



Sociedad Española
de Reumatología -
Colegio Mexicano
de Reumatología

Reumatología Clínica

www.reumatologiaclinica.org



Original Article

Assessment of SpondyloArthritis International Society (ASAS) consensus on Spanish nomenclature for spondyloarthritis[☆]



Victoria Navarro-Compán,^{a,*} Teresa Otón,^b Estíbaliz Loza,^b Raquel Almodóvar,^c Rafael Ariza-Ariza,^d Wilson Bautista-Molano,^e Rubén Burgos-Vargas,^f Eduardo Collantes-Estévez,^g Eugenio de Miguel,^a Carlos González-Fernández,^h Jordi Gratacós,ⁱ Sebastián Ibáñez,^j Xavier Juanola,^k Jose Maldonado-Cocco,^l Anna Moltó,^m Juan Mulero,ⁿ Cesar Pacheco-Tena,^o Cesar Ramos-Remus,^p Jesús Sanz-Sanz,ⁿ Rafael Valle-Oñate,^q Pedro Zarco,^c Helena Marzo-Ortega^r

^a Hospital Universitario La Paz, IdiPaz, Madrid, Spain

^b Instituto de Salud Musculoesquelética, Madrid, Spain

^c Hospital Universitario Fundación Alcorcón, Madrid, Spain

^d Hospital Universitario Virgen Macarena, Sevilla, Spain

^e Universidad Militar Nueva Granada, Bogotá, Colombia

^f Hospital General de México, Mexico City, Mexico

^g Hospital Universitario Reina Sofía, IMIBIC, Universidad de Córdoba, Córdoba, Spain

^h Hospital General Universitario Gregorio Marañón, Madrid, Spain

ⁱ Hospital Universitario Parc Taulí de Sabadell, I3PT, Universitat Autònoma de Barcelona (UAB), Barcelona, Spain

^j Facultad de Medicina Clínica Alemana-Universidad del Desarrollo, Santiago de Chile, Chile

^k Hospital Universitario de Bellvitge, IDIBELL, Universitat de Barcelona, Barcelona, Spain

^l Facultad de Medicina, Universidad de Buenos Aires, Buenos Aires, Argentina

^m Hôpital Cochin Hospital, Assistance Publique Hôpitaux de Paris-INSERM (U1153): Clinical Epidemiology and Biostatistics, PRES Sorbonne Paris-Cité, Paris, France

ⁿ Hospital Universitario Puerta de Hierro, Majadahonda, Madrid, Spain

^o Universidad Autónoma de Chihuahua, Chihuahua, Mexico

^p Unidad de Investigación en Enfermedades Cronicodegenerativas, Mexico City, Mexico

^q Clínica Colombiana de Reumatología-Salud Reinun, Colombia

^r NIHR Biomedical Research Centre, Leeds Teaching Hospitals Trust and Leeds Institute of Rheumatic and Musculoskeletal Medicine, University of Leeds, Leeds, United Kingdom

ARTICLE INFO

Article history:

Received 8 May 2018

Accepted 24 July 2018

Available online 9 October 2019

Keywords:

Spondyloarthritis

Nomenclature

Abbreviation

Acronym

ABSTRACT

Objective: To develop a consensus to standardise the use of Spanish terms, abbreviations and acronyms in the field of spondyloarthritis (SpA).

Methods: An international task force comprising all native Spanish-speaking Assessment of SpondyloArthritis International Society (ASAS) members, the executive committee of Grupo para el estudio de la Espondiloartritis de la Sociedad Española de Reumatología (GRESSER), two methodologists, two linguists from the Real Academia Nacional de Medicina de España (RANM) and two patients from the Spanish Coordinator of Spondylitis Associations (CEADE) was established. A literature review was performed to identify the conflicting terms/abbreviations/acronyms in SpA. This review examined written sources in Spanish including manuscripts, ICF and ICD, guidelines, recommendations and consensuses. This was followed by a nominal group meeting and a three-round Delphi. The recommendations from the RANM based on the Panhispanic dictionary were followed throughout the process.

Results: Consensus was reached for 46 terms, abbreviations or acronyms related to the field of SpA. A Spanish translation was accepted for 6 terms and 6 abbreviations to name or classify the disease, and for 6 terms and 4 abbreviations related to SpA. It was agreed not to translate 15 acronyms into Spanish. However, when mentioning them, it was recommended to follow this structure: type of acronym in Spanish and acronym and expanded form in English. With regard to 7 terms or abbreviations attached to acronyms, it was agreed to translate only the expanded form and a translation was also selected for each of them.

