΝΤΡΟΥ

Κόγιας Δ., Σκένδρος Π., Ρίτης Κ., Παπαγόρας Χ., Κουκλάκης Γ.

Α Πανεπιστημιακή Παθολογική Κλινική , ΠΓΝ Αλεξανδρούπολης

Χαλκιδική, 5 Σεπτεμβρίου 2021

# Τύποι μυοσκελετικής προσβολής στην IBD

- Αξονική προσβολή
- Περιφερική προσβολή
  - «Τύπου 1» αρθρίτιδα
  - «Τύπου 2» αρθρίτιδα
  - Ενθεσίτιδα
  - Δακτυλίτιδα

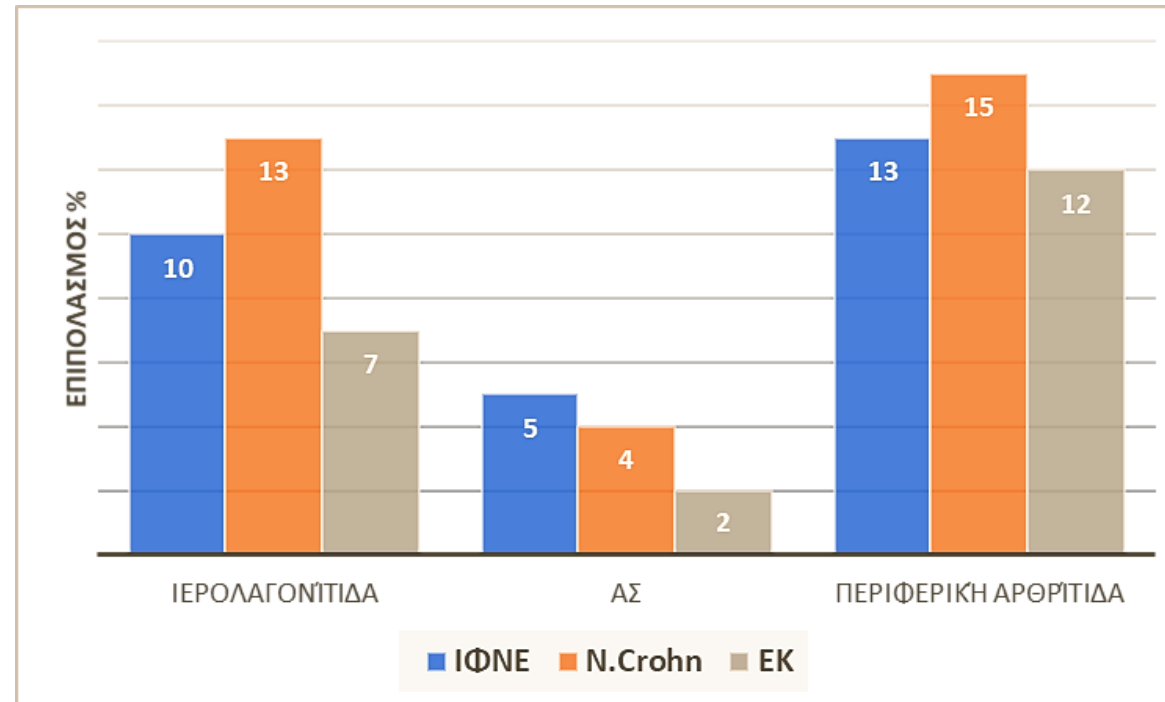
*Gut 1998;42:387–391*

*World J Gastroenterol 2009 May 28; 15(20): 2449-2455*


Review Article

## The Prevalence and Incidence of Axial and Peripheral Spondyloarthritis in Inflammatory Bowel Disease: A Systematic Review and Meta-analysis

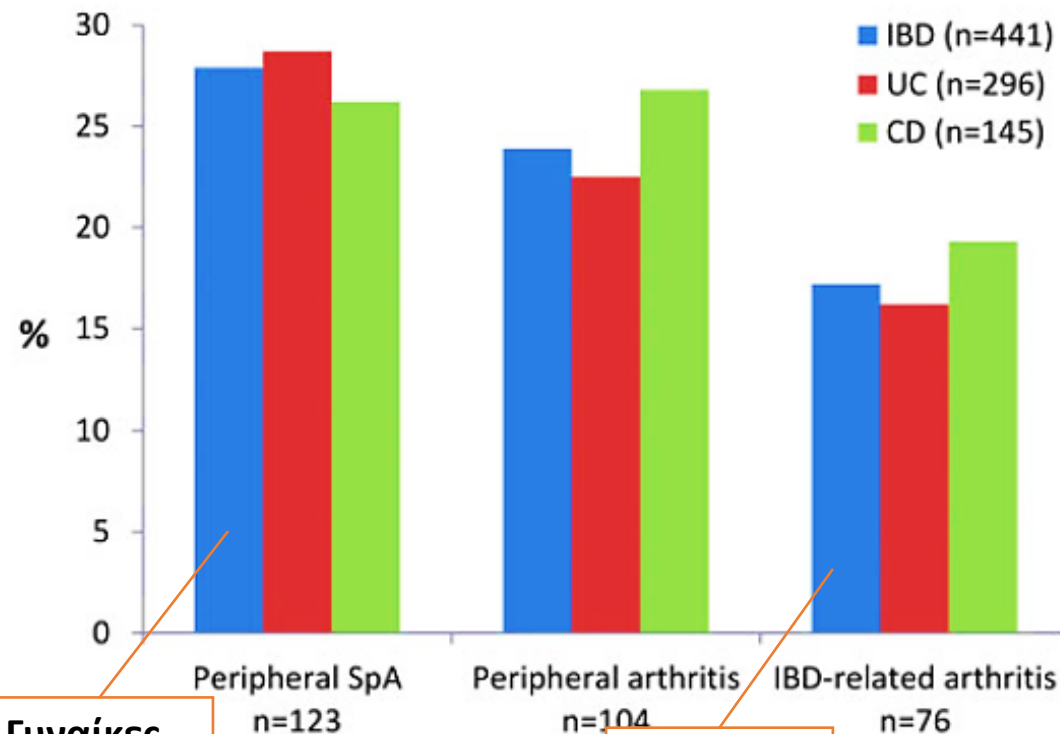
Maren C. Karreman,<sup>a,b</sup> Jolanda J. Luime,<sup>a</sup> Johanna M. W. Hazes,<sup>a</sup>  
Angelique E. A. M. Weel<sup>a,b</sup>



