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RISK FACTORS AND FEATURES OF CORONARY HEART DISEASE IN PATIENTS WITH RHEUMATOID ARTHRITIS

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ANNOTATION

Objective: Study risk factors and peculiarities of the course of coronary heart disease in patients with rheumatoid arthritis.

Methods: 84 patients with a diagnosis of RA examined, according to the criteria of ACR, who treated in the Department of Cardiorheumatology of Samarkand City Medical Association for the period from 2020 to 2022.

Results: The diagnosis of coronary heart disease (CHD) established in 32 patients (38%). Of these, 4 (12.5%) had a confirmed diagnosis of CHD diagnosed previously (before the debut of RA), with typical angina in 15 (46.8%) patients, ischemia without pain in 7 (25.4%), and rhythm disturbances in 9 (28.2%). Two (6.25%) patients with CHD had a history of myocardial infarction.

Conclusions. CHD established in 38% of RA patients. Almost 30% of RA patients had cardiac rhythm disturbances and painless ischemia, which related to the constant intake of NSAIDs, which have analgesic effect.

Key words: coronary heart disease, risk factors, autoimmune inflammation.

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ФАКТОРЫ РИСКА И ОСОБЕННОСТИ ТЕЧЕНИЯ ИШЕМИЧЕСКОЙ БОЛЕЗНИ СЕРДЦА У БОЛЬНЫХ РЕВМАТОИДНЫМ АРТРИТОМ

АННОТАЦИЯ

Цель: Изучить факторы риска и особенности течения ишемической болезни сердца у пациентов с ревматоидным артритом.

Методы: Обследовано 84 пациента с диагнозом РА, согласно критериям АСР, проходивших лечение в отделении кардиоревматологии Самаркандского городского медицинского объединения за период с 2020 по 2022 гг.

Результаты: Диагноз ишемической болезни сердца (ИБС) установлен у 32 больных (38%): у 4 (12,5%) из них подтвержден диагноз ИБС, установленный ранее (до дебюта РА), с типичной стенокардией напряжения из их числа — 15 (46,8%) больных, безболевого ишемией-7 (25,4%) и с нарушением ритма-9 (28,2%). 2 (6,25%) пациента с ИБС перенесли инфаркт миокарда в анамнезе.

Выводы. ИБС по нашим наблюдениям была установлена у 38% больных РА. Почти у 30% больных РА отмечены нарушения ритма сердца и выявлена безболевого ишемия, что может быть связано с постоянным приемом НПВП, которые обладают обезболивающим эффектом.

Ключевые слова: ишемическая болезнь сердца, факторы риска, аутоиммунное воспаление.

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РЕВМАТОИД АРТРИТ БИЛАН КАСАЛЛАНГАН БЕМОРЛАРДА YURAK ISHEMIK KASALLIGINI XAVF OMILLARI VA KECHISHINING O'ZIGA XOS XUSUSIYATLARI**ANNOTATSIYA**

Maqsad: Revmatoid artrit bilan kasallangan bemorlarda yurak ishemik kasalligini xavf omillari va kechishining o'ziga xos xususiyatlarini o'rganish.

Material va metodlar: Samarqand shahar tibbiyot birlashmasining kardiorevmatologiya bo'limida 2020-2022 yillarda davolangan 84 nafar bemor tekshiruvdan o'tkazildi.

Natijalar: Yurak ishemik kasalligi (YuIK) tashxisi 32 ta (38%) bemorda qo'yilgan: ular orasida 4 (12,5%) nafarida kasallik RA kasalligi rivojlanishidan oldin, 15 (46,8%) kishida stabil zo'riqish stenokardiyasi, 7 (25,4%) bemorda-yurakning og'riqsiz ishemiyasi va 9 (28,2%) nafarida-yurakning ritm buzilishlari aniqlandi. 2 (6,25%) bemor anamnezida miokard infarkti o'tkazgan.

Xulosa. Tadqiqotga ko'ra, RA bilan og'rigan bemorlarning 38%da YuIK tashxisi qo'yilgan. 30% bemorlarda aritmiyalar va yurakning og'riqsiz ishemiyasi qayd etilgan, bu holat nosteroid yallig'lanishga qarshi dorilarni doimiy qabul qilish bilan bog'liq bo'lishi mumkin.

