

# ROAR 2016

Reaching Out with Arthritis Research

PUBLIC FORUM

## A patient's Guide to Managing Cardiovascular Risk in Rheumatoid Arthritis

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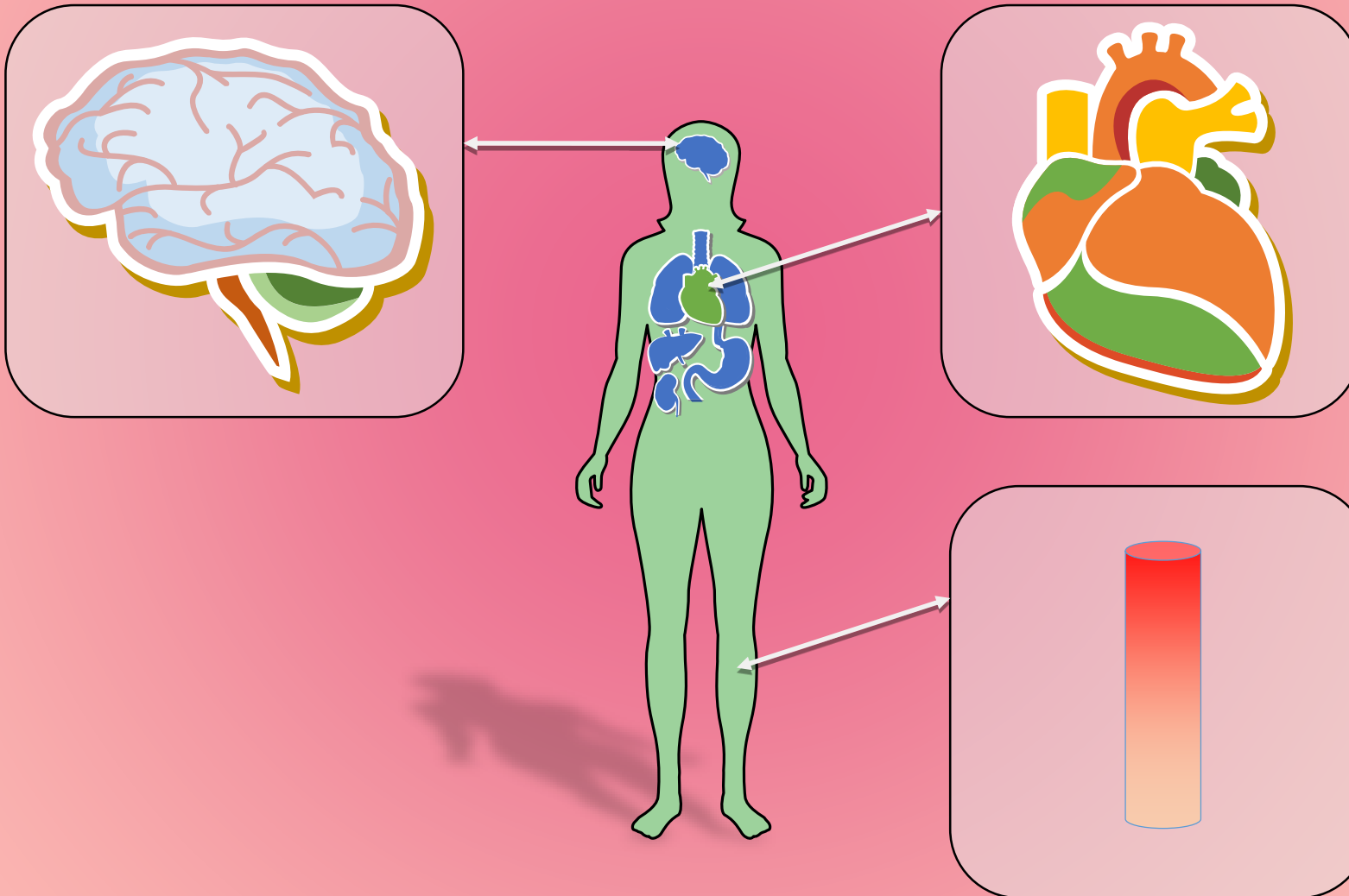
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# Disclosures

