20 Facts About Rheumatoid Heart Disease

Rheumatoid heart disease is part of the Rheumatoid disease. It is not merely...

- RA increasing a person’s chances of heart disease.
- RA making heart disease worse.
- RA patients being more likely to die if they get heart disease.

20 Specific findings about Rheumatoid heart disease

1. Increased RA mortality can largely be attributed to increased cardiovascular death.
2. RA patients are twice as likely to experience unrecognized heart attacks and sudden cardiac deaths.
3. The risk of heart attack is already there at the time a Rheumatoid Arthritis diagnosis is first made.
4. Several traditional cardiovascular risk factors were found to behave differently in RA patients.
5. Cardiovascular risk scores for the general population may underestimate the risk for RA patients.
6. Optimal control of cardiovascular risk factors is important, but not sufficient in RA patients. RA-specific cardiovascular risk prediction tools are needed.
7. Dr. Maradit Kremers: “Something else is going on. It could be that rheumatoid arthritis and heart disease have a common origin.”
8. Data support the hypothesis that a blood-based immunologic signature (IL-17) may be useful to identify patients at risk for adverse disease outcomes such as heart failure.
9. People with RA who experience sudden cardiac death are less likely to have had a history of chest pain than those without RA.
10. Increased cardiac events in RA patients could not be explained by an increase in traditional heart disease risk factors such as elevated cholesterol, blood pressure and body mass index, diabetes, and alcohol abuse.
11. Heart disease can remain silent in those with rheumatoid arthritis. Regular cardiac checkups are important, as is lowering traditional cardiac risk factors, such as taking care of blood pressure and cholesterol and quitting smoking.
12. MI (myocardial infarction) risk increases rapidly following RA diagnosis, suggesting the importance of additional mechanisms other than atherosclerosis.
13. Neither CRP nor swollen joints were predictors of heart disease progression, but joint count (number of joints affected) was.
14. A protein called NT-proBNP was shown to be a “powerful predictor” of cardiovascular risk in Rheumatoid Arthritis patients taking certain NSAIDs.
15. Baseline C-reactive protein level was not associated with cardiovascular event rates in the MEDAL analysis.
16. Comprehensive cardiac magnetic resonance imaging (cMRI) detects abnormalities in RA patients with no known cardiac symptoms.
17. Internal carotid artery IMT had a higher predictive power for the development of cardiovascular events than the common carotid artery.
18. Atherosclerosis can advance while RA symptoms are quiet.
19. Some biologics may slow thickening of arteries.
20. Prednisone decreases inflammation, but is associated with increased plaque.

Additional sources:

- Rapid increase in myocardial infarction risk following diagnosis of rheumatoid arthritis amongst patients diagnosed between 1995 and 2006
- Heart disease and rheumatoid arthritis: understanding the risks
- Cytokine Response Profiling Identifies An Immunologic Signature of Myocardial Dysfunction in Rheumatoid Arthritis
- Mayo Clinic Finds Rheumatoid Arthritis Patients At Higher Risk For Unrecognized Heart Disease And Cardiac Sudden Death
- NT-proBNP Is a Predictor of CV Risk in Arthritis Patients Taking NSAIDs
- Assessment of myocardial abnormalities in Rheumatoid Arthritis using a comprehensive cardiac magnetic resonance approach
- Role of carotid ultrasonography in the evaluation of cardiovascular risk in patients with Rheumatoid Arthritis
- Rheumatoid Arthritis May Raise Risk of Blood Vessel Plaque; Certain medications seem to lessen or increase buildup, suggests study
- Longitudinal Predictors of Progression of Subclinical Carotid Atherosclerosis in Rheumatoid Arthritis
- Rheumatoid Arthritis News Articles, Volume 1