

# SPONDYLOARTHROPATHIES: GUT MICROBIOME

American College of Osteopathic Internists (ACOI) Annual Mtg  
October 12, 2023

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# DISCLOSURES

I have no disclosures.

## PRACTICE GAP

Many physicians have a challenging time understanding the pathogenesis of spondyloarthropathies and the associated role of the gut microbiome. Recent research has identified connections between pathogenic pathways and gut microbiota, as well as dietary associations. Physicians should be aware of this emerging data so that it may help facilitate holistic, integrative treatment plans.

## LEARNING OBJECTIVES

1. Discuss ongoing research in the field of spondyloarthropathies and the microbiome.
2. Describe unique findings of the gut microbiome in those with diagnosed spondyloarthropathies.
3. Design a care plan that incorporates an integrative approach to the treatment of those with spondyloarthropathies.

# OVERVIEW OF SPONDYLOARTHROPATHIES

Understanding the Key Features and Classification

## WHAT ARE SPONDYLOARTHROPATHIES?

- Spondyloarthropathies, also known as SpA, are a group of chronic inflammatory diseases primarily affecting the spine and other joints.
- These conditions share common clinical features and genetic predispositions.



## CLASSIFICATION OF SPONDYLOARTHROPATHIES

- Ankylosing Spondylitis (AS)
  - Radiographic and non-radiographic
- Psoriatic Arthritis (PsA)
- Reactive Arthritis (ReA)
- Enteropathic Arthritis (associated with inflammatory bowel disease)
- Undifferentiated Spondyloarthropathy (uSpA)

## GENETIC PREDISPOSITION: HLA-B27

- Ankylosing Spondylitis (AS)
  - ~90% white pts and ~50-80% non-white pts
- Psoriatic Arthritis (PsA) (also HLA-Cw6, B38, B39, DR04)
  - ~50%
- Reactive Arthritis (ReA)
  - ~60-80% of pts
- Enteropathic Arthritis (associated with inflammatory bowel disease)
  - Crohn's ~55% and UC ~70%
  - IBD also HLA-B35, B44, BI\*0103



## KEY FEATURES OF SPONDYLOARTHROPATHIES

- Inflammatory back pain: Chronic pain and stiffness in the lower back, often worse in the mornings and with rest.
- Enthesitis: Inflammation at the sites where tendons or ligaments attach to bones.
- Peripheral arthritis: Inflammation of joints, typically asymmetric and involving large joints (e.g., knee, ankle).
- Extra-articular manifestations: Involvement of other organs, such as the eyes, skin, and gastrointestinal tract.



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## DIAGNOSIS AND MANAGEMENT

- Diagnosis relies on a combination of clinical assessment, imaging (e.g., X-ray, MRI), and laboratory tests.
- Treatment aims to relieve symptoms, reduce inflammation, and improve overall quality of life.
- Medications, physical therapy, exercise, and **LIFESTYLE** modifications.



# MICROBIOME AND IMMUNITY

Human Gut

# HUMAN MICROBIOME

- Humans carry 3-6 pounds of bacteria with approximately 3 million protein coding genes.
- Intestinal microbiome significantly differs from that of skin or GU.
- Intestinal microbes assist in degrading complex polysaccharides from diet and extract vitamins and amino acids.
- Intestinal microbiome may help maintain homeostasis when healthy OR promote inflammation in dysbiosis.



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# GUT MICROBIOME IN AUTOIMMUNITY

- The 20<sup>th</sup> century
  - Carl Warden – “toxemic factor hypothesis”
- More recent reports solidified the idea that gut infecting bacteria may cause distal arthritis
  - Reactive arthritis, IBD-related arthritis and SpA
  - Whipple’s disease
  - Jejunioileal-bypass surgery



