

5th International Conference of

Orthopedic Surgeons and Rheumatology

June 16-17, 2016 Alicante, Spain

Role of biological therapy on cardiovascular risk in rheumatoid arthritis

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Background: Although there are conflicting data on the subject, it seems that there is a higher incidence of cardiovascular events (CVE) in Rheumatoid Arthritis (RA) compared to population control. Apart from classical cardiovascular risk factors (CV), we must consider the severity of the inflammatory process plays an essential role in accelerated atherosclerosis in this pathology. Also some of the treatments used increase the CV co-morbidity. On the long term security of biological therapies, we find heterogeneous data in different studies and registries. A decrease in CV risk in RA patients treated with anti-TNF- α agents was observed.

Objectives: The main aim was to evaluate the CV risk and prevalence of CVD in RA treated with biological therapies versus RA treated with classic disease modifying drugs (DMARDs).

Methods: Retrospective cohort study over the CV risk and prevalence of cardiovascular events in RA patients treated with biological therapies. We reviewed a cohort of 260 patients diagnosed with RA (ACR 1987). We recorded socio-demographic variables, classic CV risk factors (smoking history, cholesterol levels, hypertension and diabetes mellitus), immunological profile (presence of RF and/or ACPA) and treatment (DMARD or biological therapy) at the time of the study. The CV risk was measured by the estimated SCORE of atherosclerotic cardiovascular mortality risk in 10 years, for specific values of systolic blood pressure and total cholesterol, according to smoking history, gender and age, calibrated to Spain. Also checked all cardiovascular events occurred since the beginning of RA until time of the study.

Results: Of our sample, 72% were women, with a current average age of 58.5 years. 48% were receiving biological therapy with or without concomitant DMARDs. Among the classic CV risk factors highlighted: 38% overweight and obesity in 32% of patients, 14% had diabetes mellitus and 39% hypertension; 51% had dyslipidemia and 18% were smokers. Regarding the immune profile had ACPA + 61% and 65% RF +. 13% of patients who did not realize biological therapy treatment showed a high Score (5-10) versus 3.7% of patients with biological therapy treatment, this difference was statistically significant. Regarding the prevalence of cardiovascular events we found no difference between groups, 13 and 15% respectively.

Conclusions: In our study, patients with RA treated with biological therapy have lower cardiovascular risk than patients treated with DMARDs. There were no differences in the prevalence of CVE between groups. Both findings are consistent with those published in the literature. Probably the reduction of inflammation with TB has direct relation with cardiovascular risk reduction in patients with RA.

Biography

Julia Uceda Montanez, graduated in Medicine and Surgery from the University of Seville, Spain, in 1997. She received the title of specialist in Rheumatology in 2001, made his specialty in the Hospital Universitario Virgen del Rocío, Seville. Dr Uceda holds a PhD from the University of Seville since 2014, title obtained by the doctoral thesis carried on biologic therapies in rheumatoid arthritis. She currently works in the Rheumatology Unit, University Hospital of Valme, Seville. She is a member of the commission of biological therapies in autoimmune diseases in the same hospital, and collaborates with leading university final degree work students of the Medical University of Seville. She is the author of several articles in journals of national and international rheumatology.

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