## Peripheral arthritis in patients with long-term inflammatory bowel disease. Results from 20 years of follow-up in the IBSEN study

Alvilde Maria Ossum<sup>a,b</sup>, Øyvind Palm<sup>c</sup>, Milada Cvancarova<sup>d</sup>, Inger Camilla Solberg<sup>a</sup>, Morten Vatn<sup>e</sup>, Bjørn Moum<sup>a,b</sup>, Marte Lie Høivik<sup>a</sup>  and the IBSEN study group

- Κοόρτη εισδοχής IBD
- Ρευματολογική εκτίμηση και ερωτηματολόγιο
- Έκβαση: αποκλειστικά περιφερική αρθρίτιδα IBD (ιατρός) και αποκλειστικά περιφερική ΣΠΑ (ASAS)
- Τα 20 έτη συμπλήρωσαν 441 ασθενείς



Γυναίκες  
61,8%

Γυναίκες  
67,1%

Δεν υπήρχε διαφορά στην έκταση, το χαρακτήρα ή την ενεργότητα της IBD μεταξύ ασθενών με και χωρίς περιφερική αρθρίτιδα

Overview of the effects of drugs approved for the treatment of IBD and SpA across the main disease manifestations				
Drug	Crohn's Disease	Ulcerative colitis	Axial Disease, Enthesitis, Dactylitis	Peripheral Arthritis (PsA)
NSAIDs	Avoid in active disease	Avoid in active disease	+	+
Systemic Glucocorticoids	+	+	-	Lowest exposure possible
Sulphasalazine	+	+	-	+
Methotrexate	+	-	-	+
Leflunomide	-	-	-	+
Azathioprine	+	+	-	-
<b>Infliximab</b>	+	+	+	+
<b>Adalimumab</b>				
Golimumab	-	+	+	+
Certolizumab	+	-	+	+
Etanercept	-	-	+	+
Ustekinumab	+	+	Enthesitis & dactylitis only	+
Vedolizumab	+	+	-	-
Secukinumab	Avoid	Avoid	+	+
Ixekizumab				
Tofacitinib	-	+	Efficacious, not approved	+

*Zioga N, Kogias D et al. MJR (submitted)*

# Σκοπός

- Η αναζήτηση μυοσκελετικών εκδηλώσεων σε ασθενείς με ΙΦΝΕ και η επίδραση σε αυτές των βιολογικών θεραπειών που χορηγούνται για την ΙΦΝΕ.

## Υλικό-Μέθοδοι

- Ασθενείς με ΙΦΝΕ που εξετάσθηκαν στο Τμήμα μας τα τελευταία 5 έτη
- Ερωτηματολόγιο ανίχνευσης μυοσκελετικών συμπτωμάτων
- BASDAI και BASFI score
- Harvey Bradshaw Index (HBI) και Partial Mayo Score

# Εκτίμηση ενεργότητας της αξονικής προσβολής

Version1 AnkSponBASFI18/09/2003.doc

**Bath Ankylosing Spondylitis Functional Index\***

**BASFI** \*Collin et al. *J Rheumatol* 1994 21; 2281-85

Date \_\_\_\_\_ Patient Name \_\_\_\_\_

Please draw a mark on each line below to indicate your ability with each of the following activities, during the past week:

- Putting on your socks or tights without help or aids (e.g. sock aids)?  
EASY \_\_\_\_\_ IMPOSSIBLE \_\_\_\_\_  
0 10
- Bending forward from the waist to pick up a pen from the floor without an aid?  
EASY \_\_\_\_\_ IMPOSSIBLE \_\_\_\_\_  
0 10
- Reaching up to a high shelf without help or aids (e.g. helping hand)?  
EASY \_\_\_\_\_ IMPOSSIBLE \_\_\_\_\_  
0 10
- Getting up out of an armless dining room chair without using your hands or any other help?  
EASY \_\_\_\_\_ IMPOSSIBLE \_\_\_\_\_  
0 10
- Getting up off the floor without any help from lying on your back?  
EASY \_\_\_\_\_ IMPOSSIBLE \_\_\_\_\_  
0 10
- Standing unsupported for 10 minutes without discomfort?  
EASY \_\_\_\_\_ IMPOSSIBLE \_\_\_\_\_  
0 10
- Climbing 12-15 steps without using a handrail or walking aid (one foot on each step)?  
EASY \_\_\_\_\_ IMPOSSIBLE \_\_\_\_\_  
0 10
- Looking over your shoulder without turning your body?  
EASY \_\_\_\_\_ IMPOSSIBLE \_\_\_\_\_  
0 10
- Doing physically demanding activities (e.g. physiotherapy exercises, gardening or sports)?  
EASY \_\_\_\_\_ IMPOSSIBLE \_\_\_\_\_  
0 10
- Doing a full day activities whether it be at home or work?  
EASY \_\_\_\_\_ IMPOSSIBLE \_\_\_\_\_  
0 10

