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2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk



We applaud the effort of the ACC/AHA Risk Assessment Work Group to develop novel equations to estimate the risk of a first hard atherosclerotic cardiovascular event using data from broadly representative cohorts of the U.S. population (1). However, we are concerned that they may not adequately predict risk in patients with inflammatory forms of arthritis, such as rheumatoid arthritis, psoriatic arthritis, and ankylosing spondylitis. Considerable epidemiological evidence supports the notion that inflammatory arthritis is an independent risk factor for both myocardial infarction and stroke (2-4). In addition, a recent assessment of the performance of cardiovascular risk algorithms in an early rheumatoid arthritis inception cohort demonstrated that the Framingham Global Risk Score, SCORE, and the Reynolds Risk Score all underestimated 10-year risk (5).

Although it is briefly mentioned in the 2013 Blood Cholesterol Guideline (6), we want to highlight the increased risk of cardiovascular disease in those with inflammatory arthritis and emphasize that until well-validated risk scores are developed for this population, using those derived from the general population will likely underestimate risk.

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Reply

2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk



The American College of Cardiology Foundation/American Heart Association (ACCF/AHA) welcomes letters to inform its ongoing work and encourages such correspondence about its guidelines. Because the ACCF/AHA guideline development process is rigorous and involves several layers of review by the writing committee, external peer reviewers, and participating organizations in the document, it cannot respond to each issue raised after a guideline has been published. The information, however, is forwarded to the Writing Committee chair and oversight Task Force for review. If any issue is deemed by the ACCF/AHA to affect patient safety, it will be considered immediately. Otherwise, the information will be considered during the next update or revision of the guideline.

The ACC Guidelines Committee

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