Scher JU et al., *Arthritis Rheumatol.* 2016

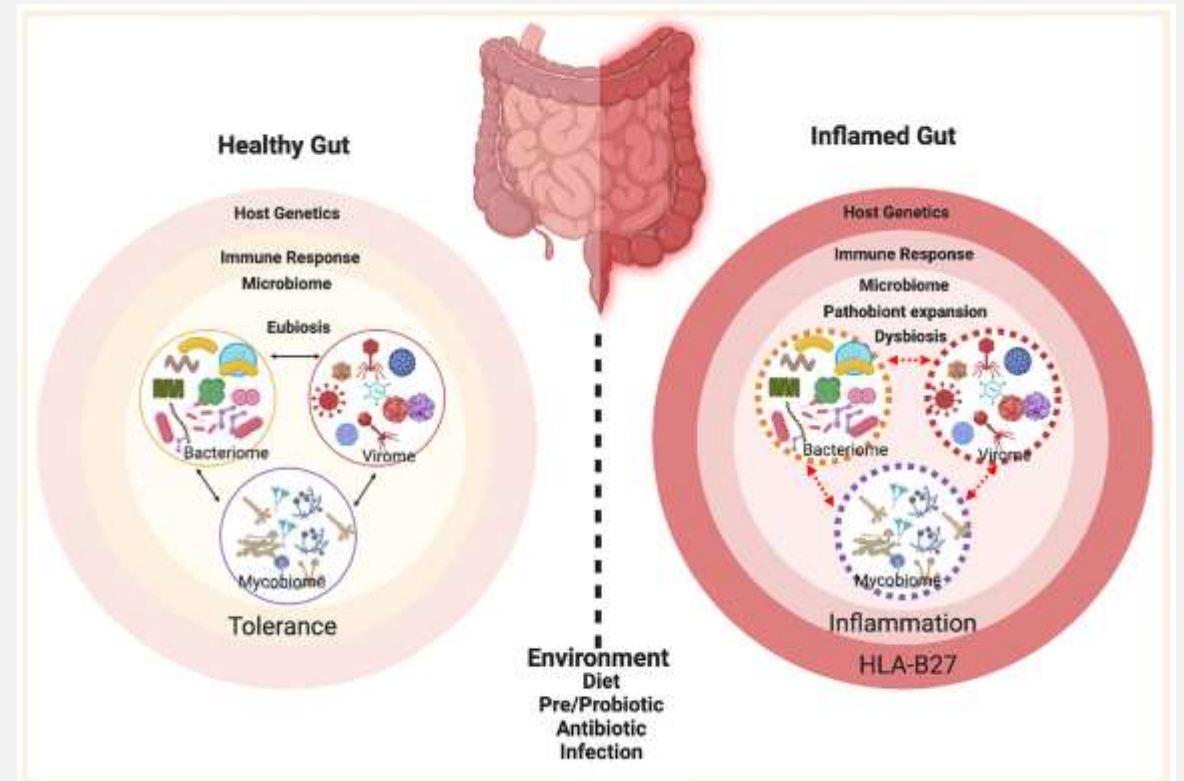
West, S. G., & Kolfenbach, J. *Rheumatology secrets.* 2020

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# GUT MICROBIOME

## Factors Affecting the Gut Microbiome

- Diet: High-fiber vs. low-fiber diets, plant-based vs. animal-based diets, etc.
- Medications: Antibiotics, proton pump inhibitors, etc.
- Lifestyle: Stress, exercise, sleep patterns, etc.
- Environmental factors: Exposure to pollutants, sanitation, etc.



Qin, J., et al. *Nature*. 2010

Sender, R., et al. *PLoS Biology*. 2016

Marchesi, J. R., et al. *Gut*. 2016

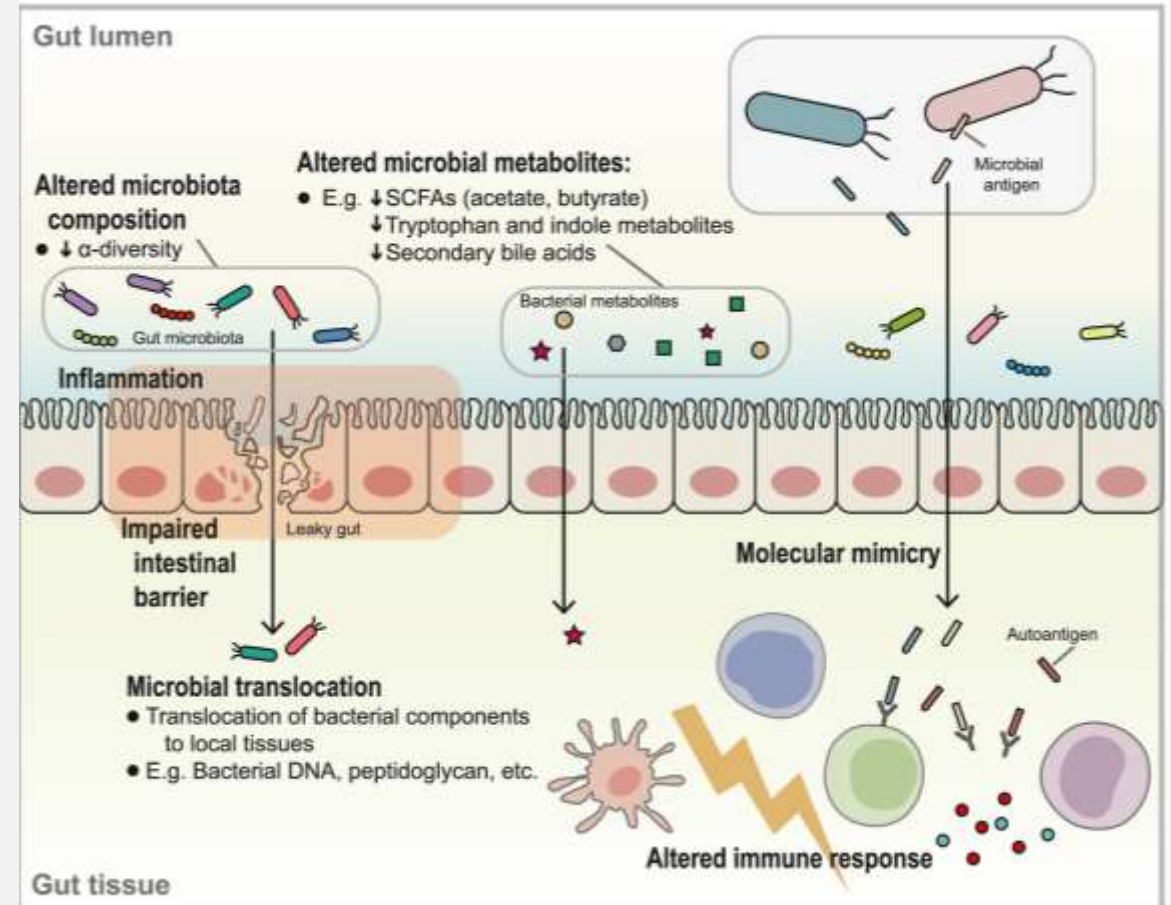
Lynch, S. V., & Pedersen, O. *New England Journal of Medicine*. 2016

