

Disease remission associated with 80% reduction in risk of cardiovascular outcomes

June 12 2019

The results of a study presented today at the Annual European Congress of Rheumatology (EULAR 2019) demonstrate that remission in patients with rheumatoid arthritis is associated with an 80% reduction in risk of cardiovascular outcomes.

Rheumatoid arthritis is a [chronic inflammatory disease](#) that affects the joints, causing pain and disability. Patients with [rheumatoid arthritis](#) have an increased risk of premature death compared with the [general population](#), mainly due to cardiovascular disease.

"The heightened risk of cardiovascular disease in patients with rheumatoid arthritis is in large part a consequence of uncontrolled inflammation. By demonstrating that remission of rheumatoid arthritis is associated with a reduction in cardiovascular complications, these results really emphasise the importance of more effective control of disease, beyond symptom management alone," said Professor John D. Isaacs, Chairperson of the Abstract Selection Committee, EULAR.

The study analysed data from 797 patients with rheumatoid arthritis over three years and found that patients in remission had an 80% reduced risk of clinical cardiovascular disease, defined as [heart attack](#), [congestive heart failure](#), or stroke (Odds Ratio (OR):0.20, 95% Confidence Interval (CI): 0.09-0.95, p=0.041). The authors also demonstrated a 75% reduced risk of pre-clinical cardiovascular disease in patients in remission, defined as lesions on arteries detected by ultrasound (OR:0.25, 95% CI: 0.11-0.56, p=0.001).

The study also looked at traditional cardiovascular risk factors and the analysis identified type II diabetes as being significantly associated with both cardiovascular outcomes, clinical (OR:6.21, 95% CI:2.19-17.71, $p=0.001$) and pre-clinical cardiovascular disease (OR:4.50, 95% CI:1.74-11.62, $p=0.002$). In addition, pre-clinical [cardiovascular disease](#) was significantly associated with [high blood pressure](#) (OR:2.03, 95% CI:1.04-4.14, $p=0.042$), ACPA (OR:2.36, 95% CI:1.19-4.69, $p=0.002$) and mean values of CRP during follow-up (OR:1.07, 95% CI:1.03-1.14, $p=0.040$).

"Our study supports the idea that systemic inflammatory processes and more traditional cardiovascular risk factors work together to increase the cardiovascular risk in patients with rheumatoid arthritis," said Dr. Piero Ruscitti, University of L'Aquila, L'Aquila, Italy. "This is important because it highlights the need for the effective coordination of care between rheumatologists, internists, cardiologists and primary-care physicians to optimise management of cardiovascular risk in patients with rheumatoid arthritis."

This three-year, prospective, observational study included patients who were initially part of the GIRRCS cohort study which assessed the cardiovascular risk profile of consecutive patients with rheumatoid arthritis admitted to Italian Rheumatology units during 2015. The median age was 60 and 82.7% were female. The median rheumatoid arthritis disease duration was 8.35 years, 70.9% showed rheumatoid factor and 55.7% ACPA in their blood. The BMI was 27.21 ± 4.05 , 33% were smokers, 49.3% had high blood pressure and 12.3% had type II diabetes. Remission was reached and maintained in 42.6% of [patients](#).

Provided by European League Against Rheumatism

Citation: Disease remission associated with 80% reduction in risk of cardiovascular outcomes

(2019, June 12) retrieved 23 April 2024 from <https://medicalxpress.com/news/2019-06-disease-remission-reduction-cardiovascular-outcomes.html>

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