- I have received funding for my research from the following agencies

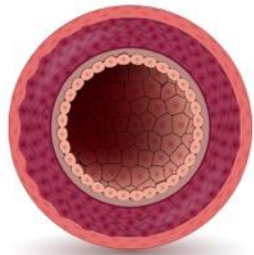


# What is Cardiovascular Disease?

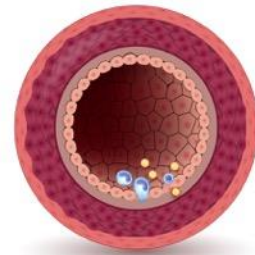


# Let's take a closer look...

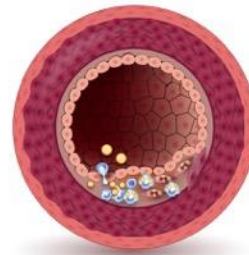
## ATHEROSCLEROSIS



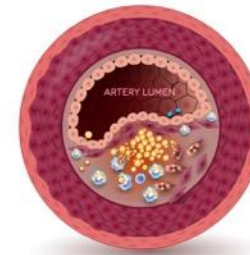
**1.  
NORMAL ARTERY**



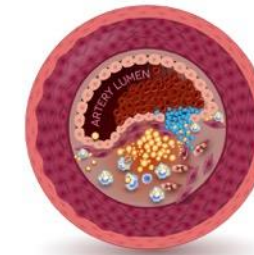
**2.  
ENDOTHELIAL  
DISFUNCTION**



**3.  
FATTY STREAK  
FORMATION**



**4.  
STABLE (FIBROUS)  
PLAQUE FORMATION**