[☆] Please cite this article as: Navarro-Compán V, Otón T, Loza E, Almodóvar R, Ariza-Ariza R, Bautista-Molano W, et al. Consenso ASAS en nomenclatura en español para las espondiloartritis. Reumatol Clin. 2020;16:333–338.

* Corresponding author.

E-mail address: mvictoria.navarro@gmail.com (V. Navarro-Compán).

Conclusions: Through this standardisation, it is expected to establish a common use of the Spanish nomenclature for SpA. The implementation of this consensus across the community will be of substantial benefit, avoiding misunderstandings and time-consuming processes.

© 2018 Elsevier España, S.L.U. and Sociedad Española de Reumatología y Colegio Mexicano de Reumatología. All rights reserved.

Consenso ASAS en nomenclatura en español para las espondiloartritis

R E S U M E N

Palabras clave:
Espondiloartritis
Nomenclatura
Abreviatura
Acrónimo

Objetivo: Desarrollar un documento de consenso para estandarizar los términos, abreviaturas y acrónimos en español empleados en el campo de las espondiloartritis (EspA).

Métodos: Se creó un grupo de trabajo internacional compuesto por todos los miembros de *Assessment of SpondyloArthritis International Society* (ASAS) nativos de habla española, miembros del comité ejecutivo del Grupo para el estudio de la Espondiloartritis de la Sociedad Española de Reumatología (GRESSER), 2 metodólogos, 2 lingüistas de la Real Academia Nacional de Medicina de España (RANM) y 2 pacientes de la Coordinadora Española de Asociaciones de Espondilitis (CEADE). Se realizó una revisión de la literatura de los últimos 15 años (publicaciones, el CIE y CIF, guías, consensos y recomendaciones) para identificar los términos, abreviaturas y acrónimos discrepantes. Mediante un Delphi de 3 rondas y una reunión presencial, se discutieron, seleccionaron y acordaron los términos, abreviaturas y acrónimos a utilizar. Durante todo este proceso se siguieron las recomendaciones de la RANM basadas en el *Diccionario panhispánico de términos médicos*.

Resultados: Se consensuaron 46 términos, abreviaturas y acrónimos. Se aceptó la traducción al español para 6 términos y 6 abreviaturas empleados para nombrar o clasificar la enfermedad y para 6 términos y 4 abreviaturas relacionados con las EspA. Se acordó no traducir 15 acrónimos por estar ya establecidos, pero al mencionarlos, se recomendó seguir esta estructura: tipo de acrónimo en español y acrónimo y forma extensa en inglés. Con respecto a 7 términos o abreviaturas asociados a acrónimos, se acordó traducir solo la forma extensa y se consensuó una traducción.

Conclusiones: Con esta estandarización del lenguaje de las EspA se pretende establecer un uso común de la nomenclatura en español para las EspA. Su implementación será muy beneficiosa, evitando malentendidos y consumo de recursos.

© 2018 Elsevier España, S.L.U.

y Sociedad Española de Reumatología y Colegio Mexicano de Reumatología. Todos los derechos reservados.

Introduction

Historically, the spondyloarthritis (SpA) group has encompassed different entities, the most representative of which is ankylosing spondylitis. Other entities within this group include psoriatic arthritis, SpA associated with inflammatory intestinal disease, reactive arthritis and undifferentiated SpA. However, the traditional concept of SpA is changing. At present SpA tends to be spoken of as a global disease and when patients are grouped together this is done according to the predominant symptoms, into axial or peripheral SpA.¹

In addition to the changing concept of SpA diseases, the outcomes of multiple studies undertaken in the last few decades has also generated an enormous advance in this field. Of these, the ability to make an early diagnosis of the disease using the application of new imaging techniques stands out, together with new classification criteria, the development of tools for monitoring disease activity and its consequences more appropriately, and also the use of new effective therapies to relieve the signs and symptoms of the disease.

All of these advances have led to new terms, abbreviations or acronyms in the field of SpA. At present, the nomenclature used to define these new concepts in the English-speaking world is uniformly established and accepted. In contrast, this has not yet occurred in the Spanish-speaking world. The existing variability in the Spanish language is highly notable. For example, there is not even an agreed term or abbreviation to name the disease and up to 3 different forms of abbreviating the disease may be found in the same journal.^{2–4} Also, as there is no general consensus, we have to add the existing discrepancies between the different geographical

Spanish-speaking regions, as it is fairly common for the same word to have completely different meanings in one country to another.