**BASDAI**  
Bath Ankylosing Spondylitis  
Disease Activity Index

ASIF  
Ankylosing Spondylitis  
International Federation

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Please draw a mark on each line below to indicate your situation in the past 7 days:

\_\_\_\_\_

1 How would you describe the overall level of fatigue / tiredness you have experienced in the past week?  
none 0 1 2 3 4 5 6 7 8 9 10 very severe

2 How would you describe the overall level of AS neck, back or hip pain you have had in the past week?  
none 0 1 2 3 4 5 6 7 8 9 10 very severe

3 How would you describe the overall level of pain / swelling in joints other than neck, back or hips you have had in the past week?  
none 0 1 2 3 4 5 6 7 8 9 10 very severe

4 How would you describe the overall level of discomfort you have had in the past week from any areas tender to touch or pressure?  
none 0 1 2 3 4 5 6 7 8 9 10 very severe

5 How would you describe the overall level of morning stiffness you have had in the past week from the time you wake up?  
none 0 1 2 3 4 5 6 7 8 9 10 very severe




6 How long did your morning stiffness last from the time you wake up?  
0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100 hours of time

BASDAI =  
BASDAI = (sum of questions 1 to 6) ÷ 6  
BASDAI = 1

Ankylosing Spondylitis International Federation  
World-wide network of societies of patients suffering from ankylosing spondylitis or related diseases  
www.spondylitis-international.org



# Εκτίμηση ενεργότητας της εντερικής νόσου



**Modified Harvey Bradshaw Index**  
Assessment for Crohn's Disease Activity

Date: \_\_\_\_\_  
Patient Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
PHN/ULI: \_\_\_\_\_

Patient, please complete Questions 1, 2 & 3.

Base your answers on how you felt yesterday.

**1. General Well-being (see descriptors)**

☐ Very well = 0

☐ Slightly below Par = 1

☐ Poor = 2

☐ Very Poor = 3

☐ Terrible = 4

**2. Abdominal Pain (see descriptors)**

☐ None = 0

☐ Mild = 1

☐ Moderate = 2

☐ Severe = 3

**3. Number of Liquid or Soft Stools per day (Yesterday)**

**Physician, please complete Question 4**

**4. Additional Manifestations**

☐ None = 0

☐ Arthralgia = 1

☐ Uveitis = 1

☐ Erythema Nodosum = 1

☐ Aphthous ulcer = 1

☐ Pyoderma gangrenosum = 1

☐ Anal Fissure = 1

☐ New Fistula = 1

☐ Abscess = 1

**1. General Well-being Descriptors**

General well being includes fatigue in the overall rating and how you feel today. Record the worst you have felt today. Compare yourself to someone else of your age, how would they rank their general wellbeing? Below are some descriptors to help you rank your category of general well being.

- Very Well:** General health is not generally a problem. You're feeling very good or great and under control.
- Slightly Below Par:** You're getting through things but feeling below par and not normal. Something overall is preventing you from saying "I feel wonderful". You're feeling good but not great. You can work, socialize, and function on a day to day basis.
- Poor:** Your symptoms bother you. You occasionally miss work, school, or social activities. You have some embarrassing moments with fecal incontinence. You have diarrhea, abdominal pain, fatigue, and basically just feeling unwell, but you are still able to function. You're getting through the day, doing all your normal stuff but it is a struggle.
- Very Poor:** Your getting through a part of the day, but can't do you're your normal stuff. You can't attend social events in evening. You sometime leave home from work early. You feel pretty bad and are not doing much activity – only those absolutely necessary. Your symptoms interfere with life considerably, you don't go out or are fearful when out, you miss a lot of school or work. Fecal incontinence happens several times per week.
- Terrible:** You're unable to function. You can't manage the basics and you're almost bedridden. This is the worse you have ever been. You're not working.




**2. Abdominal Pain Descriptors**

Abdominal pain may include cramping and discomfort. It does not have to be just "pain" as we know it. Below are some descriptors to help you rank your category of abdominal pain.

- Mild:** You're aware that the abdominal pain is there but it does not interfere with your life and you continue with activities such as work and pleasure. You feel and hear rumbles, gurgles and cramps.
- Moderate:** You're aware of your abdominal pain and must alter your activities to manage the pain (ie. lie down to rest, postpone shopping trips until later, and take Tylenol). The pain interferes with your life and daily activities. You may have to miss work or pleasure activities on occasion.
- Severe:** Your abdominal pain causes you to stop all activity. You are frequently in bed because of the pain, you call in sick to work and cancel all activities.

**Total Harvey Bradshaw Index score: [sum of all above items]**

Remission = <5  
Mild Disease = 5-7  
Moderate Disease = 8-16  
Severe Disease >16



**Partial Mayo Scoring Index**  
Assessment for Ulcerative Colitis Activity

Date: \_\_\_\_\_  
Patient Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
PHN/ULI: \_\_\_\_\_

Patient, please enter number of daily bowel motions you would have when in remission or before your diagnosis or symptoms of ulcerative colitis began. This number will be **Your Normal:**

Patients, please complete Questions number 1 and 2.

