slow disease progression and structural damage. The drugs are effective in psoriatic arthritis, suppress the skin and nail disease of psoriasis, and retard radiographic progression in the peripheral joints. Infliximab and adalimumab reduce gut inflammation in ulcerative colitis and Crohn's disease, with concomitant reduction in symptoms of joint and spine inflammation. Ustekinumab, an inhibitor of IL-23, has demonstrated efficacy in psoriasis and psoriatic arthritis (level 1).

Flares of uveitis require care by an ophthalmologist experienced in treating inflammatory eye diseases. Topical or intraocular glucocorticoids may suffice, but systemic therapy with glucocorticoids or immunosuppressive medications may be necessary to control the inflammation and prevent permanent visual loss. Methotrexate and TNF-α inhibitors are frequently employed (level 2 evidence).

Reactive arthritis is usually self-limited, and joint symptoms are managed with NSAIDs or intra-articular corticosteroid injections. When chronic arthritis or spondylitis develops, interventions are similar to those employed for other forms of spondyloarthritis. Evaluation and treatment of *C. trachomatis* and associated sexually transmitted diseases in patients with reactive arthritis and their sex partners are essential. Early treatment reduces the frequency of reactive arthritis. Long-term antibiotics are ineffective for gastroenteritis-associated reactive arthritis. Clinical trials of long-term antibiotics for reactive arthritis after *C. trachomatis* infection have had mixed results, and this practice requires further study before it can be adopted.

SUMMARY

Disability due to spondyloarthritis varies according to the subtype and severity of the specific syndrome. Historically, patients with spondyloarthritis usually experienced a lesser degree of disability compared with those with rheumatoid arthritis. Some patients with reactive arthritis experience self-limited disease with no long-term sequelae. Alternatively, those with more severe disease can have deformation and destruction of the axial and peripheral joints, leading to severe disability. Serious and potentially fatal extraskeletal manifestations can manifest.

With the advent of effective immunosuppressant medications such as methotrexate in psoriatic disease and biologic agents (i.e., TNF-α and IL-23 inhibitors), patients with more severe manifestations have markedly improved symptom control and quality of life.

SUGGESTED READINGS

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