



Cardiovascular risk assessment in patients with rheumatic conditions in Northwest of Ireland: An Audit

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Background

Rheumatic conditions are associated with a considerably increased risk of morbidity and mortality from cardiovascular disease (CVD) compared to the general population. Systemic inflammation and a high prevalence of cardiovascular risk factors in this population play a role in accelerated atherosclerosis. Hypertension is a key modifiable risk factor contributing to increased CVD in patients with autoimmune rheumatic conditions. Hypertension is underdiagnosed and undertreated in this population.

Objectives

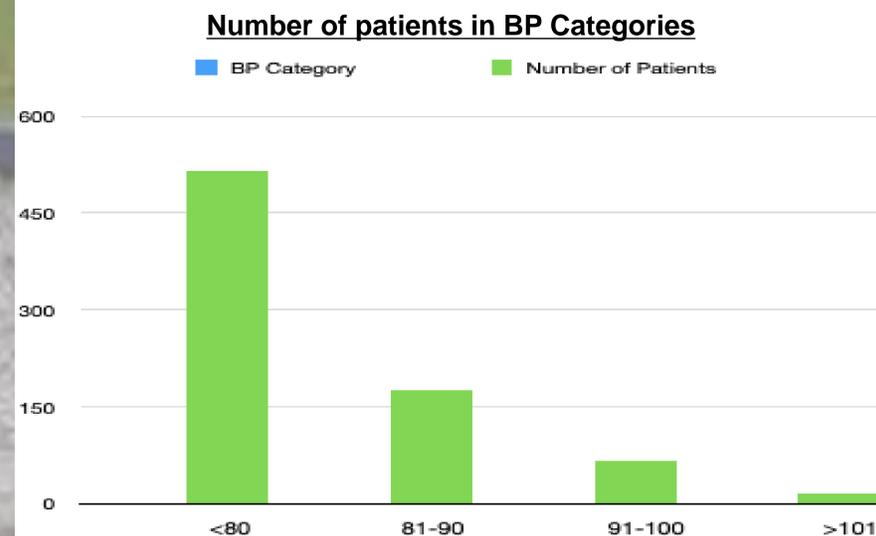
We conducted an audit to determine whether hypertension was managed according to this guideline at our rheumatologic service. Our audit aimed two-fold: To determine the prevalence of hypertension in autoimmune rheumatic disease patients and assess whether it is adequately managed in our service.

Methods

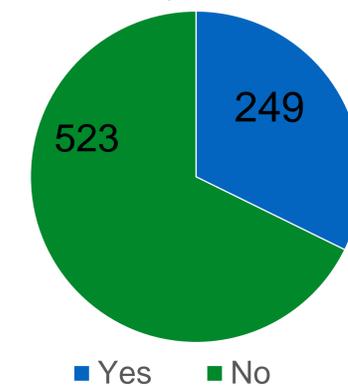
One-off diastolic blood pressure (BP) measurements were collected in our rheumatology service in patients with rheumatic conditions, along with whether or not patients were on antihypertensive medications. Diastolic BP was chosen as it is less affected by white coat hypertension

Results

The study included 770 patients with Rheumatic conditions. They had a mean diastolic BP of 76 mm of Hg (SD+/-11). 249 patients were on antihypertensive medications (32%). 280 (36%) patients had a diastolic BP greater than 80 mm of Hg. Of these, 119 (43%) were on at least one antihypertensive medicine.



On Antihypertensive?.



Conclusion

The average Diastolic BP of our patients was less than 80 mm of Hg, the target recommendation for high-risk individuals. However, 36% were over the target recommendation, and 67% of this population weren't on any antihypertensive medicines, showing that we are still undertreating and underdiagnosing hypertension in this group of patients. There is room for improvement here.

References:

1. Agca R, Heslinga S, Rollefstad S, Heslinga M, McInnes I, Peters M et al. EULAR recommendations for cardiovascular disease risk management in patients with rheumatoid arthritis and other forms of inflammatory joint disorders: 2015/2016 update. *Annals of the Rheumatic Diseases*. 2016;76(1):17-28.
2. Correction to: 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Hypertension*. 2018;72(3).