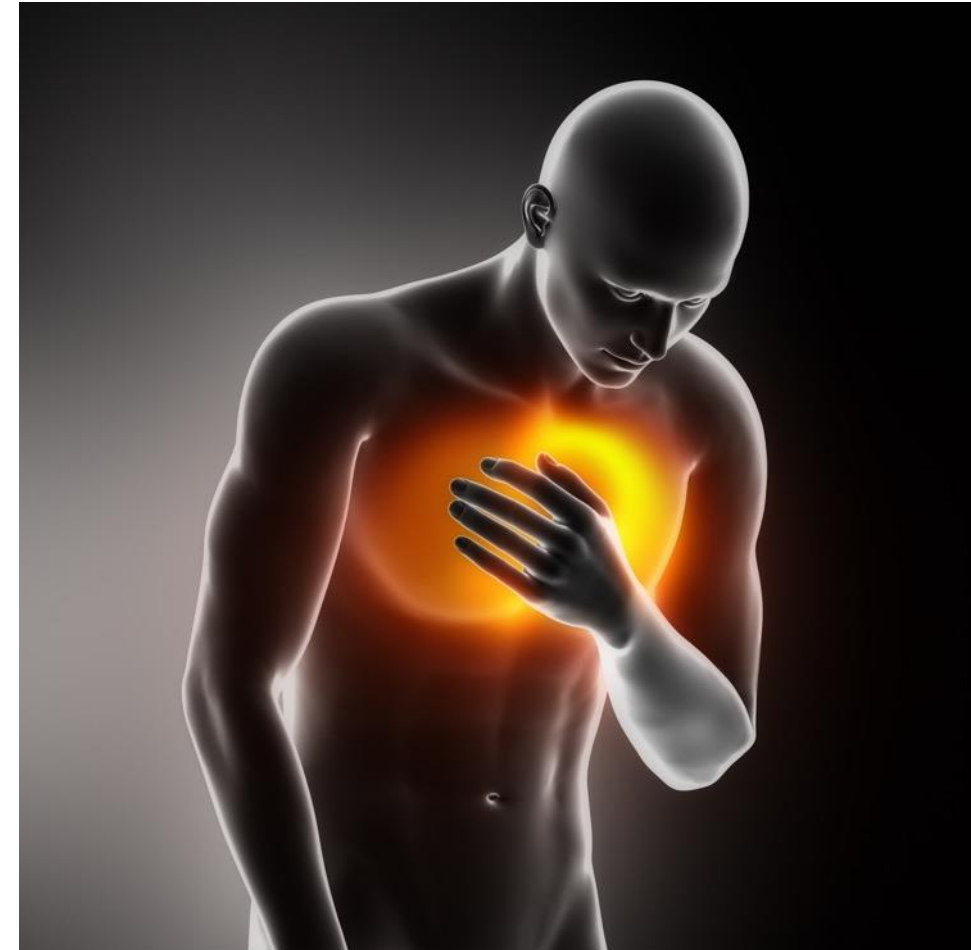


**5.  
UNSTABLE  
PLAQUE FORMATION**

# 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



# 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

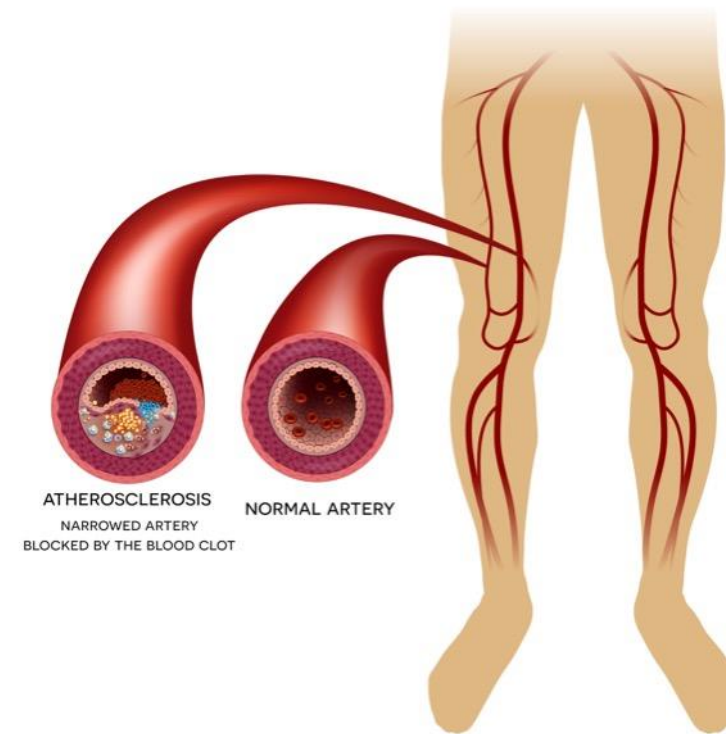




# Signs and Symptoms

## 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



## RA and CVD



**50% increased risk of death due to cardiovascular disease**



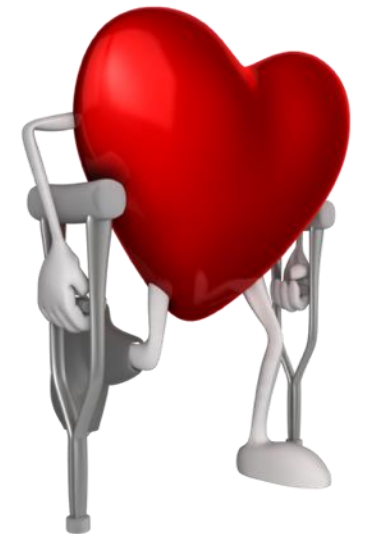
**48% increased risk of any new cardiovascular event**



