Coronary heart disease is the leading cause of death in the United States. Numerous strategies exist for detection and treatment of asymptomatic persons at risk for CHD. Guides such as the ATP III and Framingham risk calculators consider factors including age, gender, blood pressure, total cholesterol, HDL level, and diabetes in determining an individual's 10-year risk for a coronary event.

Unfortunately, with traditional metrics, 31% of men and 7% of women (21 million people) are classified as intermediate risk for CHD (10%-20% risk over 10 years). Aggressive risk factor modification is clearly indicated for high-risk individuals and is definitely not indicated for low-risk individuals, but the decision regarding therapy in intermediate-risk persons is difficult given less-certain benefits to weigh against possible harms.

The U.S. Preventive Services Task Force recently released guidelines evaluating the utility of nine nontraditional risk factors in CHD assessment.

- **High-sensitivity C-reactive protein**
  - Of the tests evaluated by the USPSTF, hs-CRP is the most clinically promising. An elevated hs-CRP (greater than 3 mg/L) conveys a relative risk of 1.58 for CHD events. In addition, hs-CRP can reclassify intermediate-CHD-risk individuals, with 11% of men elevated to high risk and 12% of men dropped to low risk. No such reclassification was possible for intermediate-risk women.

- **Periosteal thickness**
  - The increased stroke risk in patients with RA alone and in those with RA and cardiovascular disease is significantly increased risk for developing stroke and atrial fibrillation compared with the general population, in a study of more than 11,000 rheumatoid arthritis patients.

- **Atrial fibrillation**
  - The increased stroke risk in rheumatoid arthritis (RA) patients appeared independent of their increased likelihood for having atrial fibrillation, a known stroke risk factor, reported Dr. Jesper Lindegaard.

The results “add to the growing awareness that RA patients need to be evaluated with respect to cardiovascular comorbidities,” said Dr. Lindhardt, an internist in the department of cardiology at Gentofte Hospital in Hellerup, Denmark.

The recommended annual assessment of RA patients for cardiovascular disease and risk should include an ECG evaluation for atrial fibrillation and should also pay attention to stroke risk factors, he said in an interview.

His study used data that was collected in Danish national registries for about 4.2 million citizens who were older than age 16 years in 1997, excluding those with a prior diagnosis of RA, stroke, or atrial fibrillation. During the following 10 years, 11,038 people were diagnosed with a new onset of RA. The average age of the study population was 47 years in 1997.

**Major Finding:** Following diagnosis of rheumatoid arthritis, patients had a 45% increased risk for stroke compared with the general adult population without rheumatoid arthritis.

**Data Source:** Ten-year follow-up of national medical records for 4.2 million Danish citizens, including 11,038 with new-onset rheumatoid arthritis.

**Disclosures:** Dr. Lindhardt said that he had no disclosures.

Rheumatoid Arthritis Boosts Stroke, Atrial Fibrillation Risk