

Coronary calcium score may ID CV risk in rheumatoid arthritis

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(HealthDay)—The Coronary Calcium Score (CCS) may be a useful tool

in cardiovascular (CV) risk assessment among female patients with rheumatoid arthritis (RA), according to a study published in the October issue of the *International Journal of Rheumatic Diseases*.

Miguel Bernardes, M.D., from the University of Porto in Portugal, and colleagues assessed CCS (using computed tomography) in 60 [female patients](#) with RA (mean age, 53.6 years; disease duration, 14.7 years) to determine its association with laboratory, imaging, and clinical disease parameters.

The researchers found that CCS >10 was significantly associated with cardiovascular risk factors (age: odds ratio [OR], 1.120; body mass index [BMI] ≥ 25 kg/m²: OR, 0.271; [high-density lipoprotein](#) [HDL]: OR, 0.011; [low-density lipoprotein](#)/HDL ratio: OR, 2.084; apolipoprotein A1 [ApoA1]: OR, 0.965; apolipoprotein B (ApoB)/ApoA1 ratio: OR, 59.834; homocysteine: OR, 1.287; diabetes: OR, 10.400), disease parameters (C-reactive protein [CRP]: OR, 1.038; Disease Activity Score [DAS(4v)]: OR, 1.900; Health Assessment Questionnaire: OR, 3.299; erosion score: OR, 1.015; total modified Sharp/van der Heijde Score: OR, 1.008), biomarkers (osteoprotegerin: OR, 1.505), and bone mineral density (femoral: OR, 0.005; lumbar spine: OR, 0.001; left hand: OR, 7.9×10^{-9} ; osteoporosis: OR, 6.628). Significant associations remained for ApoA1, ApoB/ApoA1 ratio, homocysteine, CRP, DAS(4v), DAS(4v; CRP), DAS(3v), and DAS(3v; CRP), when adjusting for age and BMI.

"Our work reinforces the hypothesis that in RA, CCS may be a useful tool in CV risk assessment, particularly valuable in poorer controlled patients with certain lipoprotein profiles," the authors write.

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