

Study links hs-cTnT to MACE, mortality in rheumatoid arthritis

June 27 2024, by Elana Gotkine



For patients with rheumatoid arthritis (RA), a detectable level of high-sensitivity cardiac troponin T (hs-cTnT) is associated with increased risk of major adverse cardiovascular events (MACE) and all-cause mortality,

according to a research letter [published](#) online June 15 in the *Journal of Rheumatology*.

Brittany N. Weber, M.D., Ph.D., from Brigham and Women's Hospital in Boston, and colleagues examined the longer-term association between clinically established thresholds for detectable hs-cTnT with MACE ([acute coronary syndrome](#), stroke, and [cardiovascular death](#)) and all-cause mortality among 331 patients with RA.

The median calculated 10-year atherosclerotic cardiovascular disease (ASCVD) risk was 3.87%. The researchers found that 117 patients (35.3%) had detectable hs-cTnT (median level, 8.98 mg/dL). In 10 years, 16 MACE occurred (4.8%), with 50 all-cause deaths (15.1%).

There was an association seen for detectable hs-cTnT with future MACE (hazard ratio [HR], 7.13); the significant association persisted after adjustment for ASCVD risk and log high-sensitivity C-reactive protein (hsCRP; HR, 4.29) and for baseline ASCVD risk and Disease Activity Score in 28 joints based on CRP (DAS28-CRP). Corresponding associations were seen for detectable hs-cTnT and all-cause mortality (HR, 7.2), which also persisted after adjustment (HRs, 4.18 and 4.74, respectively). ASCVD risk score alone was significantly associated with MACE.

"These findings suggest that hs-cTnT may be a useful marker to improve cardiovascular risk assessment among patients with RA with overall low estimated ASCVD risk," the authors write.

Several authors disclosed ties to the [pharmaceutical industry](#).

More information: Brittany N. Weber et al, The Association Between High-Sensitivity Cardiac Troponin T and Major Adverse Cardiovascular Events in Rheumatoid Arthritis, *The Journal of Rheumatology* (2024).

[DOI: 10.3899/jrheum.2024-0168](https://doi.org/10.3899/jrheum.2024-0168)

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Citation: Study links hs-cTnT to MACE, mortality in rheumatoid arthritis (2024, June 27) retrieved 30 June 2024 from <https://medicalxpress.com/news/2024-06-links-hs-ctnt-mace-mortality.html>

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