Spondyloarthritis can have diverse symptoms and be difficult to identify. The presence of these key indicators might prompt you to run through the appropriate box(es) below.

### Suspected axial spondyloarthritis

- **Low back pain**
  - Started before age 45
  - Lasting longer than 3 months

Assess for referral criteria

- Low back pain that started before the age of 35 years
- Current or past enthesitis
- Waking during the second half of the night because of symptoms
- Current or past arthritis
- A first-degree relative with spondyloarthritis
- Current or past psoriasis
- Improvement within 48 hours of taking non-steroidal anti-inflammatory drugs (NSAIDs)
- Improvement with movement

2 or fewer referral criteria

[HLA-B27 test]

Positive

Negative

Advising repeat assessments if new signs, symptoms or risk factors develop.

### Suspected psoriatic arthritis or peripheral spondyloarthritis

- **Dactylitis**
- Inflammation of fingers or toes

Suspected new-onset inflammatory arthritis

- Inflammation of entheses, often in the heel

No apparent mechanical cause

Persistent

Multiple sites

A concurrent or historic condition

- Back pain without apparent cause
- Current or past uveitis
- Current or past psoriasis
- Gastrointestinal genitourinary infection
- Inflammatory bowel disease
- A first-degree relative with spondyloarthritis or psoriasis

Usually managed in primary care

+ Gout

+ Acute calcium pyrophosphate (CPP) arthritis

+ Rheumatoid arthritis

No additional features

### Specialist referral

Refer to a rheumatologist for specialist diagnostic assessment