**68% increased risk of heart attack**



**41% increased risk of stroke**



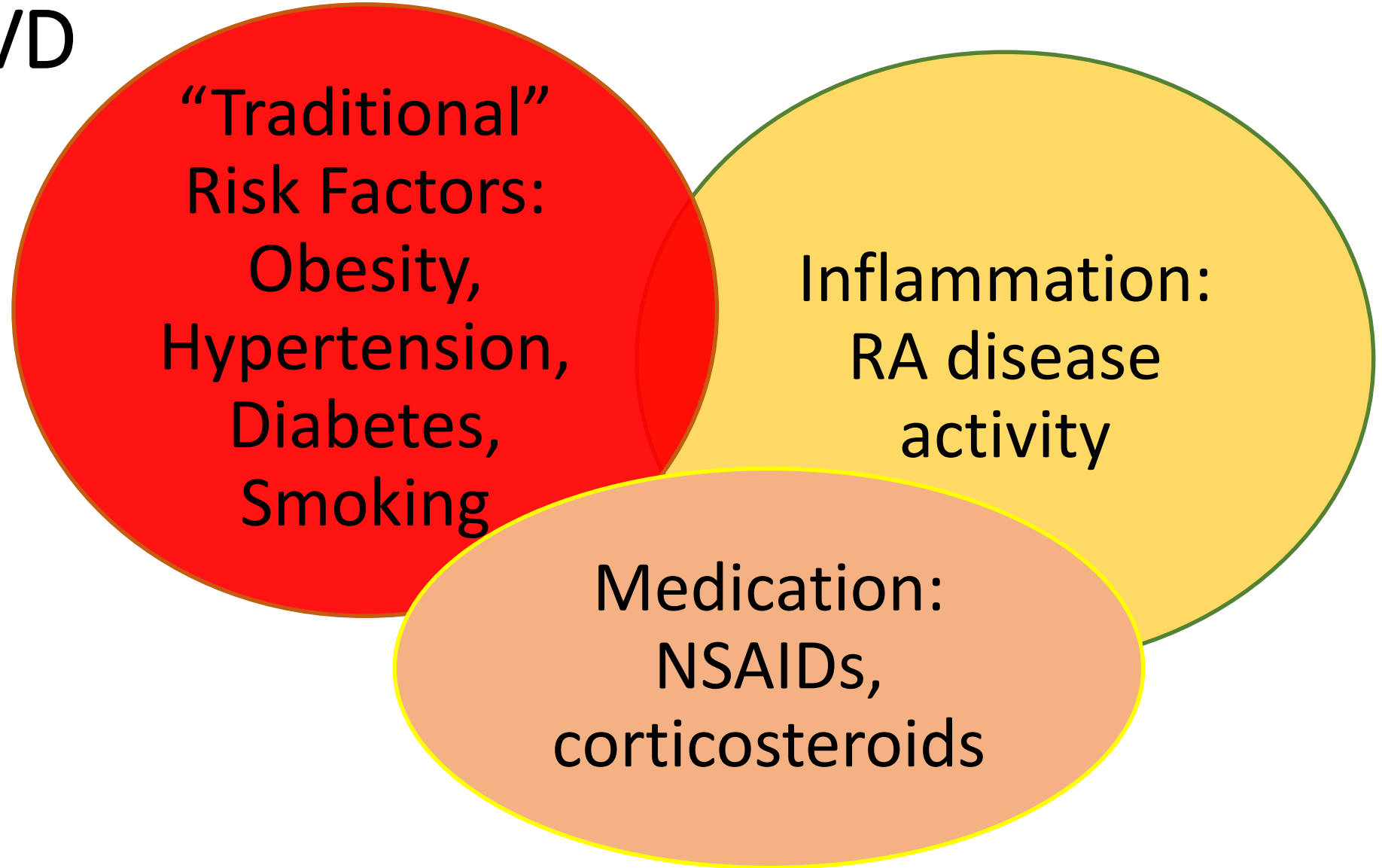
**Patients with RA have a similar risk of cardiovascular disease as patients with diabetes**



