

Cardiovascular risk management for patients with rheumatic and musculoskeletal diseases

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EULAR, the European Alliance of Associations for Rheumatology, has developed new recommendations for CVR management in people with gout, vasculitis, systemic sclerosis (SSc), myositis, mixed connective

tissue disease (MCTD), Sjögren's syndrome (SS), systemic lupus erythematosus (SLE), and antiphospholipid syndrome (APS). People with inflammatory rheumatic and musculoskeletal diseases (RMDs) have an increased risk of developing and dying from CVD compared to people in the general population. Furthermore, people with these conditions are often exposed to immunomodulators and steroid medications. Although controlling inflammation may reduce CVR, cardiovascular side effects might outweigh any anti-inflammatory benefit.

A EULAR taskforce was set up to develop recommendations in this important area. The taskforce included methodologists, clinical experts, healthcare professionals and patient representatives. They looked at the published evidence around [cardiovascular risk factors](#) and interventions.

The group developed four overarching principles to emphasize the need for regular screening and [management](#) of modifiable risk factors, and endorse patient education. These are supported by 19 individual recommendations covering three central topics: CVR prediction tools, interventions on traditional CVR factors, and interventions on disease-related CVR factors. Since the advice varies depending on the underlying RMD, the recommendations are split into two groups. The first set of recommendations is intended to support CVR management in people with gout, vasculitis, systemic sclerosis, myositis, mixed [connective tissue disease](#), or Sjögren's syndrome. The second set focuses on people with systemic lupus erythematosus or antiphospholipid syndrome. Some traditional CVR management practices can be followed in people with this subset of RMDs as for the [general population](#) including for example, the guidelines for lipid management in people with gout, vasculitis, SSc, MCTD, SS, SLE, or APS. However, there are tailored recommendations about blood pressure management and the use of platelet inhibitors such as aspirin. Among interventions related to disease-specific risk factors, adequate control of disease activity and

restriction of the use of glucocorticoids are also recommended. Specific recommendations also highlight the need to modify some standard CVR assessment tools to take into account certain factors for people with some of these RMDs.

Overall, these new recommendations provide guidance for rheumatologists, health professionals, and people with RMDs. It is hoped they will support clinical practice and future research for improving CVR management in people with RMDs.

More information: George C Drosos et al, EULAR recommendations for cardiovascular risk management in rheumatic and musculoskeletal diseases, including systemic lupus erythematosus and antiphospholipid syndrome, *Annals of the Rheumatic Diseases* (2022). [DOI: 10.1136/annrheumdis-2021-221733](https://doi.org/10.1136/annrheumdis-2021-221733)

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