

Documents

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An international audit of the management of dyslipidaemia and hypertension in patients with rheumatoid arthritis: results from 19 countries

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Abstract

Aims To assess differences in estimated cardiovascular disease (CVD) risk among rheumatoid arthritis (RA) patients from different world regions and to evaluate the management and goal attainment of lipids and blood pressure (BP). **Methods and results** The survey of CVD risk factors in patients with RA was conducted in 14 503 patients from 19 countries during 2014-19. The treatment goal for BP was <140/90 mmHg. CVD risk prediction and lipid goals were according to the 2016 European guidelines. Overall, 21% had a very high estimated risk of CVD, ranging from 5% in Mexico, 15% in Asia, 19% in Northern Europe, to 31% in Central and Eastern Europe and 30% in North America. Of the 52% with indication for lipid-lowering treatment (LLT), 44% were using LLT. The lipid goal attainment was 45% and 18% in the high and very high risk groups, respectively. Use of statins in monotherapy was 24%, while 1% used statins in combination with other LLT. Sixty-two per cent had hypertension and approximately half of these patients were at BP goal. The majority of the patients used antihypertensive treatment in monotherapy (24%), while 10% and 5% as a two- or three-drug combination. **Conclusion** We revealed considerable geographical differences in estimated CVD risk and preventive treatment. Low goal attainment for LLT was observed, and only half the patients obtained BP goal. Despite a high focus on the increased CVD risk in RA patients over the last decade, there is still substantial potential for improvement in CVD preventive measures. © The Author(s) 2021. Published by Oxford University Press on behalf of the European Society of Cardiology. All rights reserved.

Author Keywords

Audit; Blood pressure; Lipids; Prevention; Rheumatoid arthritis; Statins

Index Keywords

C reactive protein, cardiovascular agent, cholesterol, high density lipoprotein cholesterol, hydroxymethylglutaryl coenzyme A reductase

inhibitor, lipid, low density lipoprotein cholesterol; adult, aged, antihypertensive therapy, Article, Asia, atherosclerosis, biogeographic region, blood pressure measurement, cardiovascular risk, cardiovascular risk factor, Central Europe, clinical assessment, clinical audit, clinical evaluation, cohort analysis, combination drug therapy, controlled study, dyslipidemia, Eastern Europe, erythrocyte sedimentation rate, Europe, female, goal attainment, health care personnel, high risk population, human, hypertension, lipid analysis, major clinical study, male, Mexico, monotherapy, non insulin dependent diabetes mellitus, North America, Northern Europe, patient care, practice guideline, prediction, prophylaxis, prospective study, rheumatoid arthritis, risk assessment, systolic blood pressure

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