Background: Over the last decade, several observational studies provided evidence on the association between serum uric acid (SUA) levels and cardiovascular (CV) risk in the general population and identified SUA as a risk factor worth assessing in the setting of CV prevention also in patients without gout. Patients with primary Sjögren’s syndrome (pSS), as those with other systemic autoimmune diseases, have a higher CV risk compared to the general population but studies assessing the role of SUA levels in the CV scenario of pSS are lacking.

Objectives: To explore the relationship between SUA levels, CV risk and CV events in patients with pSS and without gout and/or nephrolithiasis.

Methods: We retrospectively investigated pSS patients fulfilling the 2016 ACR/EULAR classification criteria. We recorded clinical, serological and CV-related variables while SUA levels were assessed at enrollment. In eligible patients (European individuals without previous CV events or diabetes) the 10-year risk of fatal and non-fatal CV disease events was calculated using the SCORE2 (individual aged 40-69 years) and SCORE2-OP (individuals aged over 70 years) risk prediction algorithms. Adherence to the Mediterranean Diet in the previous 12 months was also measured.

Results: We observed a strong relationship between disease activity, interstitial lung disease (ILD) and the occurrence of previous CV events in a cohort of 105 pSS patients. The association between ILD and CV events was dependent on higher SUA levels and independent on other traditional CV risk factors and on adherence to the Mediterranean diet. All 3 cases of previous non-fatal stroke were reported by female patients aged <65 years, with higher SUA levels and 2 of them also had pSS-ILD. Forty (51%) of the 79 patients eligible for the calculation of the 10-year risk of fatal and non-fatal CV risk had a risk higher than the cut-off recommended for their age, 6 (7%) have the same value as the cut-off level and 33 (42%) had risk values below the cut-off recommended for their age. The 2021 update of the ESC guidelines for CV prevention, reinforced the importance that in patients with chronic inflammatory diseases such as rheumatoid arthritis, multiplication of calculated total CV disease risk by a factor of 1.5 should be considered. For speculation purposes conditions such as rheumatoid arthritis, multiplication of calculated total CV risk in addition to the other traditional CV risk factors and are in line with the ESC advise that although evidence to use the 1.5 correction factor in CV risk in patients with systemic lupus erythematosus develops very early after starting high dose corticosteroid treatment [J]. Annals of the Rheumatic Diseases, 2001, 60(12): 1145.DOI:10.1136/ard.60.12.1145:


Conclusion: This study is the first to investigate in depth the role of SUA in the CV scenario of pSS. Our findings underpin the importance of assessing SUA levels in pSS in addition to the other traditional CV risk factors and are in line with the ESC advise that although evidence to use the 1.5 correction factor in CV risk in patients with systemic lupus erythematosus develops very early after starting high dose corticosteroid treatment [J]. Annals of the Rheumatic Diseases, 2001, 60(12): 1145.

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