Rheumatology: Current Research
ISSN: 2161-1149
OPEN ACCESS Freely available online

Perspective

Management Strategies and Gender Considerations of Ankylosing Spondylitis

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ABOUT THE STUDY

Ankylosing Spondylitis (AS) is a chronic inflammatory disease primarily affecting the axial skeleton, leading to severe, chronic pain and progressive spinal stiffness. The historical understanding of AS dates back to ancient times, with the earliest descriptions of symptoms resembling AS appearing in ancient Egyptian mummies, which revealed evidence of spinal fusion. Notably, the greek physician Hippocrates, in the 5th century BCE (Before Common Era), described a condition with striking similarities to AS. However, it wasn't until the late 19th and early 20th centuries that AS was clearly delineated as a distinct clinical entity.

Symptoms and clinical features

AS is characterized by a set of attribute symptoms and clinical features that can significantly impact a patient's quality of life. The most common symptoms include chronic back pain and stiffness, particularly in the lower back and hips. This pain is often worse in the morning or after periods of inactivity and tends to improve with exercise and physical activity.

One of the distinctive features of AS is the phenomenon of "bamboo spine," a term used to describe the radiographic appearance of the spine in advanced stages of the disease. This occurs due to the formation of syndesmophytes, which are bony growths originating inside the ligaments of the spine, leading to the fusion of the vertebrae.

In addition to axial symptoms, AS can also have peripheral manifestations, affecting joints such as the hips, shoulders, and knees. Enthesitis, inflammation at the sites where tendons or ligaments attach to bone, is another common feature and can cause pain and tenderness in areas such as the heels, particularly at the Achilles tendon.

Extra-articular manifestations are also notable in AS. These can include uveitis, an inflammation of the eye's uveal tract, which can cause eye pain, redness, and blurred vision. Cardiovascular issues, such as aortitis and conduction abnormalities, can also occur. Other systemic features may include fatigue, weight loss, and a general feeling of malaise.

Quality of life and social impact

The impact of AS on a patient's quality of life can be deep. Chronic pain and stiffness can lead to significant physical disability, affecting a person's ability to work, engage in social activities, and maintain independence. The disease often affects individuals in their most productive years, typically presenting in late adolescence or early adulthood, which can have long-term socioeconomic consequences.

The chronic nature of the disease, coupled with the potential for severe pain and mobility limitations, can also lead to psychological impacts such as depression and anxiety. Patients may struggle with feelings of frustration and helplessness due to their physical limitations and the chronic, unpredictable nature of their symptoms.

Lifestyle and management strategies

While there is no cure for AS, various lifestyle and self-management strategies can help alleviate symptoms and improve quality of life. Regular exercise is one of the most important aspects of managing AS. Activities such as swimming, stretching exercises, and yoga can help maintain spinal flexibility and reduce stiffness. Physical therapy is often recommended to help patients develop a personalized exercise regimen and learn techniques to manage pain and improve function.

Posture management is also essential, as maintaining good posture can help prevent or minimize spinal deformities. Patients are encouraged to be mindful of their posture throughout the day and engage in exercises that strengthen the muscles supporting the spine.

Occupational and social considerations

Managing AS in the workplace can be challenging, but various strategies can help. Ergonomic adjustments, such as using chairs that support good posture, taking regular breaks to move and stretch, and using standing desks, can make a significant difference. Employers and employees can work together to find accommodations that allow individuals with AS to continue working productively.

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Received: 03-Apr-2024, Manuscript No. RCR-24-31802; **Editor assigned:** 08-Apr-2024, PreQC No. RCR-24-31802 (PQ); **Reviewed:** 25-Apr-2024, QC No. RCR-24-31802; **Revised:** 02-May-2024, Manuscript No. RCR-24-31802 (R); **Published:** 09-May-2024, DOI: 10.35841/2161-1149.24.14.399

Citation: Triantafyllias K (2024) Management Strategies and Gender Considerations of Ankylosing Spondylitis. Rheumatology (Sunnyvale). 14:399.

Social support is also vital for individuals with AS. Connecting with support groups, whether in person or online, can provide a sense of community and shared experience. These groups can offer emotional support, practical advice, and advocacy for better resources and treatments.

Patient education and advocacy

Education about AS is important for both patients and healthcare providers. Patients who are well-informed about their condition are better equipped to manage their symptoms and make informed decisions about their treatment. Healthcare providers should take an active role in educating patients about the nature of AS, available treatment options, and the importance of lifestyle modifications.

Advocacy efforts play a critical role in raising awareness about AS and promoting research into better treatments and potential cures. Organizations such as the Spondylitis Association of America and the Ankylosing Spondylitis International Federation work to support individuals with AS, provide education, and advocate for research and policy changes.

Cultural and gender considerations

AS affects individuals across different cultures and genders, but there are some variations in how the disease presents and is managed. Historically, AS has been considered more common in men than in women. However, recent research suggests that the gender disparity may not be as pronounced as previously thought, and that women with AS are often underdiagnosed or misdiagnosed. Women may present with different symptoms, such as more peripheral joint involvement and less pronounced axial symptoms, which can complicate diagnosis.