

# Gene variant tied to risk for interstitial lung disease in RA

28 September 2021



hazard ratio of 2.27, similar to that of the full dataset. Lifetime risks for ILD were 16.8 and 6.1 percent for *MUC5B* carriers and *MUC5B* noncarriers, respectively, among patients with RA. The difference between risks was seen starting at age 65 years; risk was higher for men.

"This study demonstrates the potential of genomics for risk stratification of RA-ILD and highlights the importance of genetic predisposition on the development of RA-ILD," the authors write.

Several authors disclosed financial ties to the [pharmaceutical industry](#); the FinnGen project, which integrates genetic data with follow-up within nationwide registries in Finland, is funded by grants from multiple pharmaceutical companies.

**More information:** [Abstract/Full Text](#)

(HealthDay)—For patients with rheumatoid arthritis (RA), the *MUC5B* variant is associated with an increased risk for RA-associated interstitial lung disease (ILD), according to a study published online Aug. 3 in the *Annals of the Rheumatic Diseases*.

Antti Palomäki, M.D., from Turku University Hospital in Finland, and colleagues identified patients with RA and ILD from the Finnish national hospital discharge, medication reimbursement, and cause-of-death registries. Lifetime risks for ILD were estimated by age 80 years with respect to the common variant rs35705950 *MUC5B* promoter variant.

The researchers found that 1,965 of 293,972 individuals (0.7 percent) developed ILD by age 80 years. *MUC5B* increased the risk for ILD among all individuals in the dataset, with a hazard ratio of 2.44. Overall, 3.6 percent of the 6,869 patients diagnosed with RA developed ILD. *MUC5B* was a strong risk factor for ILD in patients with RA, with a

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APA citation: Gene variant tied to risk for interstitial lung disease in RA (2021, September 28) retrieved 27 November 2021 from <https://medicalxpress.com/news/2021-09-gene-variant-tied-interstitial-lung.html>

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