

# Time for change? Comparing ASDAS and BASDAI for making treatment decisions

Based on a study by Solmaz D et al. presented at EULAR 2023.

A real-world study investigated the inconsistency between patients with axSpA achieving BASDAI <4 and achieving ASDAS <2.1. A 'discordant' result was defined as the achievement of inactive disease status by one of the composite measures but not the other.<sup>1</sup>

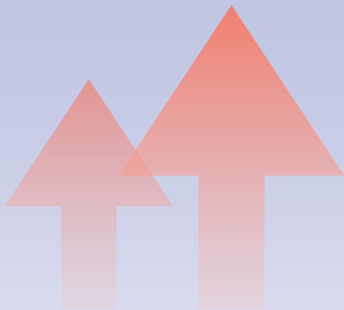
ASDAS has validated cut-offs to define disease states in axSpA and includes CRP, an objective marker of inflammation.<sup>2</sup>

**In comparison to concordant patients, discordant patients with BASDAI <4 had:<sup>1</sup>**

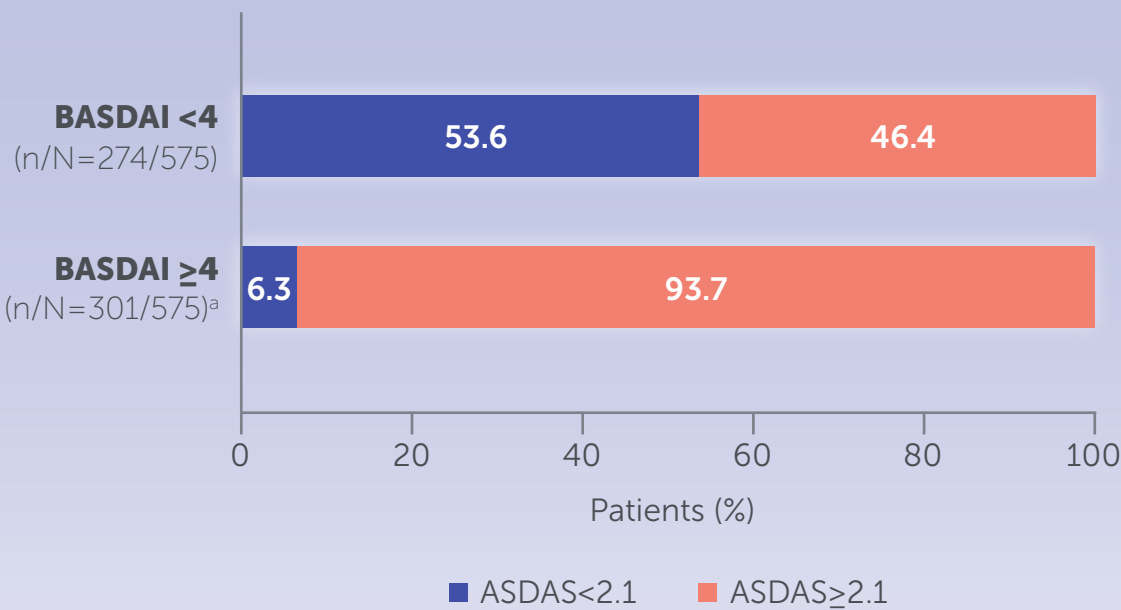
- Higher serum CRP levels
- Higher baseline mSASSS scores
- Higher progression rate according to mSASSS

**All discordant patients had:<sup>1</sup>**

- Higher CRP values



Approximately half of patients achieving BASDAI <4 did not achieve ASDAS <2.1.<sup>1</sup>



Adapted from Solmaz D et al. Ann Rheum Dis. 2023;82(Suppl 1):623. Abstract POS0681.

**ASDAS may be a more appropriate disease activity measure than BASDAI, when making treatment decisions.<sup>1</sup>**

This analysis included 575 axSpA patients from a single centre who had both BASDAI and ASDAS-CRP scores at the same visit.<sup>1</sup>

<sup>a</sup>n manually calculated.

Abbreviations **ASDAS:** Ankylosing Spondylitis Disease Activity Score; **axSpA:** axial spondyloarthritis; **BASDAI:** Bath Ankylosing Spondylitis Disease Activity Index; **CRP:** C-reactive protein; **mSASSS:** modified Stoke Ankylosing Spondylitis Spine Score.  
References **1** Solmaz D et al. Ann Rheum Dis. 2023;82(Suppl 1):623. Abstract POS0681. **2** Ramiro S et al. Ann Rheum Dis. 2023;82(1):19–34.