This lack of consensus and standardisation has negative consequences in our field. On the one hand, it leads to misunderstandings between physicians and patients and even between the physicians themselves. On the other the fact there is no uniformly accepted nomenclature means that whenever any type of document is developed, such as recommendations, clinical practice guidelines or consensus documents, a great deal of time and resources is spent disputing which terms, abbreviations or acronyms to use.

Spanish is the second most widely spoken language in the world by the number of people who speak it as their maternal language, after Mandarin Chinese. There are 437 million native speakers and 477 million people speak it as their first and second language with native mastery, so it may therefore be considered the third language world-wide for total number of speakers. Spanish is mainly spoken in Spain and Hispanic America, but it is also spoken in the Philippines, Equatorial Guinea, Western Sahara and by immigrants in many countries, notably in the United States.

Due to this lack of consensus and uniformity in the use of terms, abbreviations and acronyms, and given the discrepancy between different regions, the *Assessment of SpondyloArthritis International Society* (ASAS) group designed this project aimed at standardising (in a consensual manner) the nomenclature in the field of the SpA, thus generating a framework document in which the terminology, abbreviations and acronyms recommended for use in this group of diseases were summarised.

Methods

This was a qualitative project, based on Delphi methodology promoted by the ASAS. The project was approved by the executive committee of the ASAS in October 2015.

Panel of experts

A panel of experts in SpA was selected, comprising (1) all the members of the ASAS who were native Spanish speakers, and resident in Spanish-speaking countries, along with other members of the ASAS, who were also native Spanish speakers, who worked in countries which were not Spanish speaking; (2) the members of the Group committee for the study of Spondyloarthritis from the Spanish Society of Rheumatology (GRESSER for its initials in Spanish). Two methodologists and one documentalist also collaborated, and guidance was given by 2 linguists from the Real Academia Nacional de Medicina de España (RANM). The opinion of patients from the Spanish Coordinator of Spondylitis Associations (CEADE) was also provided. In total, the work group comprised 29 participants from 5 different countries (one from Argentina, one from Chile, 2 from Colombia, 22 from Spain and 3 from Mexico).

Review of the literature and other related documents

Firstly a review was made of the scope of the literature (following a similar pattern to that used in a systematic review, but without quality assessment) which covered the last 15 years to identify the terms, abbreviations and acronyms in Spanish used in SpA (diseases, subgroups, symptoms and signs, associated manifestations, assessment variables, etc.). To do so a search was made in the different databases such as Pubmed or Embase. The terms used in Pubmed as MeSH terms were the following: “spondylitis”, “spondylarthritis”, “spondylarthropathies”, “arthritis psoriatic”, “arthritis reactive” and “spondylitis, ankylosing”; as text, works in free text were: “espondiloartropatía” OR “spondyloarthritis” OR “spondyloarthritis axial” OR “espondilitis anquilopoyética” OR “espondilitis anquilosante” OR “spondyloarthritis anquilosante” OR “spondyloarthritis axial no radiográfica” OR “pre-radiológica” OR “pre-radiográfica” OR “spondyloarthritis axial pre-radiológica/pre-radiográfica” OR “arthritis reactiva” OR “arthritis asociada a las enfermedades inflamatorias intestinales” OR “arthritis psoriásica” OR “spondyloarthritis periférica” OR “spondyloarthritis indiferenciadas” OR “espondilitis anquilosante de inicio juvenil” OR “Reiter” (using clinical queries, and free text limited to the Spanish language).

In Embase, the terms used were: spond\$, “psoriasis” AND “arthritic” “psoriatic” AND “arthritis” “psoriasis” AND “arthritis” “psoriatic arthritis”/exp OR “psoriatic arthritis” limited by country of publication: Spain, Argentina, Colombia, Chile, Mexico, Bolivia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Equatorial Guinea, Honduras, Nicaragua, Panama, Paraguay, Peru, Dominican Republic, Uruguay, Venezuela. Searches were also made in different scientific societies or organisations such as the Spanish Society of Rheumatology (SER) or the Pan-American League of Associations for Rheumatology (PANLAR). The International Classification of Diseases (ICD) was also reviewed and the International Classification of Functioning (ICF), as were other related documents, such as the Panhispanic Dictionary of Medical Terms.

