Early AxSpA Diagnosis: Case-Based Discussion at EULAR 2026

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Axial spondyloarthritis (AxSpA) frequently presents with a significant diagnostic delay, impacting patient outcomes and increasing disease burden. A case-based discussion at EULAR 2026 underscored the persistent challenges in early identification and the critical role of primary care in accelerating diagnosis.

KEY TAKEAWAYS

- The Pivot: The EULAR 2026 session emphasized that diagnostic delays in AxSpA remain substantial, averaging 5-7 years from symptom onset.
- The Data: Early referral based on inflammatory back pain characteristics can reduce diagnostic delay, though specific quantitative data were not presented in this discussion.
- The Action: GPs should apply established screening questions for inflammatory back pain and utilize referral pathways to rheumatology when AxSpA is suspected.

Axial spondyloarthritis (AxSpA) is a chronic inflammatory rheumatic disease primarily affecting the axial skeleton, including the spine and sacroiliac joints. The condition is characterized by chronic back pain, stiffness, and fatigue, often leading to structural damage and functional impairment if diagnosis and treatment are delayed. Despite advancements in diagnostic criteria and imaging, the average diagnostic delay for AxSpA remains substantial, frequently reported as 5 to 7 years from symptom onset. This delay contributes to disease progression, reduced quality of life, and increased healthcare costs. The EULAR 2026 session, titled 'Achieving early and accurate diagnosis of axial spondyloarthritis: A case-based discussion,' addressed this persistent clinical dilemma, focusing on strategies to improve early recognition and referral pathways.1

The discussion highlighted that primary care physicians (GPs) are often the first point of contact for patients experiencing chronic back pain. Differentiating inflammatory back pain (IBP) from mechanical back pain is a critical initial step. Key characteristics of IBP include insidious onset before 40 years of age, improvement with exercise but not with rest, nocturnal pain, and morning stiffness lasting at least 30 minutes. The session presented clinical cases illustrating how these features, when recognized, can prompt earlier referral to rheumatology.1

What the discussion highlighted

The EULAR 2026 case-based discussion utilized hypothetical patient scenarios to demonstrate common diagnostic pitfalls and best practices. One case involved a 28-year-old male presenting with chronic low back pain for two years, initially managed as mechanical pain. Upon re-evaluation, the patient reported morning stiffness lasting 60 minutes, nocturnal pain waking him from sleep, and improvement with daily stretching. This presentation, consistent with

IBP, prompted referral to a rheumatologist. Subsequent magnetic resonance imaging (MRI) revealed active sacroiliitis, leading to an AxSpA diagnosis.1

The discussion emphasized the utility of simple screening questions for IBP in primary care. These include asking about the age of onset, the pattern of pain (improving with exercise, worsening with rest), and the duration of morning stiffness. The session also touched upon the role of human leukocyte antigen B27 (HLA-B27) testing, noting its high negative predictive value but limited positive predictive value in isolation. While HLA-B27 positivity is a risk factor, it is not diagnostic on its own and should be interpreted within the broader clinical context. Imaging, particularly MRI of the sacroiliac joints, was presented as a crucial diagnostic tool for detecting active inflammation (bone marrow oedema) characteristic of early AxSpA, even in the absence of radiographic changes.1

The session acknowledged that challenges persist, including a lack of awareness among some GPs regarding AxSpA symptoms and the appropriate referral criteria. The discussion advocated for increased education and the implementation of clear referral guidelines to streamline the diagnostic process. The importance of a multidisciplinary approach, involving GPs, rheumatologists, and radiologists, was also underscored to ensure timely and accurate diagnosis. While specific quantitative data from a single trial were not presented, the session synthesized established clinical knowledge and expert consensus to reinforce the need for proactive identification of AxSpA.1

AxSpA affects approximately 0.5% to 1% of the adult population worldwide, with a slight male predominance in some forms, such as ankylosing spondylitis (AS). The disease typically manifests in young adults, often between the ages of 20 and 40. The pathogenesis of AxSpA involves a complex interplay of genetic predisposition, particularly the HLA-B27 allele, and environmental factors. Inflammation in AxSpA is driven by immune cells and cytokines, leading to enthesitis (inflammation at tendon and ligament insertions), synovitis, and osteitis, which can progress to structural damage such as syndesmophytes and joint fusion. Early diagnosis is crucial because it allows for the timely initiation of disease-modifying treatments, including non-steroidal anti-inflammatory drugs (NSAIDs) and biological disease-modifying antirheumatic drugs (bDMARDs), which can slow disease progression and preserve function. The EULAR 2026 discussion also highlighted the importance of considering patient populations beyond typical presentations, such as women who may experience less severe radiographic changes but significant inflammatory burden, and individuals with extra-articular manifestations like uveitis, psoriasis, or inflammatory bowel disease, which are common comorbidities of AxSpA. These factors can further complicate diagnosis and necessitate a comprehensive clinical evaluation. The limitations discussed included the variability in MRI interpretation and the cost-effectiveness of widespread HLA-B27 screening in low-prevalence populations. The session concluded by emphasizing that ongoing educational initiatives and the development of standardized referral pathways are essential to reduce the diagnostic delay and improve long-term outcomes for patients with AxSpA.1

CLINICAL IMPLICATIONS

The EULAR 2026 case-based discussion on early AxSpA diagnosis serves as a stark reminder that despite decades of awareness campaigns, the diagnostic delay for this debilitating condition remains unacceptably long. A 5-7 year lag from symptom onset to diagnosis is not merely an inconvenience; it represents years of preventable pain, functional decline, and irreversible structural damage for patients. GPs are the gatekeepers, and while their workload is immense, the simple application of established inflammatory back pain criteria

> could significantly shorten this timeline. The cost of delayed diagnosis, both human and economic, far outweighs the effort required for a few targeted questions during a consultation.
> The pharmaceutical industry, with its vested interest in early intervention for conditions like AxSpA, has a role beyond developing biologics. Investment in educational initiatives for primary care, perhaps through accredited online modules or direct outreach, could yield substantial returns by increasing early referrals. Current guidelines, such as those from NICE or EULAR, clearly delineate referral pathways, yet their consistent application in general practice remains a challenge. Perhaps a more integrated digital referral system, prompting GPs with key questions for suspected inflammatory conditions, could bridge this gap, rather than relying solely on individual clinician recall.
> Ultimately, the patient bears the brunt of this diagnostic inertia. Years spent navigating the healthcare system, often misdiagnosed with mechanical back pain, can lead to psychological distress, job loss, and a diminished quality of life. While the EULAR session was a discussion, not a trial, its emphasis on practical, case-based learning highlights that the solution is not necessarily a new biomarker or imaging technique, but rather a more diligent application of existing knowledge at the primary care level. It is time to move beyond discussing the problem and implement systemic changes that empower GPs to act decisively when inflammatory back pain walks into their surgery.

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REFERENCES

1. 1. EULAR 2026. Achieving early and accurate diagnosis of axial spondyloarthritis: A case-based discussion. Presented at: EULAR 2026; June 10-13, 2026; Vienna, Austria.

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