Kalit so'zlar: yurak ishemik kasalligi, xavf omillari, autoimmun yallig'lanish.

Introduction: Rheumatoid arthritis (RA) is a joint disease of an autoimmune nature that affects 0.5-1.0% of the population worldwide. This disease affects almost all joints: joints of the hand, feet, and knee joints, later accompanied by stiffness, pain, and eventually the destruction of bone and cartilage. In addition to the joints, RA also affects internal organs. Until recently, researchers believed that the cardiovascular system was clinically insignificant in RA. However, in recent years, it has been found that RA patient' life expectancy decreases by 7-10 years and the risk of coronary heart disease or myocardial infarction is comparable with patients with diabetes mellitus. Patients with RA have a 50% higher risk of cardiovascular events and mortality [1]. The magnitude of risks varies in different studies, which is associated with the peculiarities of the studied groups of patients, with the peculiarities of therapy in different countries, depends on the time of observation and the effectiveness of the ongoing treatment [6, 9].

In a study that was tested in 15 countries and included 4363 patients diagnosed with RA, it was found that 9.3% of patients also suffer from cardiovascular diseases (CVD), where the prevalence of myocardial infarction (MI) is 3,2%. Compared to the general population, patients with RA have a higher risk of death (by 60%) from cardiovascular disease (CVD) [8, 11]. It concluded that this pathology is one of the risk factors for cardiovascular diseases and the development of cardiovascular complications [5, 10].

To date, an important cause of cardiovascular death in patients with RA is coronary heart disease (CHD) [3-4, 2-12]. Therefore, it should be taken into account that patients with RA who have undergone MI have unfavorable results compared with patients without RA. This category of patients has a higher rate of mortality 30 days and 12 months after a suffered MI [12-7]. When RA and CHD are comorbid, all-cause mortality is found to be 47% higher, cardiac death 51% higher, and heart failure 41% higher [10].

Patients with RA have fewer manifestations of angina pectoris, but the risk of sudden cardiac death is twice as high. Fatal arrhythmias are a common cause of sudden cardiac death, which are associated with an electrophysiological imbalance in the work of the heart. In patients with RA, the incidence of prolonged QTc interval is not increased, but proarrhythmic QTc prolongation gradually progresses in them [7]. The main pathophysiological mechanism underlying QTc prolongation is systemic inflammation, which acts both indirectly, accelerating the development of cardiovascular diseases, and directly, affecting the electrophysiological functions of the heart.

Objective: Study risk factors and peculiarities of the course of coronary heart disease in patients with rheumatoid arthritis.

Materials and methods of the study: 84 patients with a diagnosis of RA were examined, according to the criteria of ACR (American College of Rheumatology) / EULAR (European Alliance of Associations for Rheumatology) 2010, who were treated in the Department of Cardiorheumatology of Samarkand City Medical Association for the period from 2020 to 2022. The number of women was 62, men-22, the average age of patients was 49±6,6 years, the duration of the disease was on average 7,2±2,5 years. 68 (80,9%) patients were seropositive for RF IgM, antibodies to cyclic citrullinated peptide (ACCP) were detected in all. IHD diagnosed based on clinical, laboratory, and instrumental data. The exclusion criteria: severe concomitant pathology of internal organs, acute and exacerbations of chronic diseases, as well as diabetes mellitus.

Laboratory research methods included determination of the content of rheumatoid factor (RF) in blood serum, C-reactive protein (CRP), total cholesterol concentration (TC) and lipid profile. Clinical examination revealed the presence of the following risk factors in patients smoking, obesity (body mass index (BMI)≥30 kg/m²), hypercholesterolemia (TC>5mmol/l), a history of CVD, arterial hypertension (AH). The DAS28 index was calculated. The clinical characteristics of patients during the examination presented in Table 1. In 33.3% of patients, extra-articular signs of RA were diagnosed, the most common among them were Raynaud's syndrome - in 19 (20,2%), subcutaneous rheumatoid nodules - in 9 (10,7%). Clinical activity according to DAS28 at the time of the study was 5,02±2,04, while 27 (32,1%) patients had high disease activity (DAS28>5,1).