Nomenclature development

After review of the literature, the objectives, scope, users and sections of the document were established, together with a list of

the terms, abbreviations and acronyms found in the Spanish language.

Delphi (3 rounds) and nominal group meeting

In the first Delphi round, the panel of experts were sent the list with the different options identified in the review of the literature to translate each term, abbreviation or acronym into Spanish. So as not to influence any option, when referencing any term, abbreviation or acronym, the version in English was provided, with all the different options for translating into Spanish. Regarding terms and abbreviations, each of the participants marked the ones they considered pertinent (responding yes/no and being able to select more than one option) so that they were initially taken into consideration and they could also suggest other options they considered suitable. For the acronyms, each participant specified if they considered it should be translated or not. Later, those items where at least 50% of the participants had shown they would consider them suitable and also newly suggested items, were selected. The final list included the following sections:

- i. A total of 75 proposals to translate 7 terms and 7 abbreviations to refer to the disease or its classification: “spondyloarthritis, axial spondyloarthritis, non-radiographic spondyloarthritis, peripheral spondyloarthritis, ankylosing spondylitis, radiographic spondyloarthritis, psoriatic arthritis, SpA, axSpA, nr-axSpA, pSpA, AS, r-SpA, PsA”.
- ii. A total of 14 proposals to translate 6 terms and 4 abbreviations relating to manifestations or findings relating to the disease: “enthesitis, inflammatory back pain, sacroiliitis, magnetic resonance imaging of the sacroiliac joints, bone marrow oedema, modified New York criteria, IBP, MRI-SIJ, BME, mNY”.
- iii. A total of 15 acronyms “ASAS, ASDAS, ASQoL, BASDAI, BASFI, BAS-G, BASMI, BASRI, MASES, MASEI, mSASSS, PsAQoL, PARS, PASI, RASS” and 7 abbreviations or special terms relating to these acronyms: “ASAS-HI, ASDAS-CI, ASDAS-MI, ASAS 5/6 improvement criteria, ASASpr, ASAS 20 response criteria and ASAS 40 response criteria”.

At this point the methodologists of the group met up with the RANM linguists to request advice. In sum, it was indicated that the decisions taken by the work group had to be adapted to the Panhispanic Dictionary of medical terms of the RANM⁵ and that they also had to follow the general rules contained in Table 1.

Subsequently a work group meeting was called, which took place in June 2017 in Madrid (Spain). The results of the first Delphi round were presented at this meeting (the items which met with agreement, the new suggestions and the results of the translations). Comments and recommendations by the RANM linguists were also shown, as was the information collected in the Panhispanic Dictionary of the RANM relating to the term or abbreviation under discussion. In this meeting, a consensus was reached to translate 20 of the 22 terms or abbreviations and consensual decisions were taken regarding the translation of acronyms and special terms or abbreviations linked to them.

The second Delphi round was launched with this information. In this round a vote took place between 3 options, about what the translation should be for 2 abbreviations which were the most controversial (*nr-axSpA*, *pSpA*). A proposal was also included to translate the extended form of the acronyms in section iii and each participant was requested to indicate their level of agreement (LA) with each of the proposals (from 1 to 10, with 1 being “totally disagree” and 10 “totally agree”). To accept the proposals, i.e. to establish LA, at least 70% of the participants had to vote for $LA \geq 7$.

In the second round, 3 of the acronyms did not gain a sufficient level of agreement and were therefore reformulated and voted in

Table 1
Comments and recommendations offered by the RANM linguists.

#	Comment
1	Medical language is fluctuating and changes in keeping with new scientific advances.
2	Unless terms are incorrect either due to their etymological meaning or orthographic error, specific words may not be imposed, but their use instead of others may be recommended
3	There are no established norms for medical abbreviations, nor are they recognised in the Panhispanic dictionary, but with few exceptions, the hyphen is not used (it is used if the 2 words have different meanings) and they are abbreviated in the manner in which we read in Spanish. There are no established forms for the use of upper or lower case when abbreviating (there is a tendency for the use of upper case in English)
5	The translation of acronyms/initials is not recommended if they are already established in everyday practice, e.g. DNA
6	The plural of acronyms/initials is not graphically marked with "s", although it is correct to pronounce it in the oral language, for example, DMARD or NSAID
7	Alphanumerical initials may be written with or without a hyphen, for example SF-36

NSAID: non-steroidal anti-inflammatory drugs; DNA: ADN, deoxyribonucleic acid; DMARD: disease-modifying anti-rheumatic drug; RANM: Spanish Royal National Academy of Medicine; SF: short form.

a third Delphi round, following the same criteria as in the second. After this third round, they all reached the minimum established level of agreement.

