OA Patients at Substantial Cardiovascular Risk

BY BRUCE JANCIN

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ROME – Cardiovascular risk profiles in osteoarthritis patients are, on average, comparable with those in patients with rheumatoid arthritis, according to a Dutch study.

In recent years, much attention has been focused on the elevated risk of cardiovascular events in patients with rheumatoid arthritis, as a consequence of their increased prevalence of the standard cardiovascular risk factors coupled with a further boost in risk resulting from the chronic systemic inflammatory disease process.

The cardiovascular risk associated with osteoarthritis has received far less attention, Dr. Inger Meek observed.

She determined the cardiovascular risk profiles of 285 consecutive rheumatoid arthritis patients and 112 consecutive osteoarthritis patients using the SCORE (Systematic Coronary Risk Evaluation) system, which is routinely employed in European clinical practice in lieu of the Framingham risk score.

The two populations were similar in terms of mean age and sex. The mean disease duration of the rheumatoid arthritis patients was 6.8 years.

In all, 18% of the osteoarthritis patients in the study had a greater-than-10% estimated 10-year risk of a fatal cardiovascular event by SCORE, as did 15% of rheumatoid arthritis patients, according to Dr. Meek, who is with the University of Twente in Enschede, the Netherlands.

Hypercholesterolemia was significantly more prevalent in the osteoarthritis patients, by a margin of 45%, compared with 29% for the rheumatoid arthritis patients.

The two groups did not differ significantly in terms of the other elements of SCORE (smoking status, systolic blood pressure, age, and sex).

The SCORE system, developed by the European Society of Cardiology, is based upon 3 million person-years of observation, and doesn't factor in body mass index, Dr. Meek noted.

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Obesity is a well-established cardiovascular risk factor, and its prevalence is greatly increased in patients with osteoarthritis. Thus, SCORE likely underestimates their true cardiovascular mortality risk.

Recent evidence-based recommendations by the European League Against Rheumatism advise physicians to apply a 1.5 multiplication factor to the conventional cardiovascular mortality risk SCORE in rheumatoid arthritis patients who meet two of three criteria: disease duration greater than 10 years, rheumatoid factor or anti–cyclic citrullinated peptide positivity, or extra-articular disease manifestations (Ann. Rheum. Dis. 2010;69:325-31).

This is designed to account for the heightened cardiovascular risk imposed by a high degree of systemic inflammation.

The substantial percentage of osteoarthritis patients in this study who had a greater-than-10% estimated likelihood of cardiovascular death within 10 years is of particular concern, Dr. Meek stressed, because the prevalence of osteoarthritis is expected to mushroom in the near future as a result of the graying of the baby boom generation.

Dr. Johannes W.J. Bijlsma of the University Medical Center Utrecht (the Netherlands) commented that the take-home message of Dr. Meek's study is that physicians need to be aware that it's not only their rheumatoid arthritis patients but also their osteoarthritis patients who are at increased cardiovascular risk.

Dr. Meek declared having no financial conflicts. ■