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# GUT MICROBIOME

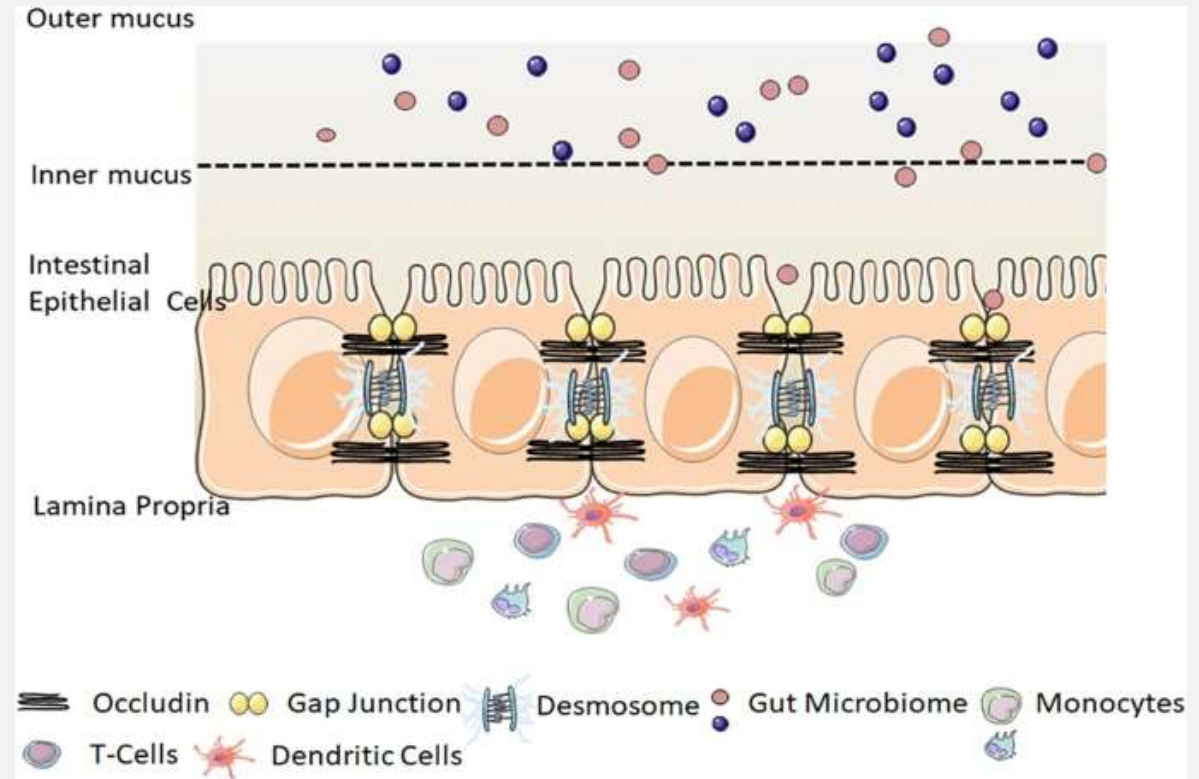
- Mechanisms of disruption
  - Impaired barriers
  - Changes in microbial translocation
  - Disruption of microbiota-derived metabolites
  - Molecularly mimicry
  - Dysregulation of immune cells



Adapted from Yang R, Chen Z, Cai J. *J Autoimmun.* 2023

# IMMUNITY

- Mucus layer, antimicrobial protein and secretory IgA.
- Intestinal epithelial cells/mechanical barrier – pathogen-associated molecular patterns (PAMPs), such as toll-like receptors (TLRs) and antibacterial molecules.
- Innate immune cells, such as macrophages and dendritic cells (DCs).



Chelakkot, C., Ghim, J. & Ryu, S.H. *Exp Mol Med.*, 2018



# IMMUNITY

- Antigens are presented by MHCII and interact with B and T cells receptors -> adaptive immune response
- The microbial antigen then determines the specific cytokine setting -> specific CD4+ T cell differentiation
- T helper 1 (Th1) cells triggered by intracellular pathogens -> IFN gamma
- Th2 and Th17 stimulated by extracellular pathogens -> IL-4 and IL-17
- Regulatory T cells (Tregs) generate anti-inflammatory IL-10

# GUT AND CURRENT THERAPIES

- Sulfasalazine (designed to combine sulfa antibiotic with salicylate via an azo-bond)
  - FDA-approved in the treatment of RA, IBD and AS
- Hydroxychloroquine
- Tetracyclines (OFF LABEL)

# SPA GUT

Animal Models

# ANIMAL MODELS

- Hammer RE et al. described SpA-like disease in transgenic rats with HLA-B27 and human copies of beta-2 macroglobulin.
- Taurog JD, Richardson JA, Croft JT, et al. germfree rats failed to develop inflammatory bowel or joint disease.
- Germ-free mice over expressing TNF did not develop ileitis
- HLA-B27 rats colonized with *Bacteroides* developed inflammation, suggesting certain species may initiate.
  - Theorized due to HLA-B27 misfolding and activation Th17 cells, as well as IL-23

Hammer RE, et al. *Cell*, 1990.