Finally, the results of the consensus were presented to experts in the annual ASAS meeting (January 2018, in Lisbon) for final assessment and comments.

Results

Forty six terms, abbreviations and acronyms were agreed. All the results are described in detail below, together with a summary of the most relevant information collected from the Panhispanic Dictionary of the RANM for the terms and abbreviations available.

Spondyloarthritis, subgroups and classification

In total, the translation for 7 terms and 7 abbreviations referring to the disease or its classification were agreed: "spondyloarthritis, axial spondyloarthritis, non-radiographic spondyloarthritis, peripheral spondyloarthritis, ankylosing spondylitis, radiographic spondyloarthritis, psoriatic arthritis, SpA, axSpA, nr-axSpA, pSpA, AS, r-SpA, PsA".

The Spanish terms and abbreviations are contained in [Table 2](#).

For the word which defines this group of diseases, which is *spondyloarthritis* in English, it was decided to use the Spanish term "spondyloarthritis", and for its abbreviation to be "SpA" (from the English abbreviation *SpA*), both with a 100% LA. According to the Panhispanic Dictionary of medical terms of the RANM *spondyloarthritis* refers to inflammation of the intervertebral joints.⁶ As an observation it should be noted that the dictionary unifies the term "espondiloartropatía" but defines it as "any disease affecting vertebral joints, generally of infectious, autoimmune or degenerative origin". Its English translation would be *spondyloarthropathy*. In this case the panel accepted that the term "espondiloartropatía" be used provided the author was referring to the whole group of pathologies, not when he or she was specifically referring to the inflammatory group of diseases, in which case the term to use would be "espondiloarthritis".

The next term assessed was *axial spondyloarthritis*, which in Spanish would be "espondyloarthritis axial" (LA 100%), and its abbreviation "SpAax" (LA 72%).

For the English term *ankylosing spondylitis*, which is also currently known as *radiographic spondyloarthritis*, it was agreed that the translation should be "espondilitis anquilosante" (LA 91%), and that the abbreviation of what in English is *AS* and *r-SpA*, respectively, would be "EA" (LA 70%).

In the review of the literature, numerous synonyms were identified for ankylosing spondylitis, including Bechterew's disease, Marie-Strümpell disease, ankylopoietic spondylitis, rheumatoid spondylitis, ankylopoietic spondyloarthritis, ankylosing spondyloarthritis, Bechterew arthritis, spondylitis deformity, rhizomelic

spondylitis, rhizomelic spondylosis, morbus Bechterew. Most of these are no longer in use, and the panellists advised against their usage.

It was also decided finally to use "espondiloarthritis axial no radiográfica" for the English term *non radiographic axial spondyloarthritis* (LA 95.4%), with its abbreviation "SpAax-nr" (LA 72.2%), which in English is *nr-axSpA*. It should be noted at this point that the Panhispanic dictionary of the RANM emphasizes that radiographic (from radiography or related therewith) should not be confused with radiologic (from radiology or related therewith).⁶ The panel was totally in agreement with the term radiographic and underlined the importance of using it correctly.

Similarly the term "espondiloarthritis periférica" was defined for *peripheral spondyloarthritis* (LA 100%), and "SpAp" as its abbreviation (LA 72.2%), the English equivalent of which is *pSpA*.

The most voted for term for what in English is *psoriatic arthritis* was "artritis psoriásica" (LA 95.4%), and its abbreviation "APs" (LA 80%) for the equivalent in English of *PsA*. This is the term also recommended by the panhispanic dictionary of the RANM, which also accepts other terms, such as "artropatía psoriásica", "psoriasis artrítica" and "psoriasis artropática", although this committee of experts advised against their usage.⁶

Terms and abbreviations relating to manifestations or findings specific to the disease

The translation of 6 terms and 4 abbreviations were agreed: "enthesitis, inflammatory back pain, sacroiliitis, magnetic resonance imaging of the sacroiliac joints, bone marrow oedema, modified New York criteria, IBP, MRI-SIJ, BME, mNY". [Table 2](#) contains a summary of the translation for these terms and abbreviations recommended by the committee of experts.

