

Stopping Spinal Fusion Or Protecting The Gut?

Written by The Life Science Feed Editorial Team · Published 1 June 2026 · Edited by Sarah Mitchell

KEY TAKEAWAYS

- PsA biologic hierarchy differs from RA: IL-17 inhibitors (secukinumab, ixekizumab) and IL-23 inhibitors (guselkumab, risankizumab) are first-line for skin-dominant and enthesitis-predominant disease
- Avoid IL-17 inhibitors in PsA with IBD; prefer anti-TNF monoclonals or IL-23 inhibitors in that overlap
- In axSpA: IL-17 inhibitors show efficacy and potential structural modification - PREVENT showed secukinumab reduces syndesmophyte progression
- For uveitis: monoclonal anti-TNF (adalimumab, infliximab) preferred; etanercept and IL-17 inhibitors do not protect against uveitis

EDITORIAL & AI STANDARDS

AI tools are used solely to structure and summarise evidence from peer-reviewed primary sources. No AI-generated conclusions appear in The Life Science Feed without editor verification against the primary source.

REFERENCES

1. Mease PJ et al. DISCOVER-1. Lancet. 2020;395:1115-1125
2. Baeten D et al. MEASURE-1. N Engl J Med. 2015;373:2534-2548
3. Ramiro S et al. PREVENT. Ann Rheum Dis. 2021;80:1200-1207
4. Smolen JS et al. EULAR PsA Recommendations. Ann Rheum Dis. 2020

LICENCE & RIGHTS

© 2026 The Life Science Feed. All rights reserved. This content is produced for medical education purposes. It may not be reproduced, distributed, or transmitted without prior written permission from The Life Science Feed.

MEDICAL DISCLAIMER

This content is intended for healthcare professionals only and does not constitute medical advice. Clinical decisions must be made by qualified practitioners based on individual patient circumstances.

FOLLOW THE LIFE SCIENCE FEED

Instagram @lifesciencefeed **LinkedIn** linkedin.com/company/thelifesciencefeed

thelifesciencefeed.com