Taurog JD, Richardson JA, Croft JT, et al. *The Journal of experimental medicine*. 1994

Scher JU et al., *Arthritis Rheumatol*. 2016

# ANIMAL MODELS

- ANKENT (ankylosing enthesopathy) mouse model demonstrated HLA-B27 mice spontaneously develop progressive enthesitis and ankylosis triggered by commensals.
- SKG model, mice received systemic injection of B-glucan and developed SpA-like disease.
  - Severity of arthritis and ileitis dependent on host microbiome and IL-23-dependent IL-17/IL-22 production.
  - Mice with overexpressed IL-23 develop enthesitis and osteoproliferation.

Sinkorova Z, Capkova J, Niederlova J, Stepankova R, Sinkora J., *Human immunology*. 2008

Scher JU et al., *Arthritis Rheumatol*. 2016

Ruutu M, Thomas G, Steck R, et al., *Arthritis and rheumatism*. 2012.

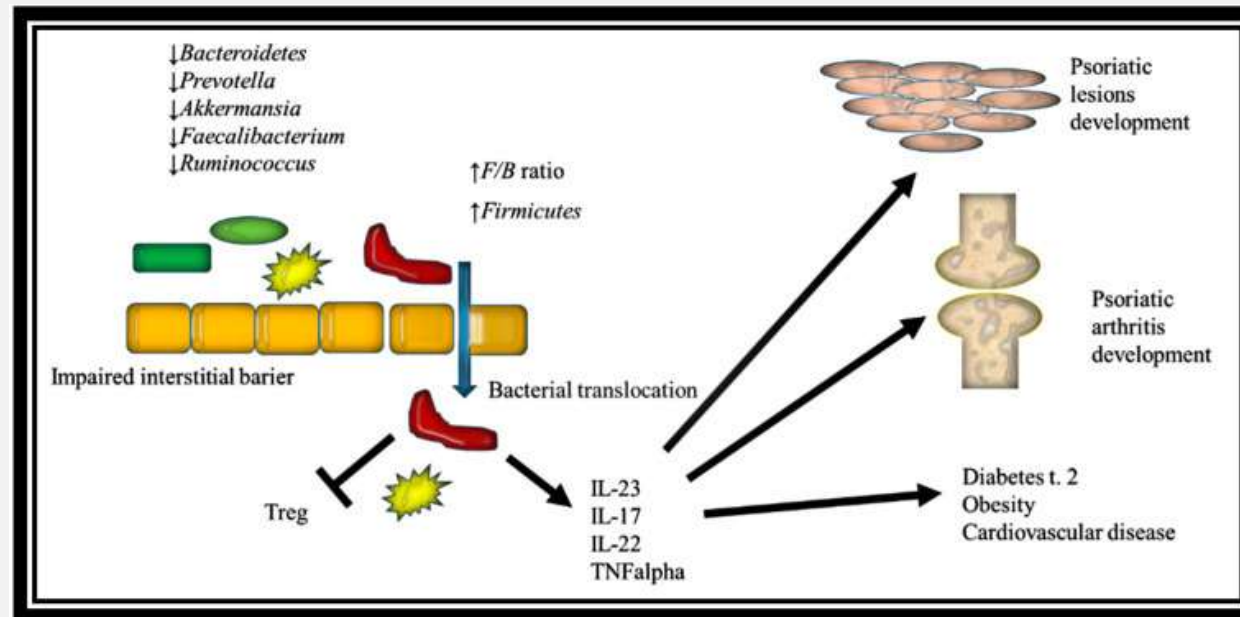
Rehaume LM, Mondot S, Aguirre de Carcer D, et al., *Arthritis & rheumatology*. 2014

## SPA GUT

- Asquith et al. (2014) collected stool samples from individuals with AS (n=43), RA (n=26), and healthy controls (n=61).
- Performed bacterial 16S rRNA gene sequencing and HLA genotyping.
- AS and RA patients had altered gut microbial communities compared to healthy controls.
- HLA alleles were associated with increased risk of AS (HLA-B27) or RA (HLA-DRB1) were linked to specific alterations in the gut microbiome.
- Suggest a potential interplay between genetic factors (HLA alleles) and the gut microbiome in the development or progression of spondyloarthropathies.

# SPA GUT

- Olejniczak-Staruch I, et al. 2021 review demonstrated the role of intestinal dysbiosis in PsA, as well as PsO.



