



Patients with Rheumatoid Arthritis at Higher Risk of Surprise Heart Attack



According to new research presented at the ICNC 12 by Dr Adriana Puente, a cardiologist in the National Medical Centre “20 de Noviembre” ISSSTE in Mexico City, Mexico, patients with rheumatoid arthritis are at an increased risk of a surprise heart attack.

The research indicates that the risk is higher even if patients have no symptoms and is independent of traditional cardiovascular risk factors such as smoking and diabetes. Dr Puente said: “Our study suggests that one quarter of patients with rheumatoid arthritis and no symptoms of heart disease could have a heart attack without prior warning.”

Dr. Puente explains that rheumatoid arthritis affects 1.6 percent of the general population. It is a condition that doubles the risk of a heart attack but most patients remain unaware that they have heart disease since nobody alerts them about the cardiovascular risk.

This particular study investigated the presence of ischaemia and infarction secondary to atherosclerotic disease (coronary artery disease) in 91 patients with rheumatoid arthritis and traditional cardiovascular risk factors but no symptoms of heart disease. 90% of the patients in the study were women, 59 years old on average. The investigators measured inflammatory markers, rheumatoid arthritis disease activity and risk factors. The measures were assessed using the nuclear cardiology method Gated Single Photon Emission Computed Tomography (SPECT).

The findings show that 55% of patients had dyslipidaemia, 32% had hypertension, 14% were smokers and 10% had type 2 diabetes. Approximately 24% patients had abnormal Gated SPECT, indicating ischaemia or infarction. No correlation was observed between the presence of ischaemia or infarction and rheumatoid arthritis disease activity, inflammatory markers or cardiovascular risk factors. A quarter of these patients had no symptoms of heart disease.

The presence of cardiovascular disease in rheumatoid arthritis patients is mainly because of the persistence of the system inflammation as it causes an accelerated atherosclerosis process. Thus, it is important to conduct diagnostic tests in such patients even if they have no symptoms and regardless of whether they have any cardiovascular risk factors.

Dr Puente concluded: “Patients with rheumatoid arthritis should be told that they have an elevated predisposition to heart disease and need pharmacological treatment to diminish the inflammatory process and atherosclerotic complications. They also need advice on how best to control their rheumatoid arthritis and decrease their cardiovascular risk factors. Patients who take corticosteroids and methotrexate for their rheumatoid arthritis are.”

Source: ESC

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