

Abstract

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Conventional lipid profile and lipoprotein(a) concentrations in treated patients with rheumatoid arthritis.

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OBJECTIVE: Patients with rheumatoid arthritis (RA) have an increased cardiovascular risk not completely explained by traditional cardiovascular risk factors. If the proatherogenic lipid profile observed in active and untreated RA improves by effectively treating RA without the use of a lipid-lowering agent, other nonconventional cardiovascular lipid risk factors may be implicated. We evaluated conventional lipid risk factors and lipoprotein(a) in treated patients with RA.

METHODS: This cross-sectional study was conducted in 122 patients with RA. Lipid profiles of patients were compared with a control group, consisting of a population-based study cohort (DRECE study), matched for sex, age, menopausal status, and body mass index. Excess lipoprotein(a) was defined by a serum concentration > 0.3 g/l.

RESULTS: High-density lipoprotein cholesterol (HDL-c) concentrations were higher in pre- and postmenopausal women with RA than in controls ($p = 0.023$ and $p < 0.001$, respectively). All RA patients had significantly lower levels of apolipoprotein B and apolipoprotein B/apolipoprotein A-I ratio, and postmenopausal women with RA also had significantly lower low-density lipoprotein cholesterol and total cholesterol levels than their respective controls. No differences were observed in serum levels of apolipoprotein A-I and triglyceride. All RA patients had higher lipoprotein(a) values than controls. Fourteen men (56%) and 10 (53%) and 42 (54%) pre- and postmenopausal women with RA, respectively, had hyperlipoproteinemia(a).

CONCLUSION: RA patients undergoing antirheumatic therapy display a nonatherogenic conventional lipid profile, i.e., high HDL-c, low apolipoprotein B concentrations, and low apolipoprotein B/apolipoprotein A-I ratio. This may be counteracted by the high prevalence of hyperlipoproteinemia(a) observed in these patients.

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