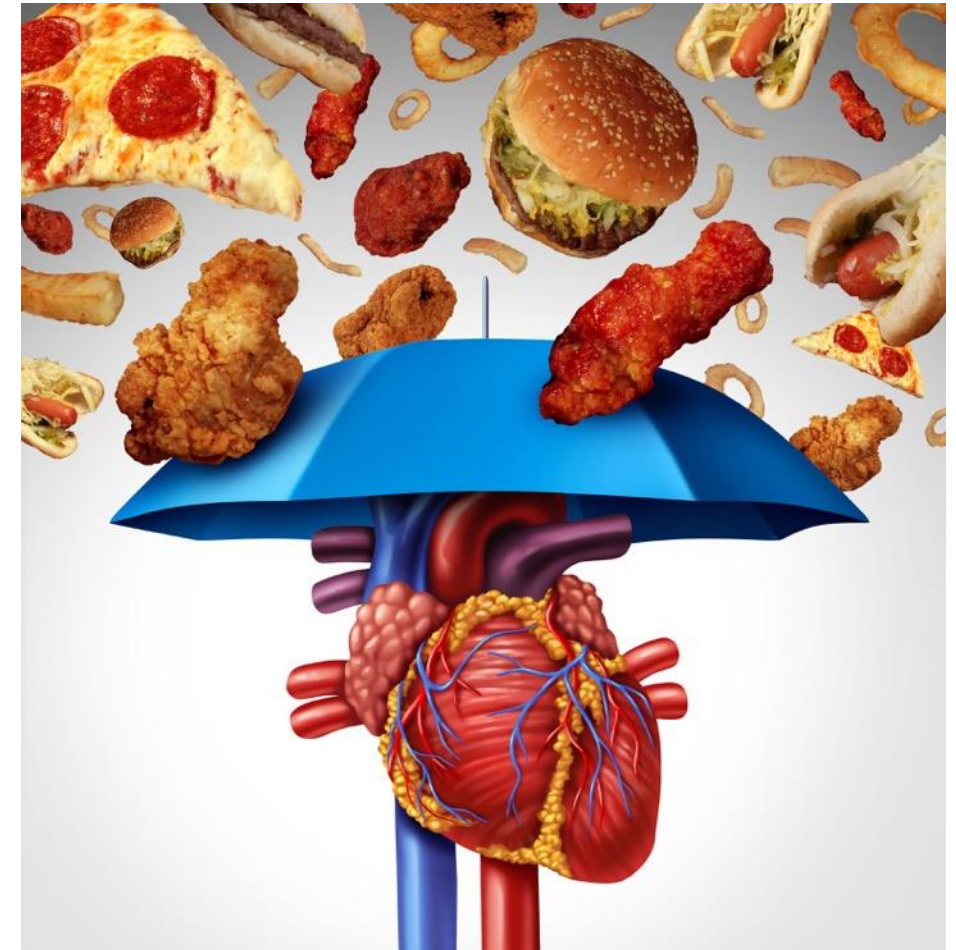
## CVD Risk Factors are common in RA

Variable	
Number	170
Age (average)	55 yrs
Smoking (% current)	21%
BMI (% overweight or obese)	25%
Hypertension (%)	26%
Diabetes (%)	7%
High cholesterol (%)	15%
Framingham score >20% (%) (n=134)	11%
Prednisone use (% current)	22%
Anti-inflammatory use (% at baseline)	38%

# What drives CVD risk in RA?



# How to reduce your risk of cardiovascular disease: 5 themes to remember



# 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



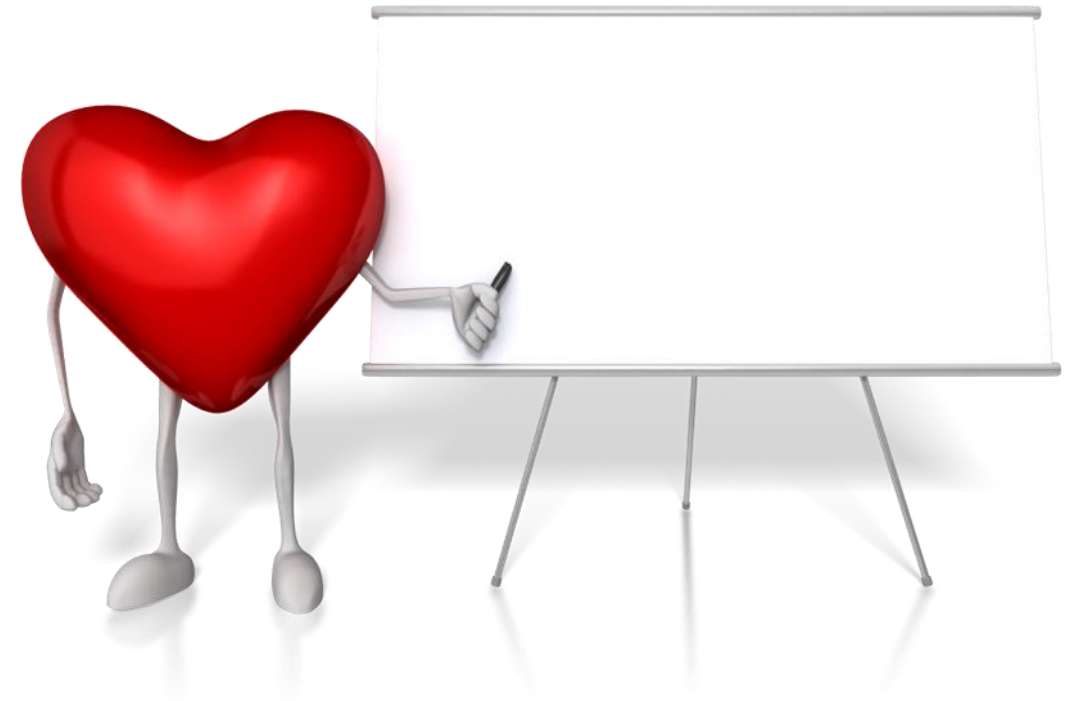
## 5. Medications



- ✓ 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



# Acknowledgements

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