

Study finds increased risk of cardiac events in those with psoriatic arthritis, psoriasis, and rheumatoid arthritis

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Those experiencing psoriasis, psoriatic arthritis, and rheumatoid arthritis are at higher risk for major adverse cardiovascular events (MACE) and cardiovascular death, according to a multi-institutional study led by Penn Medicine researchers published online last month in *Annals of the Rheumatic Diseases*.

The researchers used primary care records from The Health Improvement Network (UK) between from 1994 to 2010 of adults 18 to 89 years old, including 8,700 with psoriatic arthritis (PsA), 138,000 with psoriasis, nearly 42,000 experiencing rheumatoid arthritis (RA), and 82,000 controls experiencing none of the conditions.

Slightly more than half the study's psoriatic arthritis and rheumatoid arthritis patients were prescribed a disease-modifying antirheumatic drug. At least 65 percent of patients with PsA and RA were prescribed non-steroidal anti-inflammatory drugs compared with 24 percent of those with psoriasis and 47 percent of controls.

The researchers looked at the rate of MACE in psoriatic arthritis patients, psoriasis, and rheumatoid arthritis after adjusting for CV risk factors. Psoriatic arthritis patients were 36 percent more likely than the control group to experience a heart attack, whether or not they were prescribed a DMARD.



Psoriasis, a chronic immune disease, affects 7.5 million people in the U.S., according to the National Psoriasis Foundation. The Centers for Disease Control and Prevention report that 10 to 20 percent of those with psoriasis develop psoriatic arthritis. Rheumatoid arthritis afflicts more than 1 million U.S. adults, the American College of Rheumatology reports.

"We expected the increased risk of heart disease in these patients," said Alexis Ogdie, MD, MSCE, assistant professor of rheumatology and lead author of the study. "Previous studies link whole-body inflammation with premature plaque buildup in the arteries."

Senior author Joel M. Gelfand, MD MSCE noted that a surprising finding was that the increased risk of MACE and CV mortality in patients with more severe psoriasis was similar in magnitude to patients with rheumatoid arthritis.

"This finding," Gelfand said, "emphasizes the clinical significance of cardiovascular risk associated with more <u>severe psoriasis</u>."

Earlier studies linked psoriasis and rheumatoid arthritis to heart disease, but little was known about a link between psoriatic arthritis cases and heart disease. Gelfand and Ogdie are currently conducting clinical trials to determine if treatments used for psoriasis, psoriatic arthritis, and rheumatoid arthritis improve aortic vascular inflammation associated with these conditions (clinicaltrials.gov/show/NCT01553058).

Other Penn co-authors of the study include Kevin Haynes, Samantha Maliha, Yihui Jiang, Steven Kimmel, Sean Hennessy, David J Margolis, and Joel M. Gelfand.

More information: "Risk of major cardiovascular events in patients with psoriatic arthritis, psoriasis and rheumatoid arthritis: a population-



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