**1. Stool Frequency (based on the past 3 days)**

☐ Normal number of stools = 0

☐ 1-2 stools more than normal = 1

☐ 3-4 stools more than normal = 2

☐ 5 or more stools more than normal = 3

**2. Rectal Bleeding (based on the past 3 days)**

☐ No blood seen = 0

☐ Streaks of blood with stool less than half the time = 1

☐ Obvious blood with stool most of the time = 2

☐ Blood alone passed = 3

**Physician, please complete Questions number 3.**

**3. Physician's Global Assessment (to be completed by Physician)**

☐ Normal (sub scores are mostly 0) = 0

☐ Mild disease (sub scores are mostly 1) = 1

☐ Moderate disease (sub scores are mostly 1 to 2) = 2

☐ Severe disease (sub scores are mostly 2 to 3) = 3

The physician's Global Assessment acknowledges the Sub scores, the daily record of abdominal discomfort and functional assessment and other observations such as physical findings, and the patient's performance status

**Total Partial Mayo Index Score [sum of all above items]**

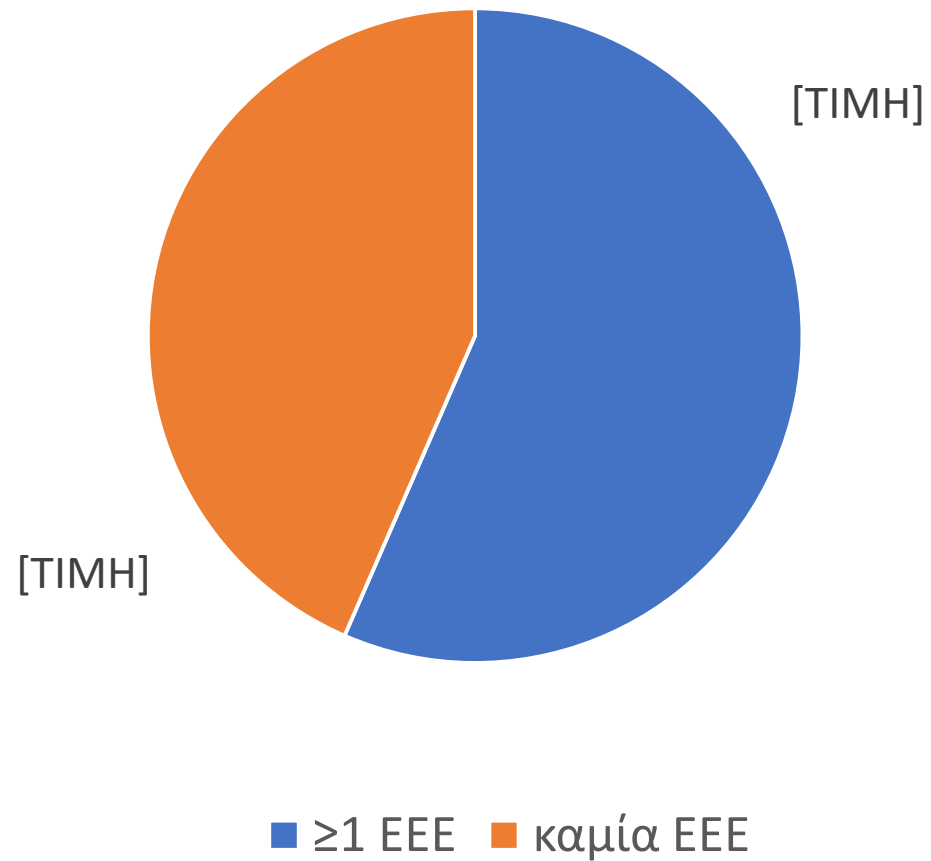
Remission = 0-1  
Mild Disease = 2-4  
Moderate Disease = 5-6  
Severe Disease = 7-9  
Version June 2009

