CARDIOVASCULAR EVENTS IN SPONDYLOARTHRITIS: A META-ANALYSIS

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Background: Several studies have demonstrated the possibility of increased risk of cardiovascular disease in patients with inflammatory arthritis such as ankylosing spondylitis and rheumatoid arthritis. In recent years, studies using population-based cohort and insurance claim data have been actively conducted.

Objectives: To compare risks for cardiovascular disease including myocardial infarction (MI), ischemic heart disease (IHD), stroke and mortality of spondyloarthritis compared to general population. These findings support the reduction of inflammation as well as the management of traditional cardiovascular disease risk factors may reduce CV risk in patients with spondyloarthritis.

Methods: A systematic search was performed in MEDLINE, EMBASE with additional manual searches for studies associated with spondyloarthritis. The articles were based on large-scale data such as national population cohort or insurance claim data. A meta-analysis result showed a significant increase in the risk of MI (RR=1.19; 95% CI 0.96 to 1.48), and stroke (RR=2.04; 95% CI 1.11 to 3.78) in spondyloarthritis patients compared to general population. However, mortality related with cardiovascular disease (RR=0.19; 95% CI 0.86 to 1.48) and total mortality (RR=0.93; 95% CI 0.82 to 1.26) results did not show significant increases in spondyloarthritis patients.

Conclusion: Our meta-analysis results showed that the risk of MI and stroke significantly increased although mortality associated with cardiovascular (CV) disease and overall mortality did not increase in spondyloarthritis compared to general population. These findings support the reduction of inflammation as well as the management of traditional cardiovascular disease risk factors may reduce CV risk in patients with spondyloarthritis.

RESULTS


Disclosure of Interests: None declared