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Alcohol Consumption is Associated with Spinal Radiographic Progression in Axial Spondyloarthritis.

To assess the association between alcohol consumption and spinal progression in axial spondyloarthritis (axSpA), as measured by modified Stoke Spondylitis Ankylosing Spinal Score (mSASSS).

We interrogated a longitudinal observational cohort study of axSpA patients in the SpA Program at University Health Network (UHN) in Toronto, Canada. The primary outcome of was spinal progression, and two definitions of progression were used: an increase of ≥ 2 mSASSS units in 2 years, and the development of new syndesmophytes. Alcohol consumption was defined as consuming > 0 units/week. Generalized estimating equation (GEE) analyses were performed and adjusted for confounders.

Among our cohort of 568 axSpA patients, the mean age was 37.9 years $\pm$ 13.2, 65% were males, and 84% were classified as radiographic axSpA. Adjusted GEE models revealed increased odds of ≥ 2 mSASSS units/2 years in alcohol consumers (adjusted OR (aOR) 1.89, 95% CI 1.15 to 3.09), predominantly observed in males (aOR 2.28, 95% CI 1.31 to 3.96) and individuals with radiographic axSpA (aOR 1.90, 95%CI 1.15 to 3.15). There was no significant association between the development of new syndesmophytes and alcohol (aOR 1.52, 95% CI 0.88 to 2.60). Age, male sex, disease activity scores, syndesmophyte at baseline, and C-reactive protein were identified as predictors of spinal progression.

Our findings indicate that alcohol consumption appears to be associated with spinal progression. Physicians should inquire about alcohol consumption in patients with AxSpA care and provide counselling accordingly.