# ΑΠΟΤΕΛΕΣΜΑΤΑ

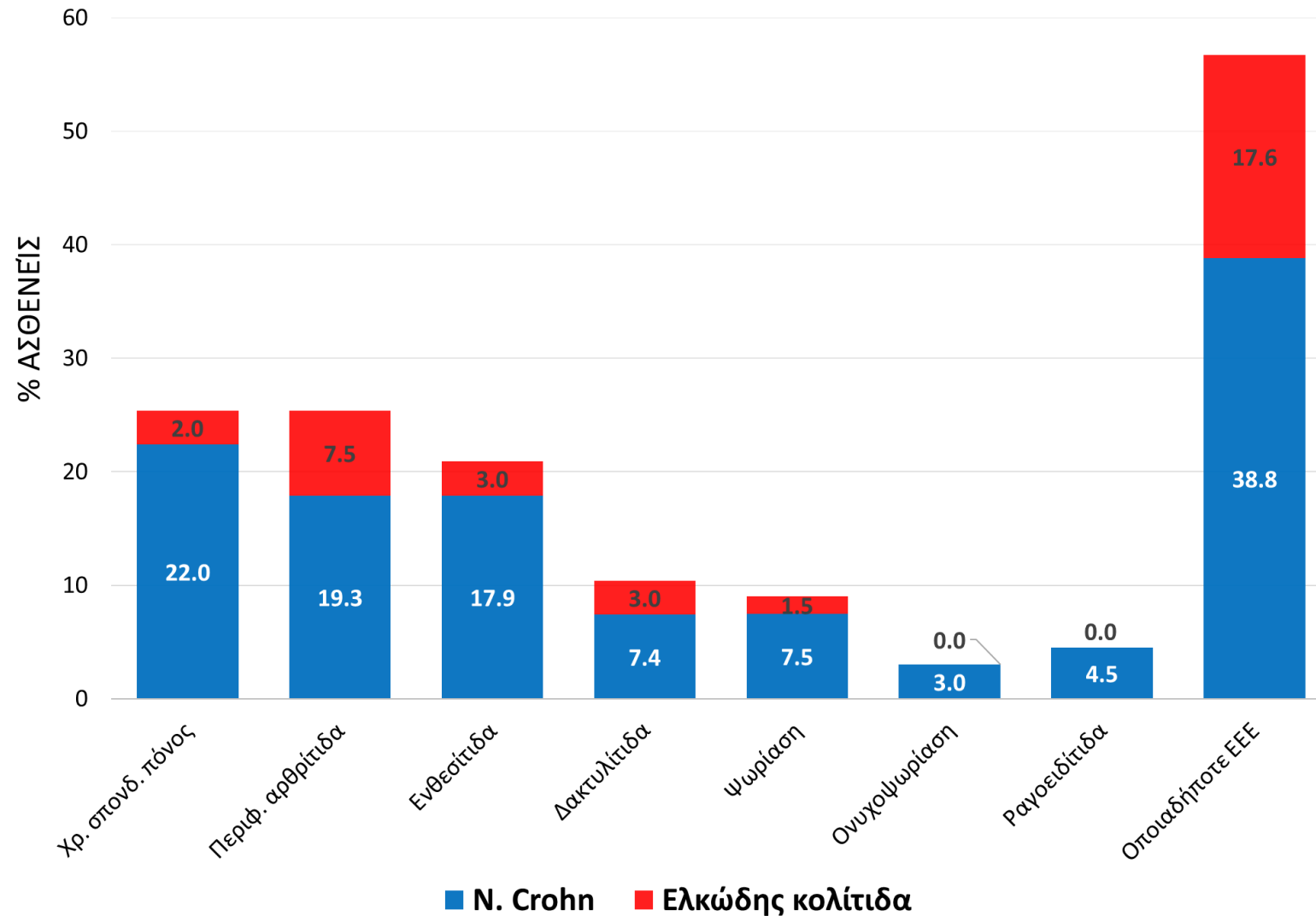
# Μελέτη ασθενών της κλινικής μας

- 71 ασθενείς (44 άνδρες, 27 γυναίκες)
- Διάμεση ηλικία 39 έτη (εύρος 17-77)
- 48 NC και 23 ΕΚ
- Μέση διάρκεια νόσου 11,4 έτη

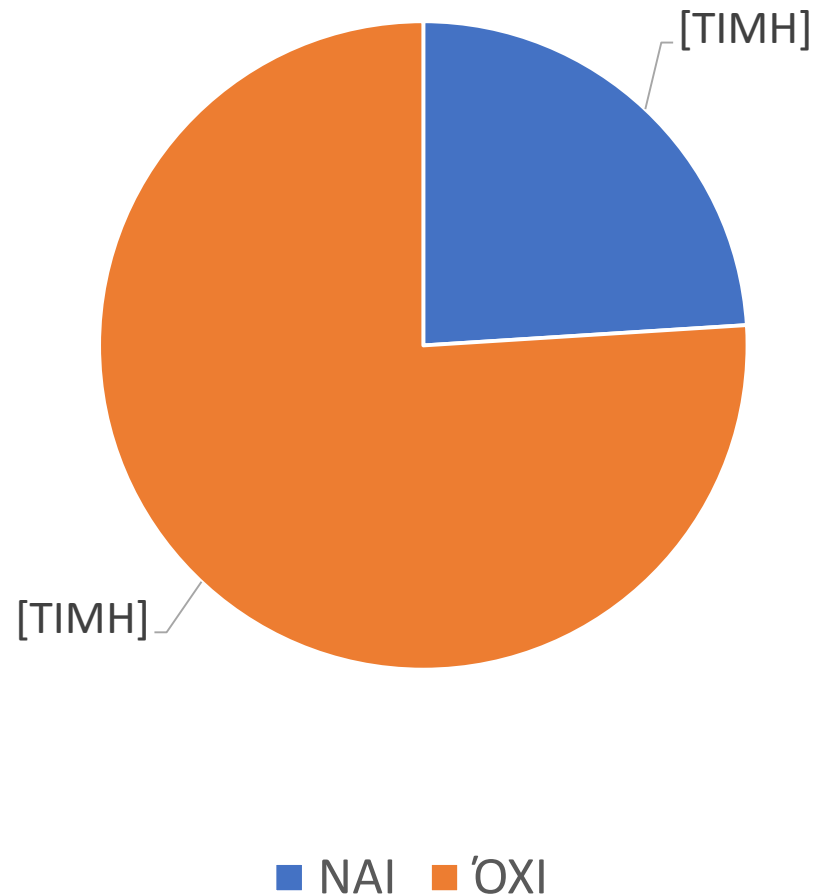
## Εξωεντερικές εκδηλώσεις (ΕΕΕ) (N=71)