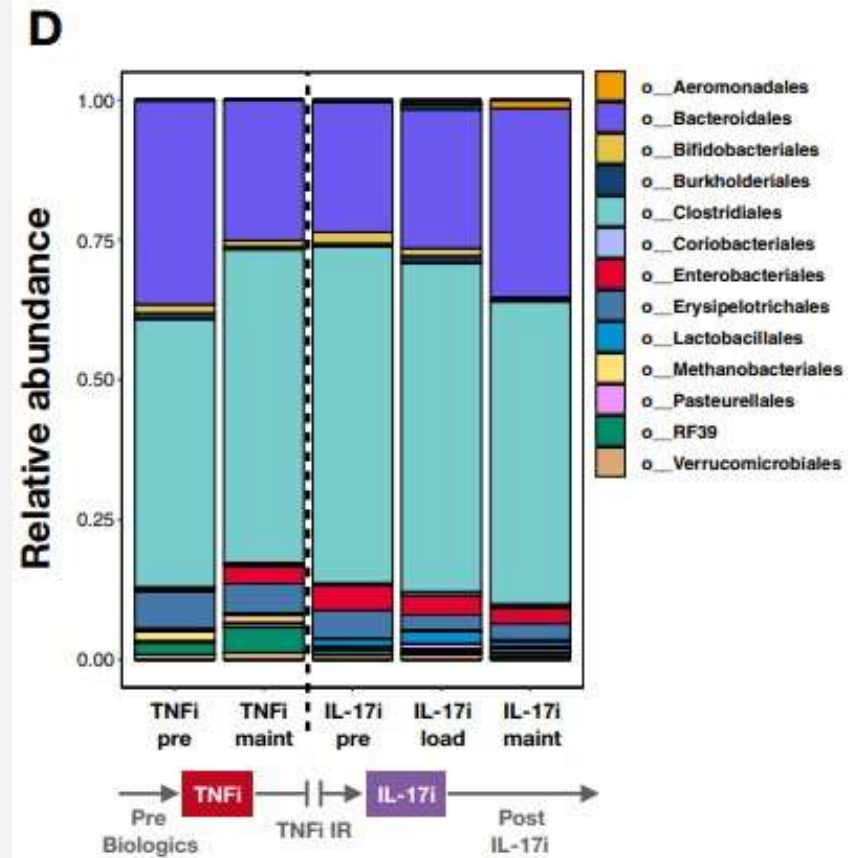
# SPA MICROBIOME

- HLA-B27 transgenic rats vs wild-type controls
  - Increased *Prevotella spp.*
  - Decreased *Rikenellaceae* and *Akkermansia*
- AS patients
  - Increased *Lachnospiraceae* and *Prevotellaceae* in AS
  - Decreased *Ruminococcaceae* and *Rikenellaceae*
- PsA patients
  - Decreased *Ruminococcus* and *Akkermansia*
  - Decreased medium chain fatty acids (MCFAs) and RANKL
- IBD
  - Decreased *Ruminococcus* and *Akkermansia*



# BACTERIAL ABUNDANCE W/ TX

- Bacterial abundance in PsA/SpA patients pre and post treatment with either TNFi or IL-17i
- TNFi cohort fecal samples collected at baseline and 6 months after initiating therapy
- IL-17i cohort samples collected at baseline, 5 weeks and 3 months



## SPA AND INFLAMMATORY BOWEL

- AS and PsA at risk of developing IBD (and visa versa)
  - Significant amount with subclinical GI inflammation (increased IL-22 and IL-23)
- Sulfate-reducing bacteria more prevalent in AS patients.

## SPA GUT CONCLUSIONS

- Strongly suggests that genetic predisposition AND dysbiosis of the intestinal microbiome may lead to an immune response triggering a proinflammatory state in the lamina propria.
  - Production IL-23, activation of T cells, IL-17 and TNF alpha
  - Inhibition of T regs

# MICROBIOME TREATMENT

# ANTIBIOTICS

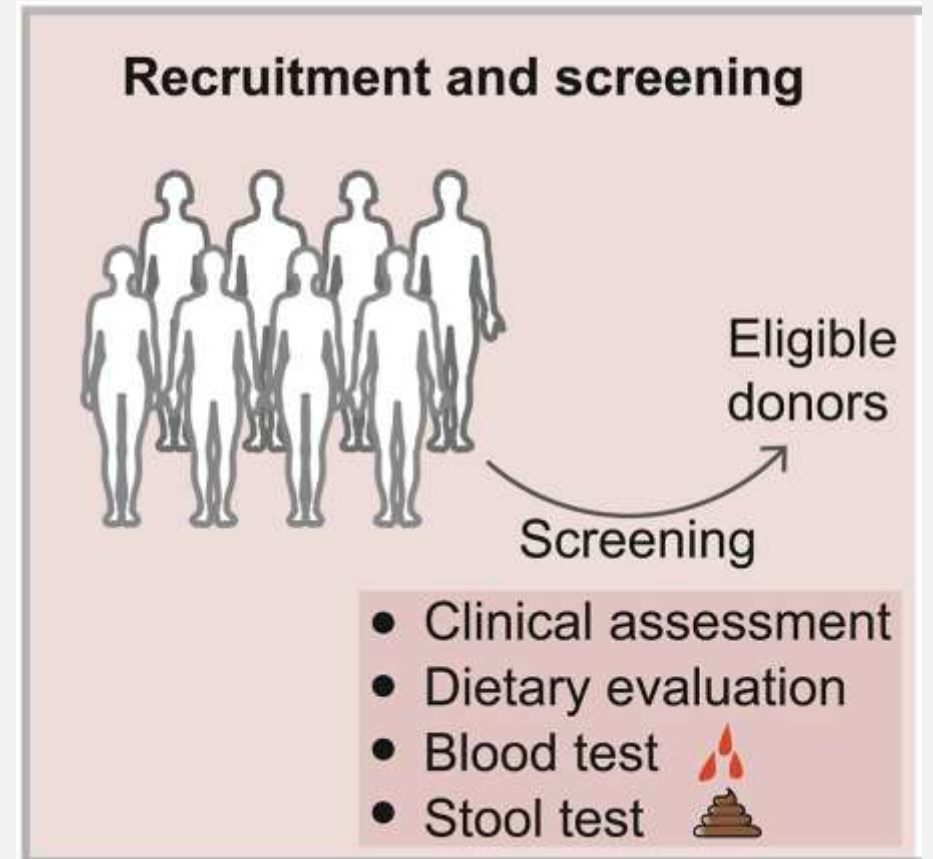
- Broad spectrum antibiotics as anti-rheumatic treatment have not demonstrated efficacy.
- Evidence has provided varying information in regards antibiotics potentially restoring dysbiosis.

