Inflammatory Back Pain

- **Definition:**
  - Persistent low back pain (>3 months), with prolonged early morning stiffness (>30 minutes), improvement with exercise, nocturnal waking with onset at age <45 years

- **Differential diagnoses** to consider:
  - Ankylosing spondylitis, other spondyloarthropathies

- **Priority:** Category 2
- **Urgent:**
  - Contact with the Rheumatology Registrar at RGH or FMC if red flag features are present. If unavailable, contact the medical registrar on call.

### Information Required

- Specific nature of symptoms
- Duration of symptoms
- Associated symptoms eg. Uveitis, psoriasis, peripheral joint inflammation, features of inflammatory bowel disease
- Weight and BP
- Family history of rheumatological disorder, psoriasis or other autoimmune condition
- Treatments used/opinions sought thus far

### Investigations Required

- ESR, CRP
- U&E's, LFT’s, urate, Ca, CBP
- Lumbar spine and sacroiliac joint X-rays (consider gonadal radiation exposure)

### Fax Referrals to Rheumatology Outpatients

<table>
<thead>
<tr>
<th>Location</th>
<th>Fax Number</th>
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<tbody>
<tr>
<td>Flinders Medical Centre (FMC)</td>
<td>8204 6105 (Clinic B)</td>
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<tr>
<td>Repatriation General Hospital (RGH)</td>
<td>8374 2591 (GP liaison)</td>
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### Red Flags

- Acute onset, fever, constitutional symptoms and disc or unilateral sacroiliac (SI) joint pain (septic discitis and SI septic arthritis are very uncommon)

### Suggested GP Management

- NSAIDs for symptom management unless contraindicated
- Physiotherapy for prescription of stretching/ROM exercises

### Clinical Resources

- [www.rheumatology.org](http://www.rheumatology.org) and follow the links to clinical practice guidelines

General Information to assist with referrals and the and Referral templates for FMC and RGH are available to download from the SALHN Outpatient Services website [www.sahealth.sa.gov.au/SALHNoutpatients](http://www.sahealth.sa.gov.au/SALHNoutpatients)