# Επιπολασμός εξωεντερικών εκδηλώσεων σε ασθενείς με ΙΦΝΕ (%)

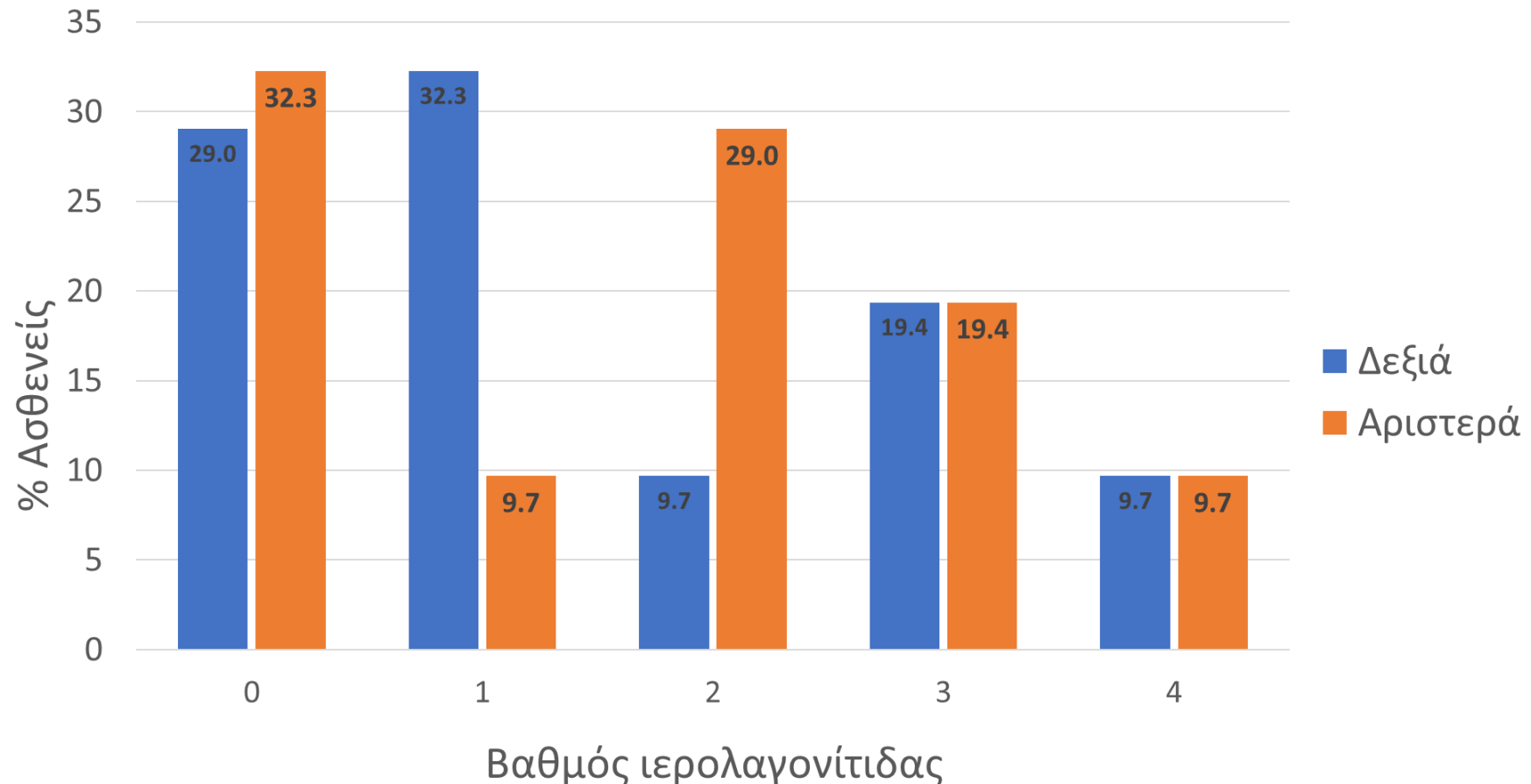


## Χρόνιος σπονδυλικός πόνος (ΧΣΠ) σε ασθενείς με ΙΦΝΕ (N=71)

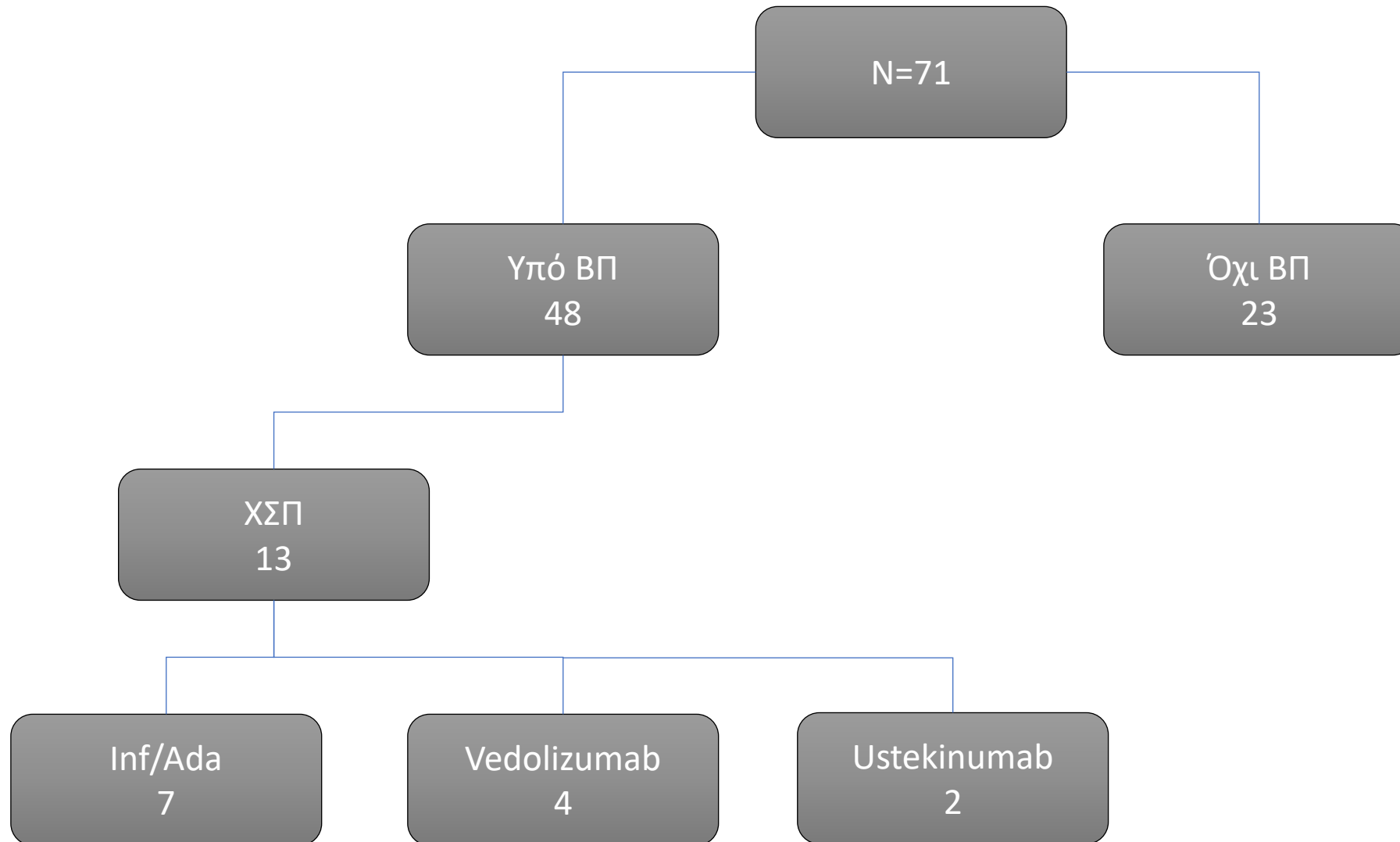


# Βαθμός ακτινογραφικής ιερολαγονίτιδας (ανά