# FECAL MICROBIAL TRANSPLANT (FMT)

- First report of fecal transplant is from traditional Chinese medicine book from 1700s.
- Goal is to transplant functional microbiota of donor feces into the GI tract of patient with dysbiosis of their gut microbiome.
- FMT has the potential to revert an altered microbiome to a balanced state.
- In modern reports, FMT is known for its efficacy treating *C. difficile*.
- Aside from the bacteria –
  - Bacteriophages and soluble components (such as microbiota metabolites) may also play a role in treatment.

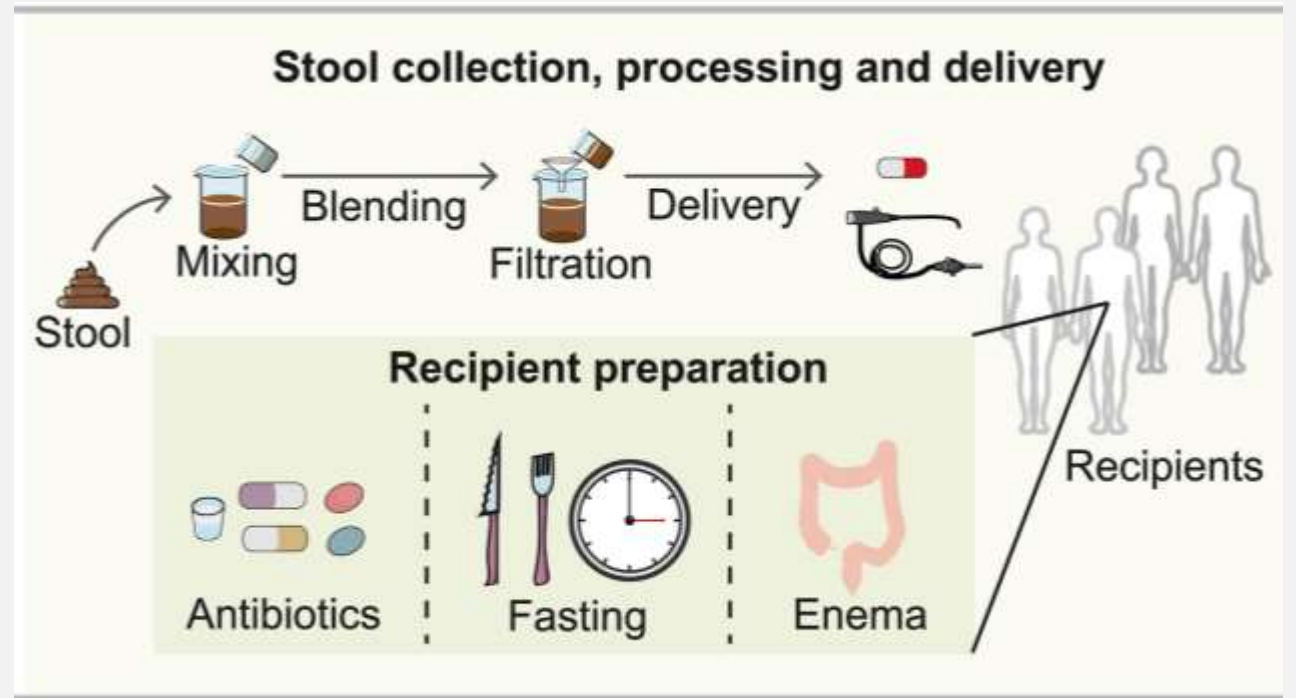
# FMT

- Donor selection crucial
  - Health questionnaires, clinical evals, stool and blood testing
- Donor selection process currently based on expert consensus
- Sequencing and computational approaches to identify specific donor traits
- Recruiting is challenging, criteria increasingly strict
- Autologous shown success in T1DM



# FMT

- Steps: suspension, blending, filtration and storage; 50% bacteria non-viable
- NG tubes, NJ tubes, endoscopies, colonoscopies, and retention enemas
- Capsules: oral freeze-dried, encapsulated fecal microbiota -> potential for higher viability, engraftment and treatment efficacy



