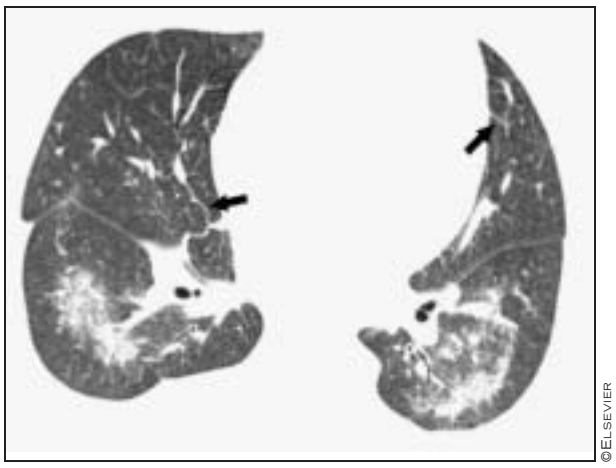

This CT image of the lungs of a 45-year-old patient with left heart failure show perihilar distribution of airspace pulmonary edema (bat's wing edema), and consolidation and ground-glass opacities in lower lobes. Also noted are mild interlobular septal thickening (arrows) and small pleural effusions.

Heart Disease Down in RA, Heart Failure Rates High

BY SALLY KOCH KUBETIN

PHILADELPHIA — Risk of ischemic heart disease but not heart failure has declined recently among patients with rheumatoid arthritis, according to data presented at the annual meeting of the American College of Rheumatology.

The data involved two cohorts of patients with rheumatoid arthritis (RA)—349 who were diagnosed during 1980-1994 and 469 diagnosed in 1995-2007. All were residents of Olmstead County, Minn., Cynthia S. Crowson of the Mayo Clinic in Rochester, Minn., said in a poster session at the meeting.

The patients were followed for a mean of 9.6 years, during which 89 patients developed coronary heart disease (excluding 83 patients with CHD prior to RA incidence) and 82 patients developed heart failure (HF) (excluding 20 patients with HF prior to RA incidence).This translated into a 5-year CHD risk of 7.5% in the 1980-1994 cohort and 4.5% in the 1995-2007 cohort. The 5-year risk for HF was 5.8% in the 1980-1994 cohort and 5.1% in the 1995-2007 cohort.

The 1980-1994 and 1995-2007 cohorts were similar in demographics and disease characteristics: Mean age was 56.2 years and 55.5 years, respectively; 68% and 69% were female; length of follow-up was 15.3 years and 5.6 years; 66% of both groups had ever been positive for rheumatoid factor. Maximum erythrocyte sedimentation rate in the first year after diagnosis was 36.2 mm/hr and 29.9 mm/hr. There were radiologically evident changes or erosions within the first year after diagnosis in 24% and 29%, respectively.

A total of 61% and 50% of each group reported having ever smoked and 28% and 17% were current smokers. The decline in smoking is one piece of good news in the study, Ms. Crowson said in an interview.

On the downside is the increase in obesity: In all, 33% of the members of the 1980-1994 cohort had a body mass index greater than or equal to 30 kg/m^2. That percentage increased to 47% in the 1995-2007 cohort.

Past or current methotrexate use was reported by 48% and 64% of the cohorts. Hydroxychloroquine use was reported by 52% and 64%. Biologic use was reported by 12% and 21%, respectively, and steroid use was reported by 72% and 81%.

Because ischemic heart disease involves diastolic failure and HF involves systolic dysfunction, strategies need to address both disease mechanisms in order to lower the rate of heart failure in RA patients, Ms. Crowson said during an interview. Patients with RA may be benefiting from earlier diagnosis and treatment, which is translating into less ischemic heart disease, although it seems unlikely that biologic use is contributing to the beneficial effect, given how few patients used them in this study, she said.

According to the American Heart Association, the prevalence of ischemic heart disease in 2007 was 3.7% and the prevalence of heart failure was 2.4% in 2004 (www.americanheart.org/downloadable/heart/1166712318459HS_StatsInsideText.pdf).

Ms. Crowson said she had no financial conflicts of interest to disclose. ■