πλευρά) σε ασθενείς με ΙΦΝΕ

- Ακτινογραφία ιερολαγονίων έγινε σε 31 ασθενείς
- Ιερολαγονίτιδα βαθμού 2 αμφοτερόπλευρα ή  $\geq 3$  ετερόπλευρα είχαν 12 (38,7%) ασθενείς



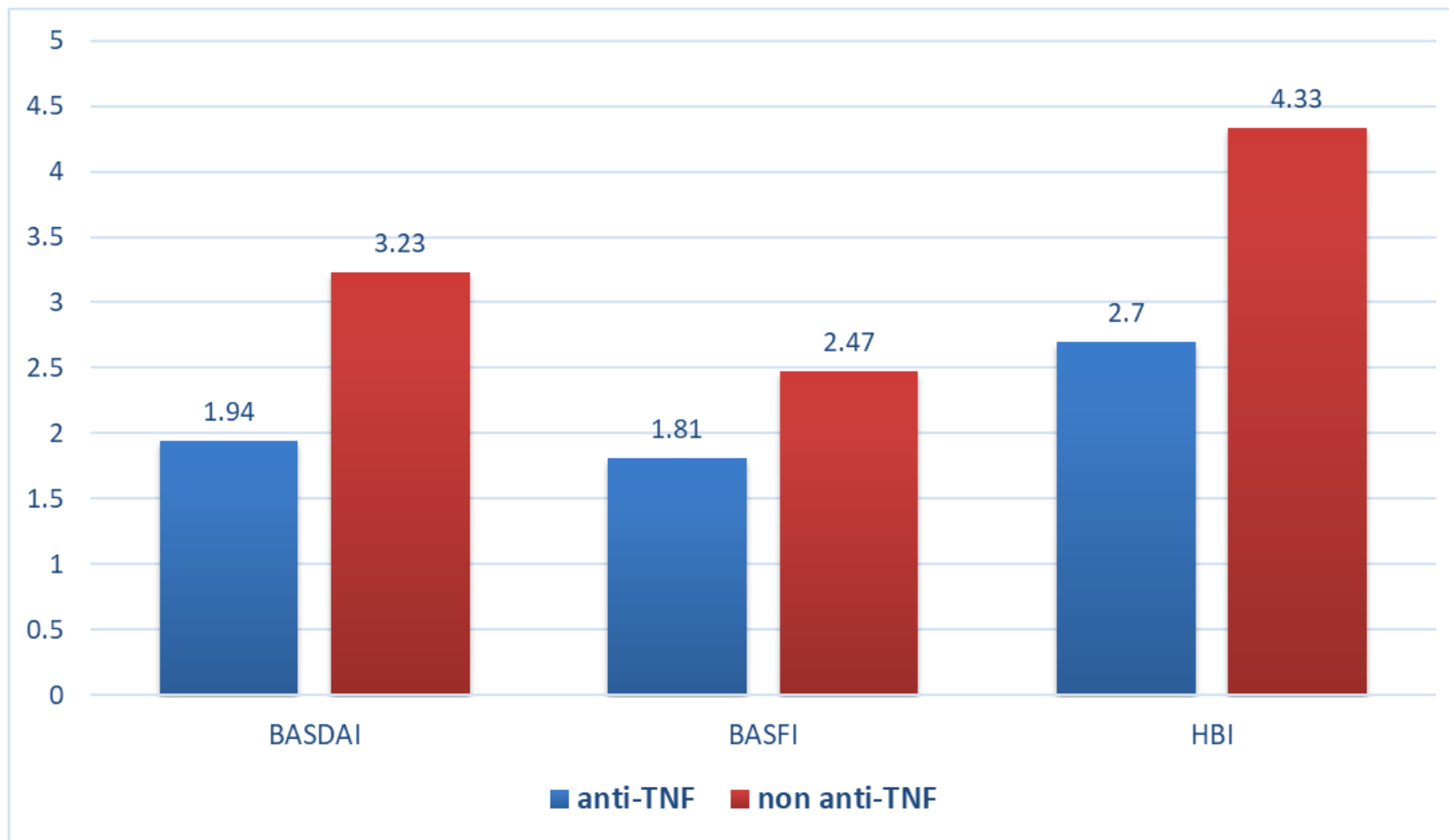
# Βιολογικοί παράγοντες στην αξονική προσβολή