Table 1.

Parameters	Patients with RA (n=84)
Age, years	49±6,6
Duration of illness, years	7,2±2,5
Clinical stage:	
very early (<6 months)	14 (16,6%)
deployed (6-12 months)	16 (19%)
late (>2 years)	54 (64,2%)
Positive for RF	68 (80,9%)
Disease activity according to DAS28, n (%):	
remission (DAS28<2,6)	7 (8,3%)
low (2,6<DAS28<3,2)	12 (14,2%)

moderate (3,2<DAS28<5,1)	38 (45,2%)
high (DAS28>5,1)	27 (32,1%)
X-ray stage, n (%):	
I-II	50 (59,5%)
III-IV	34 (40,4%)

Results and discussion: Most patients 71 (84,5%) received basic therapy, of which 28 (39,4%) received methotrexate 10–20 mg/week. 14 (19,7%) patients received GIBD therapy. 24 (28,5%) patients took prednisolone (10,16 ± 7,26 mg/day).

The diagnosis of coronary heart disease (CHD) established in 32 patients (38%). Of these, 4 (12.5%) had a confirmed diagnosis of CHD diagnosed previously (before the debut of RA), with typical angina in 15 (46.8%) patients, ischemia without pain in 7 (25.4%), and rhythm disturbances in 9 (28.2%). Two (6.25%) patients with CHD had a history of myocardial infarction. Significant CHD risk factors in RA patients presented in Table 2.

Table 2.

Sign	Rheumatoid arthritis with ischemic heart disease, n=32 (n, %)	Rheumatoid arthritis without ischemic heart disease, n=52 (n, %)	P
Morning stiffness > 120 min	15 (46,9)	14 (26,9)	0,007
Duration of RA more than 10 years	20 (62)	31 (59)	0,005
Pain on the Visual Analogue Scale> 50mm	15 (46,9)	14 (26,9)	0,0004
Glucocorticosteroid treatment	14 (43,8)	16 (30,7)	0,009
Daily dose >7,5 mg/day	8 (25)	9 (17,3)	0,001
High activity on DAS 28	12 (37,5)	17 (32,7)	0,001
Heart rate > 80 bpm	14 (43,8)	14 (26,9)	0,002
Total cholesterol >5,0 mmol/l	12 (37,5)	13 (25)	0,008
BMI>25 kg/m ²	14 (43,8)	13 (25)	0,005
Heredity for CVD	15 (46,9)	9 (17,3)	0,0001
Smoking	6 (18,8)	3 (5,77)	0,001
AH frequency	24 (75)	15 (28,8)	0,001
Anemia	13 (40,6)	20 (38,5)	0,001

Table 2 shows that the risk of CHD in RA significantly increased in combination with traditional cardiovascular risk factors-high heart rate, elevated level of OX, poor family history of cardiovascular disease, AH, smoking, anemia, excessive body weight. Along with traditional predictors of cardiovascular risk, the contribution of factors associated with RA has also been determined. Thus, long-term HC intake, high inflammatory activity according to DAS 28, increased the risk of CHD in this category of patients (p<0,01).

The mean level of total cholesterol in patients with RA and CHD was higher in patients without CHD: 5,5±1,7 mmol/l, LDL - 3,1±0,7 mmol/l, HDL - 0,9±0,5 mmol/l, triglycerides - 1,9±0,6 mmol/l. The revealed changes testify to the negative influence of the increased level of these indices on the development of atherosclerosis and, correspondingly, of cardiovascular complications.

Conclusions. Thus, according to our observations, CHD established in 38% of RA patients. Almost 30% of RA patients had cardiac rhythm disturbances and painless ischemia, which related to the constant intake of NSAIDs, which have analgesic effect. In addition to traditional risk factors for CHD, predictors associated with the effects of chronic systemic inflammation have been established - activity and duration of RA, glucocorticoid intake over 12 months, VAS of pain>50 mm.

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