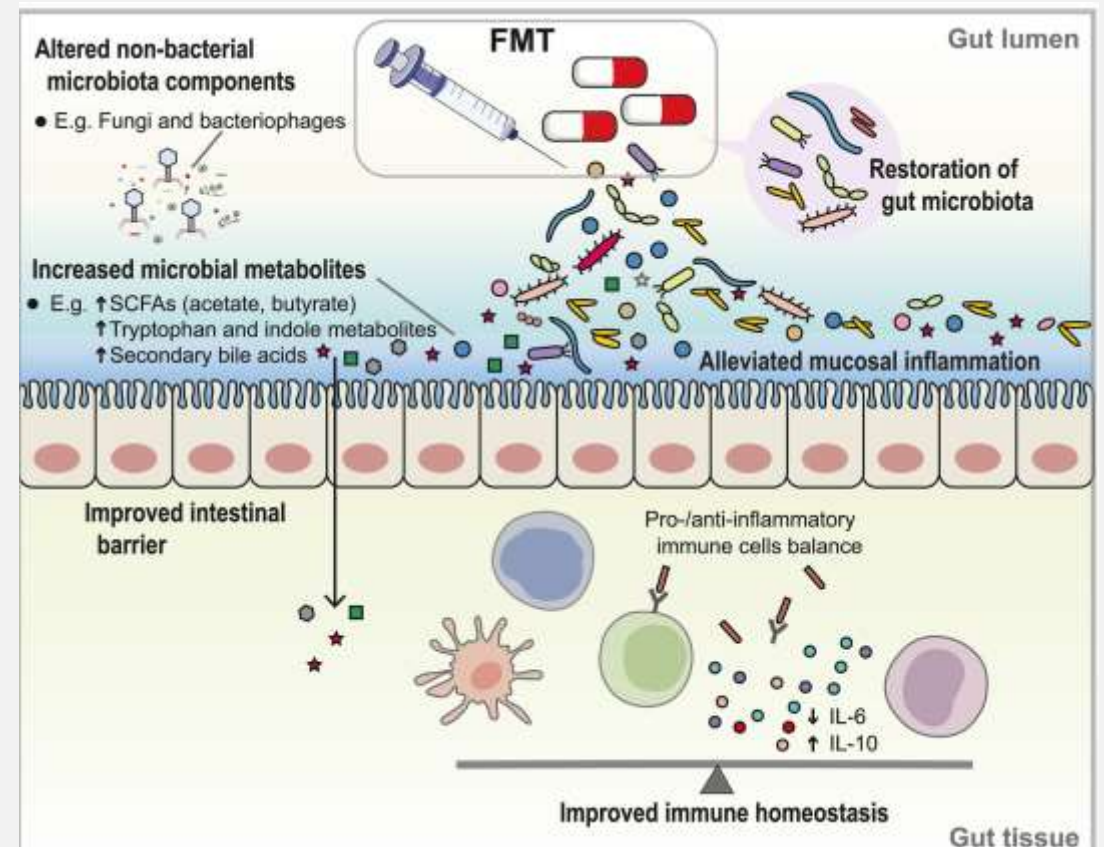


# FMT

- Recipient success factors
  - Genetics, immune status, lifestyle, diet, smoking status, alcohol consumption, and medications
  - Donor-recipient microbiome interaction, donor-recipient relationship, microbial abundance
- Bioinformatics tools, such as Strain Finder -> ID and trace successful engrafted bacteria post-FMT