The panel unanimously agreed to use the term "entesitis", which corresponds to the English term *enthesitis*. According to the Panhispanic dictionary of the RANM, enthesitis is the inflammation of one or more entheses. The dictionary also states that it is frequently used in a lax manner as if it were a synonym for enthesopathy (a term without sufficient level of agreement to be considered, and which defines other types of diseases).⁶ The panel wishes also to point out that often erroneous terms like "entensitis" are cited.

The term "sacroiliitis" was accepted with a LA of 80.9% to refer to the inflammation of one or both sacroiliac joints. It is of note that the Panhispanic dictionary of the RANM specifies that the term "sacroileítis" is incorrect, because the term stems from "sacrum", "ilium" and itis (inflammation). Regarding "sacroiliitis" or "sacroiliitis", both forms are accepted in the RANM, but the form recommended by the RANM is *sacroiliitis* (with a single "i").⁶

For the following terms there were no problems with consensual acceptance because they are well established and it was only necessary to vote on the abbreviation. Thus, "DLI" was defined for "dolor lumbar inflamatorio" (LA 95.4%), in English *inflammatory back pain (IBP)*, "RM-SI" for "resonancia magnética de articulaciones sacroilíacas" (LA 90.9%), which in English is *magnetic resonance*

Table 2

Terms and abbreviations recommended by the group of experts.

#	English term (abbreviation)	Spanish term	Abbreviation
1	<i>Spondyloarthritis (SpA)</i>	Espondiloartritis	SpA
2	<i>Axial spondyloarthritis (axSpA)</i>	Espondiloartritis axial	SpAax
3	<i>Ankylosing spondylitis (AS), radiographic spondyloarthritis (r-SpA)</i>	Espondilitis anquilosante	EA
4	<i>Non radiographic axial spondyloarthritis (nr-axSpA)</i>	Espondiloartritis axial no radiográfica	SpAax-nr
5	<i>Peripheral spondyloarthritis (pSpA)</i>	Espondiloartritis periférica	SpAp
6	<i>Psoriatic arthritis (PsA)</i>	Artritis psoriásica	APs
7	<i>Inflammatory back pain (IBP)</i>	Dolor lumbar inflamatorio	DLI
8	<i>Magnetic resonance imaging of the sacroiliac joints (MRI-SIJ)</i>	Resonancia magnética de articulaciones sacroilíacas	RM-SI
9	<i>Bone marrow oedema (BME)</i>	Edema de médula ósea	EMO
10	<i>Modified New York criteria (mNY)</i>	Criterios de Nueva York modificados	NYm

Table 3

Form of naming acronyms and related terms and abbreviations.

3A	Acronyms	LA
1	Grupo ASAS (<i>Assessment in SpondyloArthritis International Society</i>)	100%
2	Índice de actividad ASDAS (<i>Ankylosing Spondylitis Disease Activity Score</i>)	100%
3	Índice de actividad BASDAI (<i>Bath Ankylosing Spondylitis Disease Activity Index</i>)	100%
4	Índice de calidad de vida ASQoL (<i>Ankylosing Spondylitis. Quality of Life</i>)	100%
5	Índice de calidad de vida PsAQoL (<i>Psoriatic Arthritis Quality of Life</i>)	100%
6	Índice ecográfico MASEI (<i>Madrid Sonographic Enthesitis Index</i>)	100%
7	Índice de entesitis MASES (<i>Maastricht Ankylosing Spondylitis Enthesitis</i>)	100%
8	Índice funcional BASFI (<i>Bath Ankylosing Spondylitis Functional Index</i>)	100%
9	Índice global BAS-G (<i>Bath Ankylosing Spondylitis patient Global score</i>)	94%
10	Índice metrológico BASMI (<i>Bath Ankylosing Spondylitis Metrology Index</i>)	94%
11	Índice de psoriasis PASI (<i>Psoriasis Area and Severity Index</i>)	100%
12	Índice radiográfico BASRI (<i>Bath Ankylosing Spondylitis Radiology Index</i>)	100%
13	Índice radiográfico mSASSS (<i>modified Stoke Ankylosing Spondylitis Spine Score</i>)	100%
14	Índice radiográfico PARS (<i>Psoriatic Arthritis Ratingen Score</i>)	100%
15	Índice radiográfico RASSS (<i>Radiographic AS Spinal Score</i>)	94%
3B	Related terms and abbreviations	
1	Índice de salud ASAS-HI (<i>Assessment in SpondyloArthritis international Society-Health Index</i>)	94%
2	Criterio de mejoría ASAS 20 (<i>ASAS 20 improvement criteria</i>)	91%
3	Criterio de mejoría ASAS 40 (<i>ASAS 40 improvement criteria</i>)	100%
4	Criterio de mejoría ASAS 5/6 (<i>ASAS 5/6 improvement criteria</i>)	100%
5	Gran mejoría-ASDAS [<i>ASDAS-MI (major improvement)</i>]	83%
6	Mejoría clínica-ASDAS [<i>ASDAS-CI (clinical improvement)</i>]	72%
7	Remisión parcial-ASAS (<i>ASAS partial remission</i>)	70%

