Inflammatory Back Pain (IBP) Referral Algorithm in Malaysia

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The Curious Case of Back Pain!

Hi Doc, I see many young patients with chronic low back pain. It’s often difficult to make a diagnosis.

Dr. Chong
Doctor at Primary Care Center

Dr. Nabila
Rheumatologist

It's important to know whether the patient has inflammatory or mechanical back pain - IBP or MBP?

Inflammatory Back Pain (IBP)
- Age ≤ 40 years
- Improves with exercise
- Nocturnal pain (2nd half of night)
- Morning stiffness >30 mins
- Pain localized to the Lumbar region
- Alternating buttock pain

Mechanical Back Pain (MBP)
- Any age
- Improves with rest

Thanks, doc. I will now actively look for IBP in my back pain patients.

Remember, IBP is strongly associated with Axial Spondyloarthritis (Axial SpA). Follow the 3 “R”s when you see a low back pain patient.

3 “R”s
- Recognise IBP
- Review (History & relevant investigations)
- Refer to a rheumatologist on suspecting axial SpA.

Together, we can manage Inflammatory Back Pain and axial SpA patients better.
Consensus Statement on an Inflammatory Back Pain Referral Algorithm in Malaysia

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Chronic low back pain in Malaysia

- Prevalence of back pain in Malaysia ~12%¹.
  - 5th most common complaint in the private primary healthcare
  - 9th most common complaint in the public primary healthcare
- Malaysian low back pain management guideline (2010): management of low back pain in general and lack focus on chronic inflammatory back pain².

Why is recognizing chronic low back pain important?

- Chronic low back pain (CLBP) is defined as back pain persisting for more than 3 months.
- CLBP is associated with significant morbidity³.
- Avoiding a delay in diagnosis is essential. CLBP may lead to decreased mobility, work absenteeism, and burden on the healthcare system⁴.
- CLBP can be divided into 2 main groups: inflammatory back pain (IBP) or mechanical back pain (MBP).

What is inflammatory back pain?

- Inflammatory back pain (IBP) is a chronic pain condition localized to the axial spine and sacroiliac joints.
- IBP can be differentiated from MBP by a set of key diagnostic features.
- The symptoms of IBP include:
  - Insidious onset of back pain
  - Morning stiffness in the lower back of >30 minutes
  - Improvement of back pain with exercise
  - No improvement with rest
  - Awakening at night or in the early morning because of back pain
  - Alternating buttock pain

IBP is highly associated with Spondyloarthritis (SpA), an underlying inflammatory arthritis in the spine, and other joints.

- Axial SpA with primarily spine or axial involvement typically present with IBP. Conditions including:
  - Ankylosing spondylitis
  - Non-radiographic axial SpA
- Peripheral SpA with predominantly peripheral joint involvement may also have symptoms of IBP. Conditions including:
  - Psoriatic arthritis
  - Reactive arthritis
  - Enteropathic arthritis
Inflammatory Back Pain

3R Algorithm

**Recognise**

Inflammatory Back Pain Assessment

ASAS Expert Criteria

Have you suffered from Back Pain for more than 3 months?

If Yes:

1. Did your back pain start when you were aged 40 or under?

2. Did your back pain develop gradually?

3. Does your back pain improve with exercise?

4. Do you find there is no improvement in your back pain when you rest?

5. Do you suffer from back pain at night which improves upon getting up?

If the answer to at least 4 out of 5 questions is “yes”, then please refer the patient to a rheumatologist.


**Review**

History & Symptoms

- Pain located in lumbar area
- Alternating buttock pain
- Nature of symptoms
- Duration of symptoms

Investigations

- X-ray of Sacroiliac joint* (consider gonadal radiation exposure)
- ESR, CRP

* Normal X-ray does not rule out the possibility of Axial SpA diagnosis

**Other information**

- Family history of rheumatological disorder, psoriasis or other autoimmune condition
- Associated symptoms eg. Uveitis, psoriasis, peripheral joint inflammation, features of inflammatory bowel disease
- Treatments used thus far

**Red flags**

Acute onset pain, fever, unexplained weight loss, incontinence, history of cancer, unilateral back/sacro-iliac joint pain.

**Suggested GP management**

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

**Refer**

- To a rheumatologist

Find a centre with rheumatology service here: [https://msr.my/rheumatology-services/list-of-hospitals/](https://msr.my/rheumatology-services/list-of-hospitals/)

**Inflammatory Back Pain (IBP) Referral Algorithm – Malaysia**
Why is it important to identify IBP early?

- The mean age of onset of symptoms is in the mid-20s, a point considered as the normally most productive time of life.
- An unacceptably long delay, averaging 8 to 11 years, between the onset of symptoms and the time of diagnosis for axial SpA.
- A longer delay in diagnosis may lead to worse functional outcome.
- If undiagnosed and untreated, or not treated effectively enough, will lead to psycho-socioeconomic consequences:
  - continuous suffering from pain, stiffness, and fatigue
  - loss of spinal function and mobility
  - reduction in quality of life, and work productivity
  - increase in direct and indirect medical costs
- Effective treatments, such as biologics, for the treatment of axial SpA have now become available.
- It is important to identify potential patients with axial SpA by clinicians, especially in primary care setting in order to reduce delay of diagnosis and effective management.

How can I identify inflammatory back pain (IBP) in my practice?

- The Assessment of SpondyloArthritis international Society (ASAS) for IBP questionnaire has been found to be robust, easy to apply and with good specificity and sensitivity.
- Follow the steps from the 3R algorithm (Recognise-Review-Refer) in Figure 1 to identify and refer patients with inflammatory back pain.
- Patients with red flags symptoms should be referred urgently to secondary care for further assessment.

References