A patient’s Guide to Managing Cardiovascular Risk in Rheumatoid Arthritis

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Disclosures

• I have received funding for my research from the following agencies
What is Cardiovascular Disease?
Let’s take a closer look...

ATHEROSCLEROSIS

1. NORMAL ARTERY
2. ENDOTHELIAL DISFUNCTION
3. FATTY STREAK FORMATION
4. STABLE (FIBROUS) PLAQUE FORMATION
5. UNSTABLE PLAQUE FORMATION
Signs and Symptoms

Heart attack Signs:
• Chest pain or heaviness
• May radiate to the neck, jaw, left arm or back
• Shortness of breath
• Sweating
• Dizziness/light-headedness
• Nausea or vomiting

For more information see www.heartandstroke.com
Signs and Symptoms

Stroke Signs: remember “FAST”

FACE is it drooping?
ARMS can you raise both?
SPEECH is it slurred or jumbled?
TIME to call 9-1-1 right away

For more information see www.heartandstroke.com
Signs and Symptoms

Signs of peripheral artery disease:

• Claudication: painful cramping in calf, or thigh brought on by walking or stair climbing
• Leg numbness/weakness
• Weak or absent leg pulses
• Sores on legs/feet that don’t heal
Patients with RA have a similar risk of cardiovascular disease as patients with diabetes.

Lindharsen, J Ann Rheum Dis; 2011 70(6)
CVD Risk Factors are common in RA

<table>
<thead>
<tr>
<th>Variable</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>170</td>
</tr>
<tr>
<td>Age (average)</td>
<td>55 yrs</td>
</tr>
<tr>
<td>Smoking (% current)</td>
<td>21%</td>
</tr>
<tr>
<td>BMI (% overweight or obese)</td>
<td>25%</td>
</tr>
<tr>
<td>Hypertension (%)</td>
<td>26%</td>
</tr>
<tr>
<td>Diabetes (%)</td>
<td>7%</td>
</tr>
<tr>
<td>High cholesterol (%)</td>
<td>15%</td>
</tr>
<tr>
<td>Framingham score &gt;20% (%) (n=134)</td>
<td>11%</td>
</tr>
<tr>
<td>Prednisone use (% current)</td>
<td>22%</td>
</tr>
<tr>
<td>Anti-inflammatory use (% at baseline)</td>
<td>38%</td>
</tr>
</tbody>
</table>

Adapted from Barber et al. J Rheumatol 2016
What drives CVD risk in RA?

“Traditional” Risk Factors: Obesity, Hypertension, Diabetes, Smoking

Inflammation: RA disease activity

Medication: NSAIDs, corticosteroids
How to reduce your risk of cardiovascular disease: 5 themes to remember

Adapted from Barber et al. 2015 J Rheum 42 (9)
1. Communication

✔ **Communication**: Rheumatologists should **communicate** with the patient’s general practitioner about the increased risks of CVD in RA to coordinate screening and/or treatment.

✔ Patients should be aware the risk of CVD is increased and **understand who is monitoring their risk**.
2. CVD Risk Assessment

- Many factors are considered in a formal CVD risk assessment that can estimate a patient’s individual 10-year risk for CVD
- A **formal risk assessment** should be done by your doctor at least once within the first 2 years of diagnosis
- If low risk, repeat every 5 years
- If high or intermediate risk, address risk factors
3. Diagnostic tests

The following can be used to help determine your individual risk of CVD and set targets for risk reduction:

- **Blood pressure** should be monitored regularly and treated if elevated repeatedly. Target <140/80 (lower if diabetic)

- **Cholesterol**

- **Diabetes screening** (fasting glucose, hemoglobin A1C)

- **BMI**
4. Lifestyle

✓ **Exercise:** Discussion about your individual exercise goals should occur at least yearly with your doctor

✓ **Smoking:** Quitting smoking is the single most important thing you can do for your health
5. Medications

- Discuss the risks and benefits of non-steroidal anti-inflammatory with your doctor
- Corticosteroid usage should be minimized where possible
- Treatment of RA disease activity with DMARDs (e.g. methotrexate) or biologics decreases cardiovascular risk
Take home messages

• RA patients have a higher risk of cardiovascular disease
• Treating traditional risk factors (e.g. hypertension, high cholesterol and obesity) and quitting smoking can help lower your risk
• Treating RA to target low disease activity/remission can help lower your risk
• See your doctor to help review your individual risk factors for cardiovascular disease
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