LA: level of agreement.

imaging of the sacroiliac joints (MRI-SI), “EMO” to refer to the term of “edema de médula ósea” (LA 86.4%), in English *bone marrow oedema (BME)*, and “NYm” for “criterios de Nueva York modificados” (LA 77.3%), *Modified New York criteria (mNY)*.

Acronyms

Since they were already highly established, it was decided not to translate any of the 15 acronyms: ASAS, ASDAS, ASQoL, BASDAI, BASFI, BAS-G, BASMI, BASRI, MASES, MASEI, mSASSS, PsAQoL, PARS, PASI, RASS. However, when referring to them in any Spanish context, it was agreed to do so in the following way: (a) the type of variable in Spanish (e.g. activity score); (b) acronym in English (e.g., ASDAS), and (c) extended form in English (e.g., *Ankylosing Spondylitis Disease Activity Score*). Table 3A Table 3 contains the agreed form for each one of these acronyms.

However, it was accepted that the special abbreviations or terms relating to these acronyms which usually go in front or behind them should be translated: “ASAS-HI, ASDAS-CI, ASDAS-MI, ASAS 5/6 improvement criteria, ASASpr, ASAS 20 response criteria and ASAS 40 response criteria”. Table 3B presents the specific translation of each of these terms or abbreviations.

Discussion

Through development of this consensus, standardisation of the nomenclature in Spanish for the terms, abbreviations and acronyms commonly used in the field of SpA, was to be made, thus avoiding the negative impact from lack of uniformity currently existing in this regard.

Medical language does not seek aesthetic, creative, fun or recreational ends – as may be the case in literary language – it is informative, didactic and communicative. For this reason the 3 main traits of scientific language in general, and of medical redaction in particular, are veracity, precision and clarity.⁷ With these premises in mind, the ASAS group promoted this document, aimed at standardising the language in the field of the SpA for the Spanish speaking community. The idea was to reduce the great variability found when referring to this group of disease in the Spanish language.^{3,8–13} It is of note that in this work rheumatologists from 5 different nationalities participated, from 2 continents, all of them native Spanish speakers and experts in SpA, who had advice given them by the 2 linguists from the RANM, and who followed the rules and suggestions of the latter. Also to be highlighted is the high LA reached in all decisions, especially once the RNNM linguists’

recommendations had been commented upon, which increased the validity of that discussed.

With regard to terminology, from the beginning there was considerable agreement in adopting the concepts currently handled in the international community as spondyloarthritis and also to rule out some previous ones such as “espondiloartritis seronegativa” or “espondiloartropatías”. This equally applied to the terms “axial” and “periférica”.

One point where further discussion arose and one of the first decisions where recommendations from the linguists were more important, was the reference to the abbreviations and use of the script. Although a ruling of this type does not exist in the Real Academia Española (RAE) in general its use was not recommended unless we were referring to independent aspects and for this reason we decided to apply it only to “espondiloartritis axial no radiográfica” (SpAax-nr).

Finally, regarding acronyms, it was considered that they were already highly established in regular practice, and it was mostly decided not to translate the acronym nor its extended form but to translate the type of variable it referred to.

With regard to the limitations of this study, on the one hand it is important to state that this was a qualitative study, in which a limited group of professionals decided on the different terms, abbreviations and acronyms. However, as already described, guidance was provided by linguists who were experts in medical terminology, the recommendations from the RANM were followed and a high level of agreement was reached, even between rheumatologists from different countries. On the other hand, we started from the nomenclature base used in English, but in the case of the SpA this is the internationally accepted language, which to a large extent is also based on Latin medical roots, the result of which in many cases were minimal adaptations into Spanish.

