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EXCESS RISK OF CARDIOVASCULAR EVENTS IN RHEUMATOID ARTHRITIS PATIENTS DECREASED SINCE START OF 21ST CENTURY

Recent improvements in RA management may be driving positive change

Madrid, Spain, 16 June 2017: The results of a meta-analysis presented for the first time today at the Annual European Congress of Rheumatology (EULAR) 2017 press conference showed that the excess risk of cardiovascular events in rheumatoid arthritis (RA) patients relative to the general population has significantly decreased since the year 2000.¹

Compared with the general population, RA patients are known to have an increased risk of cardiovascular disease or events, including stroke, Myocardial Infarction (MI), Congestive Heart Failure (CHF) and Cardiovascular Mortality (CVM).^{2,3}

This new analysis has confirmed the increased risk of cardiovascular disease among people with RA relative to the general population. However, the excess risk appears to be less prevalent than prior to the year 2000.

“This reduction in cardiovascular risk may have two explanations,” said Elisabeth Filhol, a rheumatologist in training at Nîmes University Hospital, France. “It may simply be due to better management of cardiovascular risk in patients with RA.”

“However, knowing that systemic inflammation is the cornerstone of both RA and atherosclerosis, it may also be related to better control of chronic systemic inflammation as the result of new therapeutic strategies,” speculated Professor Cécile Gaujoux-Viala of the University of Montpellier, head of the department of rheumatology of the Nîmes University Hospital and senior investigator on the study.

“Over the past fifteen years, new treatment strategies such as tight control, treat to target, methotrexate optimisation, and the use of biologic DMARDs has allowed a better control of systemic inflammation in patients with RA,”^{2,4} Professor Gaujoux-Viala added.



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To assess the excess risk of presenting a cardiovascular event in RA patients compared to the general population, before and after the 2000s, a detailed literature search was conducted that included PubMed, Cochrane, and abstracts from recent ACR and EULAR congresses up until March 2016.

Out of 5,714 screened references, 28 observational studies that provided data on the occurrence of a cardiovascular event (stroke, MI, CHF, CVM) in patients with RA and in a control group were eligible. A meta-analysis of relative risk (RR) concerning patients with RA in relation to the control group was performed for each cardiovascular event and for each period (before and after the 2000s).

For studies published before 2000, a highly significant increase in the risk of all four cardiovascular events was observed in RA patients vs. controls as follows: RR=1.12, [95 % CI 1.04; 1.21], p=0.002 for stroke, RR=1.25 [1.14; 1.37], p<0.00001 for CHF, RR=1.21 [1.15; 1.26], p<0.00001 for CVM, and RR=1.32 [1.24; 1.41], p<0.00001 for MI.

For all studies published after the year 2000, the increased cardiovascular risk was not related to CHF and CVM (RR= 0.58 [0.11; 3.55], p=0.52 and RR=1.07 [0.74; 1.56], p=0.71 respectively). The excess risk of MI was reduced in comparison with the period before 2000: RR=1.18 [1.14; 1.23], (p<0.00001), and the excess risk of stroke remained stable (p=0.006).

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NOTES TO EDITORS:

For further information on this study, or to request an interview with the study lead, please do not hesitate to contact the EULAR congress Press Office in the Goya Room at the IFEMA, Madrid during EULAR 2017 or on:

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About Rheumatic and Musculoskeletal Diseases

Rheumatic and musculoskeletal diseases (RMDs) are a diverse group of diseases that commonly affect the joints, but can also affect the muscles, other tissues and internal organs. There are more than 200 different RMDs, affecting both children and adults. They are usually caused by problems of the immune system, inflammation, infections or gradual deterioration of joints, muscle and bones. Many of these diseases are long term and worsen over time. They are typically painful and limit function. In severe cases, RMDs can result in significant disability, having a major impact on both quality of life and life expectancy.

About 'Don't Delay, Connect Today!'

'Don't Delay, Connect Today!' is a EULAR initiative that unites the voices of its three pillars, patient (PARE) organisations, scientific member societies and health professional associations - as well as its international network - with the goal of highlighting the importance of early diagnosis and access to treatment. In Europe alone, over 120 million people are currently living with a rheumatic disease (RMD), with many cases undetected. The 'Don't Delay, Connect Today' campaign aims to highlight that early diagnosis of RMDs and access to treatment can prevent further damage, and also reduce the burden on individual life and society as a whole.

About EULAR

The European League Against Rheumatism (EULAR) is an umbrella organisation which represents scientific societies, health professional associations and organisations for people with rheumatic and musculoskeletal diseases throughout Europe. EULAR aims to reduce the burden of rheumatic and musculoskeletal diseases on individuals and society and to improve the treatment, prevention and rehabilitation of rheumatic and musculoskeletal diseases. To this end, EULAR fosters excellence in education and research in the field of rheumatology. It promotes the translation of research advances into daily care and fights for the recognition of the needs of people with musculoskeletal diseases by the governing bodies in Europe through advocacy action.

To find out more about the activities of EULAR, visit: www.eular.org



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References

¹ Filhol E, Hua C, Nutz A, *et al.* Decrease in cardiovascular event excess risk in Rheumatoid Arthritis since 2000: a meta-analysis of controlled studies. EULAR 2017; Madrid: Abstract OP0146

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⁴ Smolen JS, Landewé R, Breedveld FC, *et al.* EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2013 update. *Ann Rheum Dis.* 2014; 73: 492–509