

Patient information from BMJ

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Axial spondyloarthritis: what are the treatment options?

Axial spondyloarthritis is a lifelong condition that mainly affects the spine, causing pain and stiffness. There is no cure, but treatments can help relieve the symptoms and keep you active as much as possible. Information about axial SpA and its symptoms is available in our patient information *Axial spondyloarthritis: what is it?*

What are the treatment options for axial spondyloarthritis?

Treatment for axial spondyloarthritis (axial SpA) includes physiotherapy, medicines, and corticosteroid injections.

The aim of treatment is to:

- stop the axial SpA from getting worse
- help improve your quality of life by controlling your symptoms.

Axial SpA affects everyone differently. So your treatment should be suited to your needs, with your wishes taken into account. You can use our patient information to discuss your treatment options with your doctor.

People with axial SpA tend to do better when they learn about the condition. For example, when people understand the importance of daily stretches and exercises, they are more likely to do them, and to get the benefits. Your doctor will be able to share ways of learning more about axial SpA and answer any questions you have.

Physiotherapy

Being as physically active as possible is vital in helping people with axial SpA stay flexible and mobile.

Your doctor will usually refer you to an exercise programme where you can have regular sessions with a physiotherapist. They'll support you with exercises that are specifically tailored to you.

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Research has shown that physiotherapy for people with axial SpA has a lot of benefits, such as reducing pain and inflammation. But it's important that you're consistent with your exercises for the best results.

Medicines

Medicines called **NSAIDs** (non-steroidal anti-inflammatory drugs) can help relieve pain and stiffness in many people with axial SpA. Some NSAIDs that you might have heard of include ibuprofen and naproxen.

These medicines work by reducing inflammation. Your doctor will probably suggest that you begin taking this type of medicine first.

Like all drugs, NSAIDs can have side effects. These include:

- stomach irritation (which can lead to stomach ulcers)
- kidney damage
- increased risk of heart problems.

Your doctor might recommend taking extra medicines to protect your stomach if you are taking an NSAID. They will also want to monitor you with blood tests and regular checkups.

If NSAIDs aren't controlling your symptoms, your doctor might recommend **combining** them with other painkillers like paracetamol or codeine. But if these still don't help, you may be considered for a specialist type of medicine called TNF-alpha inhibitor (anti-TNF).

Anti-TNF medicines can cause serious side effects in some people, including being more likely to get infections. Your doctor will discuss the possible side effects with you. If these medicines also aren't working for you, your doctor may prescribe other specialist drugs such as IL-17 inhibitors or JAK inhibitors instead.

If other joints aside from your spine are also affected, you may be considered for specialist medicines known as DMARDs. This stands for disease-modifying anti-rheumatic drugs.

DMARDs can cause serious side effects in some people, including stomach irritation and skin reactions. So it's important you know about these and that you discuss any concerns with your doctor.

Corticosteroid injections

Corticosteroids (also known as steroids) are anti-inflammatory medicines that can sometimes help in people with axial SpA. Injections of corticosteroids are used to treat:

- joint inflammation
- enthesitis (ligament and tendon inflammation, for example, in the Achilles tendon).

These injections can work well, but your doctor will want to keep an eye on how often you have them, as they can cause serious side effects if you have too many of them over time.

What happens next?

It's important to know that axial SpA affects everyone **differently**. You might have a long period of time where the condition doesn't cause you any problems, and then you may have a 'flare-up' that lasts a few weeks. Or, it might get worse over time, which could lead to severe problems in your spine. In some people, bones in the spine can fuse (join) together, causing even more issues with movement.

There is no cure for axial SpA. But staying as active as possible and having regular physiotherapy will help your symptoms. This might be easier for people who have axial SpA that's less severe.

It's also important that you take your medicines as prescribed. Your doctor will usually recommend you take NSAIDs continuously whilst you're getting symptoms. But if your axial SpA isn't causing you any regular problems, you'll normally only take these medicines as and when needed.

If you're taking specialist drugs like anti-TNF medicines, your doctor will probably recommend that you continue these even if your axial SpA stops causing symptoms. This is because stopping specialist drugs can increase the chance of a 'flare-up'.

You'll need to see your doctor regularly so that they can:

- assess your levels of pain, stiffness, and fatigue, and whether any joints other than your spine are affected
- order x-rays of your spine to see whether your axial SpA is getting worse
- order blood tests to check that any medicines you're taking aren't causing side effects
- check for signs of heart trouble as there's an increased chance of heart problems with axial SpA.

It's important to maintain a healthy lifestyle with your diet, and to stop smoking if you currently are. Smoking can affect your heart health, but it can also increase the chances of your axial SpA getting worse.

Many people often join self-help groups to learn more about the condition. These groups can help you keep up with your exercises too and allow you to share your experiences with other people who have axial SpA.

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