ΒΠ, Βιολογικός Παράγοντας  
ΧΣΠ, Χρόνιος Σπονδυλικός Πόνος  
Inf, Infliximab  
Ada, Adalimumab

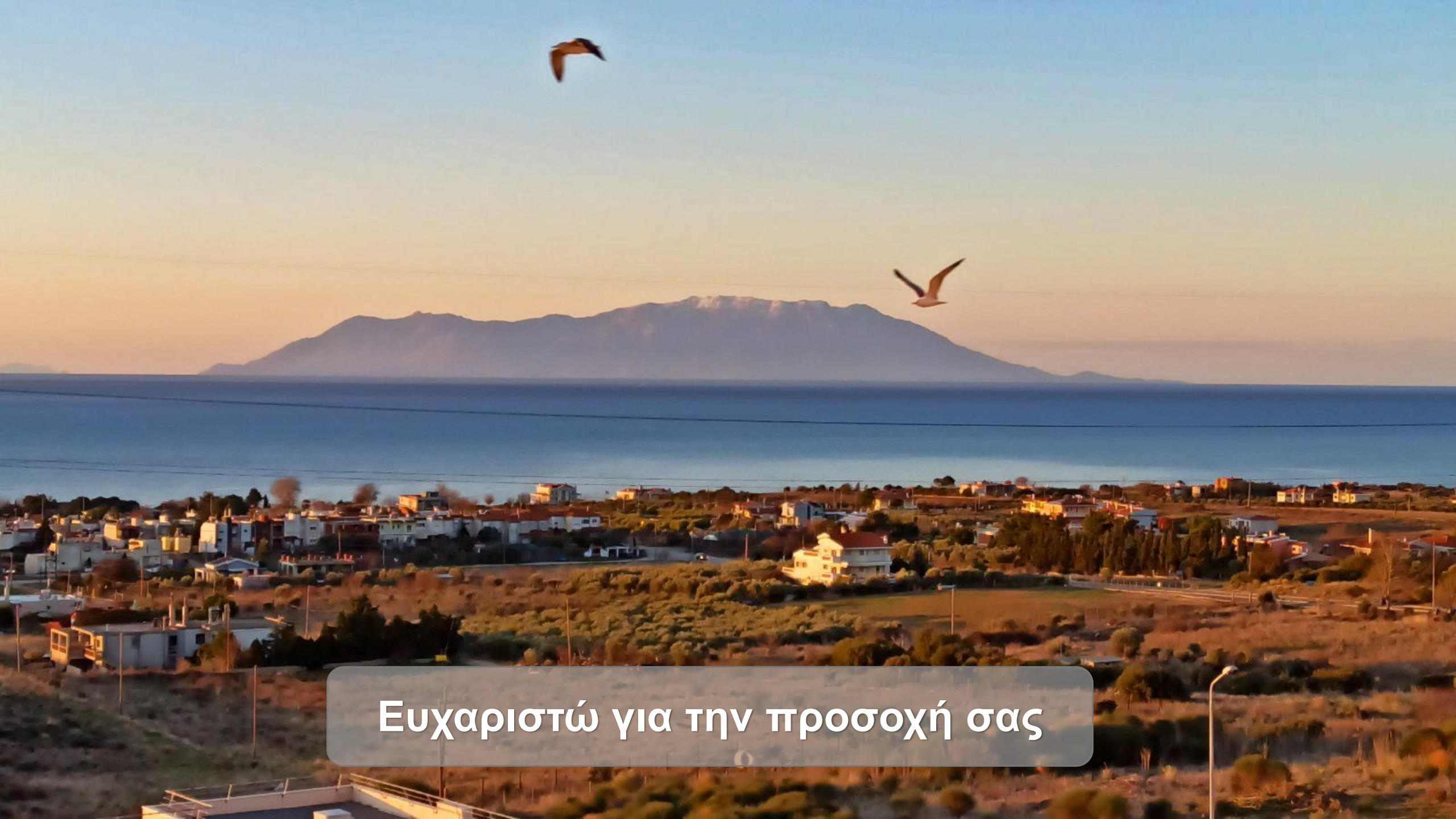


# Επίδραση βιολογικών παραγόντων στην αξονική προσβολή του σκελετού σε ασθενείς με ΙΦΝΕ



## Συμπεράσματα

- Περισσότεροι από τους μισούς ασθενείς με ΙΦΝΕ αναφέρουν μυοσκελετικές εκδηλώσεις
- Αναγκαία η συστηματική αναζήτηση και αντιμετώπισή τους
- Η αγωγή με anti-TNF μονοκλωνικά αντισώματα φαίνεται αποτελεσματικότερη στην αντιμετώπιση τόσο των εντερικών όσο και των σπονδυλικών συμπτωμάτων



Ευχαριστώ για την προσοχή σας