

ACC/AHA risk score no better for identifying elevated CAC in RA

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(HealthDay)—For patients with rheumatoid arthritis (RA), the 2013 American College of Cardiology/American Heart Association (ACC/AHA) 10-year risk score does not improve identification of those with elevated cardiovascular risk based on high coronary artery calcification (CAC) scores, according to a study published in the February issue of *Arthritis & Rheumatology*.

Vivian K. Kawai, M.D., M.P.H., from the Vanderbilt University School of Medicine in Nashville, Tenn., and colleagues compared the 10-year Framingham Risk Score (FRS), Reynolds Risk Score (RRS), and ACC/AHA risk score for identifying [patients](#) with RA known to have elevated [cardiovascular risk](#) based on high CAC scores. Of 98 patients eligible for risk stratification using the ACC/AHA risk score, 34 were identified with high CAC.

The researchers found that patients with high CAC had higher scores with all three risk scores (P

"The ACC/AHA 10-year risk score does not offer any advantage compared to the traditional FRS and RRS in the identification of RA patients with elevated risk as determined by high CAC," the authors write.

More information: [Abstract](#)
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