

Resource

Reducing Heart Attacks

Risk of a heart attack in rheumatoid arthritis patients almost halved by biologic drugs

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New research shows that biologic drugs, used to treat rheumatoid arthritis, can reduce the risk of heart attacks in people with RA by up to 40%.

The higher risk of heart attacks in patients with RA is thought to be a consequence of the inflammation caused by the disease. A key goal in the treatment of RA is to reduce this inflammation.

Standard disease-modifying drugs (DMARDs) such as methotrexate are used to reduce the activity of the disease and biologic drugs such as the anti-TNFs work by targeting certain proteins in the immune response, thereby reducing inflammation.

The use of biologic drugs in the UK are governed by the NICE guidelines and are restricted to certain patients who fit the criteria set out by NICE. These patients must have a high level of disease activity, and it is estimated that about 15% of people with RA receive biologics.



Two groups of people with RA were studied by researchers from the British Society for Rheumatology Biologics Register for Rheumatoid Arthritis (BSRBR-RA) to find out their risk of heart attack and the severity of those attacks. This research was carried out at the Arthritis Research UK Centre for Epidemiology, University of Manchester.

A decrease in risk of almost 40% was noted in patients who received anti-TNF treatment, compared to those who received standard DMARDs only. However, the severity of heart attacks among those who did suffer them was no difference between the two groups.

Professor Kimme Hyrich in the University of Manchester's Division of Musculoskeletal & Dermatological Sciences said: "RA patients already have to endure a debilitating condition, but to have an elevated risk of heart attacks because of their disease is a very worrying complication. In addition to managing risk factors such as high blood pressure and high cholesterol, achieving excellent control of inflammation can also reduce this risk."

"Our team has been able to show that this elevated risk can be reduced significantly by using biological drug therapies such as anti-TNFs.

"The findings and plausible explanations for them could be used to review existing guidelines (for the use of biologics) and in particular, extend the use to patients with moderate levels of disease activity."

Dr Mike Knapton, associate medical director at the British Heart Foundation (who funded the majority of this research), said: "This research is interesting, showing a clear association between receiving anti-TNFs and risk of heart attack."

"This research will inform future work, as we discover new ways to reduce heart attacks in people living with RA."

This research is promising and adds to our understanding of the risks of heart attacks in patients with RA and possible ways to prevent them, though further research will be needed to investigate this.

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Patients with RA can experience problems with their mouths. Some are directly related to RA such as gum disease, jaw problems and dry mouth and some indirectly, e.g. as a result of RA medication or difficulty cleaning teeth.