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Site-specific articular response to biologics in axial spondyloarthritis: a European cohort study

This European study examined whether individual joints respond differently to tumour necrosis factor inhibitors (TNFi) in people with axial spondyloarthritis. It included 1,113 patients from eight European countries who had at least one tender joint when starting treatment. The knees and wrists were the joints most commonly affected at baseline.

Improvement varied according to joint location. Tenderness resolved more quickly in the finger joints, especially the fourth and fifth fingers, compared to the wrists. The knees improved more slowly than the wrists, while the elbows showed a similar response compared to the wrists. A comparable response pattern was observed for swollen joints. Overall, around 91-92% of patients experienced resolution of joint tenderness respectively swelling in at least one joint during follow-up.

These findings show that the location of an affected joint should be considered when evaluating treatment response. Slower improvement in the wrists, knees, and second and third fingers does not necessarily mean that treatment is ineffective, but that these joints may just take longer to respond. This knowledge may help rheumatologists choose an appropriate assessment time and give patients more realistic expectations regarding improvement of specific joints.

Link to the publication: Site-specific articular response to biologics in axial spondyloarthritis: a European cohort study at <https://doi.org/10.1016/j.jbspin.2026.106107>