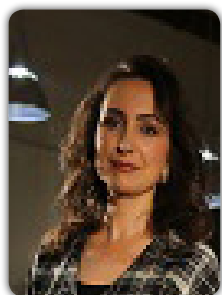


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Cardiac involvement in patients with rheumatoid arthritis

The risk of cardiovascular pathology in rheumatoid arthritis (RA) is 1.5-2 times higher than in the population. This increased risk is based on systemic chronic inflammation, which is the hallmark of rheumatoid arthritis. Framingham scale and Score are insufficiently reliable for assessment of cardiovascular risk in patients with RA, because they have the value of the presence of rheumatoid factor and long-lasting increase of ESR. Cardiovascular risk is correlated with the presence of rheumatoid factor, antibodies to cyclic citrullinated peptide, activity and duration of the disease.

Dyslipidemia develops earlier than in the population. Proinflammatory cytokines are involved in atherosclerosis and myocardial fibrosis. Sudden cardiac death occurs in two times more often in people with RA, than in the population. The greatest contribution to the development of sudden cardiac death is made by ventricular arrhythmias. Patients with RA have a tendency to develop myocarditis and fibrosis, which leads to diastolic dysfunction.

According to our data, the diastolic dysfunction correlates with the degree of activity of the disease ($p < 0.05$). Pericardial damage is a common occurrence in rheumatic diseases. In our study, the pericardial effusion is found in about 30% of cases according to echocardiography, but specialists often find it difficult and see this picture as an increase of myocardial mass, which in the calculation of parameters indicates the presence of eccentric hypertrophy. Given the fact that RA is the most common rheumatic disease, it needs the special attention to cardiovascular pathology that increases the risk of fatal consequences in patients with RA.

Biography

Liutsiia Feiskhanova is an Associate Professor of Department of Hospital Therapy of Kazan State Medical University, Russia. She has published more than 25 articles in reputed journals. Her interests are in Cardiology, Arrhythmology and Rheumatology.

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