Once consensus had been reached, the work group began to work on dissemination and implementation. Dissemination is to be aided by contacting national rheumatology societies in the countries where Spanish is the native or official language for presenting them with the consensus. Also, as part of this implementation, progressively the Spanish version of the ASAS slides will be adapted.¹⁴

To conclude, with this standardisation of nomenclature in the field of SpA the panel of experts considered that this greatly clarified the language and therefore would avoid errors and misunderstandings. We recommend that they be used and serve as a guide not only for communicating results in journals or scientific events, but also in regular clinical practice when recording the diagnostics and results of these patients in electronic medical histories.

Funding

This project had financing from the GRESSER group.

Conflict of interests

All the authors have no conflicts of interest to declare in conducting this project.

Acknowledgements

Our thanks to the members of the committee and work groups of GRESSER: to Urruticoechea, E. Galíndez, M. Moreno, J. Quirós y J. Rueda-Gotor. To the coordinator of CEADE, Pedro Plazuelo, and the member of CEADE, Marco Garrido, to the linguists of the RANM Laura Gómez Íñiguez, Cristina Victoria González Sánchez and Carmen Remacha Martínez.

References

1. Iglesias-Gamarra A, Quintana G, Restrepo Suárez JF. Prehistoria, historia y arte de la Reumatología. Gota y espondilitis anquilosante. *Rev Colomb Reumatol.* 2006;13:120–41.
2. García-Vicuña R, Zarco P, González CM, Vanaclocha F, Marín-Jiménez I, Cea-Calvo L. Two-year incidence of psoriasis, uveitis and inflammatory bowel disease in patients with spondyloarthritis: a study in the AQUILES cohort. *Reumatol Clin.* 2016;12:22–6.
3. Moreno Ramos MJ, Moreno Martínez MJ, Linares Ferrando LF. Axial spondyloarthritis: can all be classified? *Reumatol Clin.* 2017;13:59–60.
4. Sanz Sanz J, Juanola Roura X, Seoane-Mato D, Montoro M, Gomollon F. Grupo de Trabajo del proyecto PIIASER. Screening of inflammatory bowel disease and spondyloarthritis for referring patients between rheumatology and gastroenterology. *Reumatol Clin.* 2018;14:68–74.
5. Real Academia Nacional de Medicina de España. Diccionario panhispánico de términos médicos; 2018.
6. Real Academia Nacional de Medicina. Diccionario de términos médicos. Madrid; 2012.
7. Aleixandre-Benavent R, Valderrama Zurian JC, Bueno-Canigral FJ. Proper use of medical language: main problems and solutions. *Rev Clin Esp.* 2015;215:396–400.
8. Zarco P, Florez M, Almodóvar R, Working Group of GRESSER. Expert opinion of Spanish rheumatologists about the role of physical exercise in ankylosing spondylitis and other rheumatic diseases. *Reumatol Clin.* 2016;12:15–21.
9. López-González R, Hernandez-Sanz A, Almodovar-Gonzalez R, Gobbo M. Are spondyloarthropathies adequately referred from primary care to specialized care? *Reumatol Clin.* 2013;9:90–3.
10. Juanola Roura X, Zarco Montejo P, Sanz Sanz J, Muñoz Fernandez S, Mulero Mendoza J, Linares Ferrando LF, et al. [Consensus Statement of the Spanish Society of Rheumatology on the management of biologic therapies in spondyloarthritis except for psoriatic arthritis]. *Reumatol Clin.* 2011;7:113–23.
11. Miranda García MD, Font Ugalde P, Muñoz Gomariz E, Collantes Estévez E, Zarco Montejo P, González Fernández C, et al. Registro Nacional de Pacientes con Espondiloartritis (REGISPONSER). Análisis descriptivo de los 2.367 pacientes españoles incluidos. *Reumatol Clin.* 2008;4:48–55.
12. Uson J, Loza E, Moller I, Acebes C, Andreu JL, Batlle E, et al. Recomendaciones para el uso de la ecografía y la resonancia magnética en pacientes con espondiloartritis, incluyendo la artritis psoriásica, y en pacientes con artritis idiopática juvenil. *Reumatol Clin.* 2018;14:17–35.
13. Sociedad Española de Reumatología. Grupo de trabajo ESPOGUIA. Guía de práctica clínica para el tratamiento de la espondiloartritis axial y la artritis psoriásica [monografía en Internet]. Madrid: Sociedad Española de Reumatología; 2015.
14. ASAS Slides Library. Available from: <http://slides.asas-group.org/app/slides/search> [accessed 01.05.18].