

A high BMI could reduce men's risk of rheumatoid arthritis, but not women's

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A high body mass index (BMI) could reduce the risk of rheumatoid arthritis in men, according to a study published today in *Rheumatology*.

Scientists in Sweden analysed data from 383 patients, taken from two population based health surveys with a total of 50,705 participants, to discover that there is a strong association between a high BMI in [men](#) and a lower risk of developing [rheumatoid arthritis](#) (RA). However, this association was not found in women. The results were based on the Malmo Diet Cancer Study (MCDS) and Malmo Preventative Medicine Program (MPMP) [data sets](#).

After the results had been adjusted for smoking, as that has been found to be negatively associated with obesity in men, men with a BMI over 25kg/m² were estimated to be 63% less likely to develop RA in the MCDS, and 40 % less likely in the MPMP. When looking into why a high BMI would reduce the risk of men developing RA in the future, the scientists suggested that a high BMI more often reflects increased abdominal obesity or visceral fat in men compared with women, which could be protective against the development of RA. They have previously described a connection between high BMI and hormones, where metabolic pathways related to the adipose tissue and hormone-related factors could have a protective effect against RA.

Carl Turesson, lead author of the paper, commented that: "to our knowledge, this is the first nested case-control study to investigate this issue in men." He went on to comment on the effect for overweight and

obese participants: "the effect of obesity on the risk of RA did not appear to be substantially different from that of overweight. However, a differential effect of very high BMI cannot be ruled out."

More information: 'A high body mass index is associated with reduced risk of rheumatoid arthritis in men, but not in women' Carl Turesson, Ulf Bergstrom, Mitra Pikwer, Jan-Ake Nilsson, and Lennart T.H. Jacobsson, *Rheumatology*, [DOI: 10.1093/rheumatology/kev313](https://doi.org/10.1093/rheumatology/kev313)

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