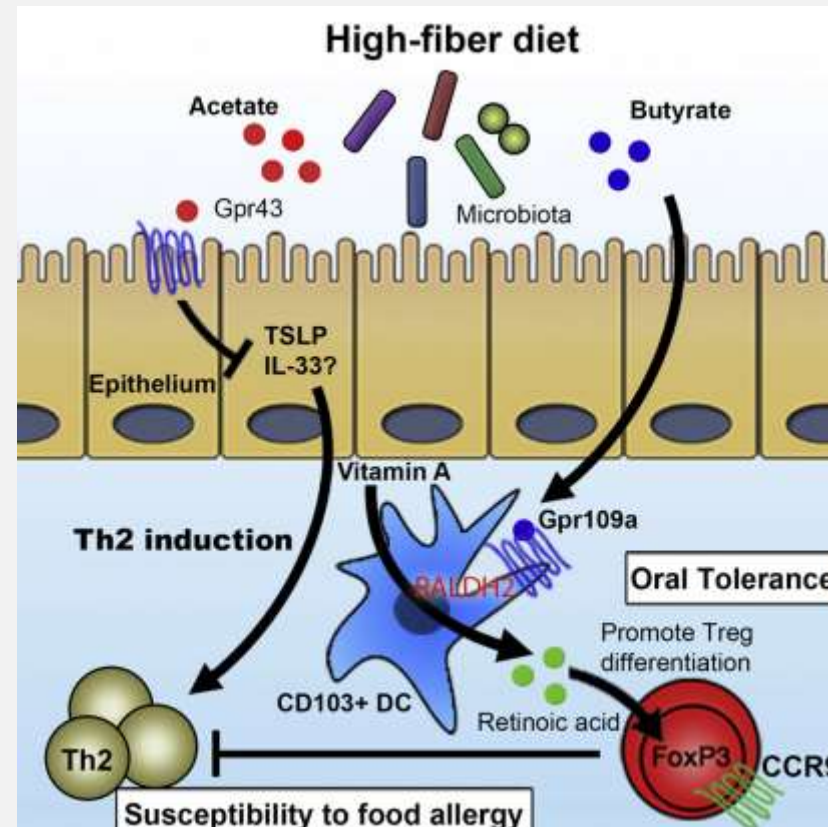
# FMT

- Restoring the microbiome
  - Composition and function
  - Improved barrier function
  - Reduces inflammation of mucosa
  - Increase microbiota metabolites (such as SCFA, etc.)
  - Non-bacterial components (such as bacteriophages)
  - Improves immune homeostasis



# DIET AND SUPPLEMENTS

- Anti-inflammatory diet
  - Pro-inflammatory: processed carbohydrates, red meat, sweetened beverages/sugar and saturated fats
- High fiber diet
- Prebiotics (SCFA, butyrate)
- Probiotics
- Omega-3
  - Decrease CRP and IL-6



Jian Tan et al. *Cell Reports*. 2016

Haidmayer A et al., *Nutrients*, 2020  
Tajik N, et al., *Nature Commun*, 2020  
Dürholz K et al., *Nutrients*, 2020  
Eder L., et al., *Arthritis Rheumatol*. 2022 (ACR 2022)  
Scher JU et al., *Arthritis Rheumatol*. 2016

# ANTI-INFLAMMATORY DIET

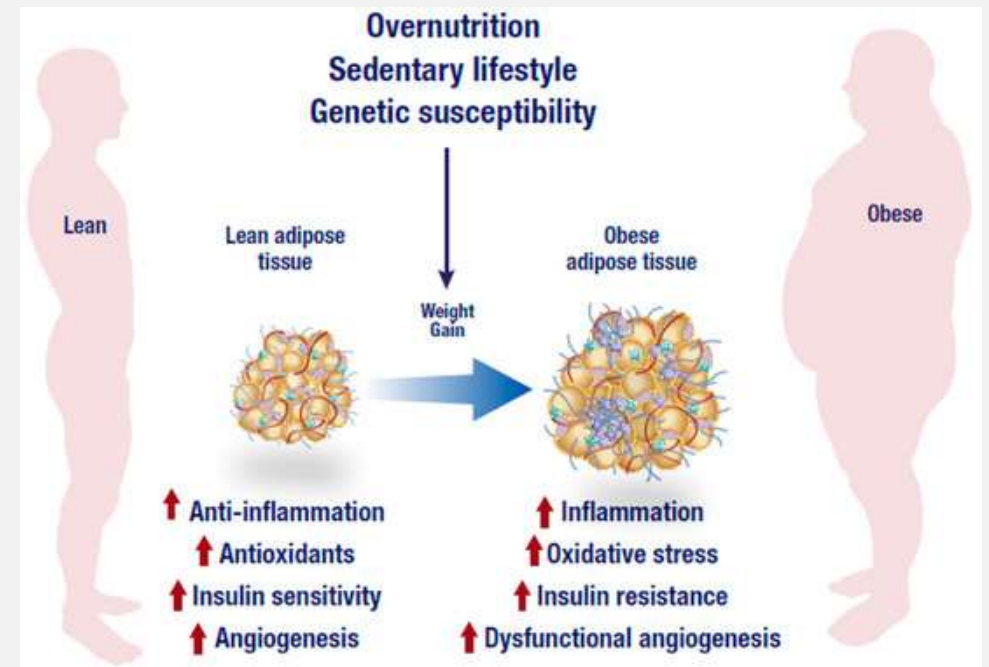
- Mediterranean diet
  - Focus on fruits, vegetables, whole grains, legumes, olive oil and fish (omega 3 fatty acids)
  - Minimize sugar, highly processed foods and meats, fast food, food high in trans-fat and saturated fat



Smedslund G, Byfuglien MG, Olsen SU, Hagen KB. J Am Diet Assoc. 2010

# EXERCISE AND WEIGHT LOSS

- Associated link between psoriasis (PsO)/PsA, obesity and metabolic syndrome
- Obesity is an inflammatory state.
  - Adipose tissue releases TNF $\alpha$  and IL-6
  - Decrease release of adiponectin
    - => pro-inflammatory state/oxidative stress
- Obesity is associated with higher disease activity.
- Obesity decreases efficacy of TNFi.
- Pro-inflammatory cytokines contribute to an increased cardiovascular risk.



Azevedo S, et al., *Acta Reumatol Port.*, 2019

Moroni L, et al., *Clin Rheumatol.*, 2020

Ellulu MS, et al., *Arch Med Sci.* 2017

Paine A, et al., *Arthritis Rheumatol.* 2023

Dludla, P. et al., *Nutrients* 2019

# SUMMARY

## SUMMARY

- The intestinal microbiome likely plays a role in SpA immune expression.
- Treatment of gut microbiome dysbiosis is promising for therapy of SpA and other autoimmune diseases. Ongoing and further research is appreciated.
- There is evidence for integrative medicine in patients with autoimmune disease (as well as other chronic disease).

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