Cardiovascular risk assessment in patients with rheumatic conditions in Northwest of Ireland: An Audit
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Background
Rheumatic conditions are associated with a considerably increased risk of morbidity and mortality from cardiovascular disease (CVD) compared to the general population. Systemic inflammation and a high prevalence of cardiovascular risk factors in this population play a role in accelerated atherosclerosis. Hypertension is a key modifiable risk factor contributing to increased CVD in patients with autoimmune rheumatic conditions. Hypertension is underdiagnosed and undertreated in this population.

Objectives
We conducted an audit to determine whether hypertension was managed according to this guideline at our rheumatologic service. Our audit aimed two-fold: To determine the prevalence of hypertension in autoimmune rheumatic disease patients and assess whether it is adequately managed in our service.

Methods
One-off diastolic blood pressure (BP) measurements were collected in our rheumatology service in patients with rheumatic conditions, along with whether or not patients were on antihypertensive medications. Diastolic BP was chosen as it is less affected by white coat hypertension.

Results
The study included 770 patients with Rheumatic conditions. They had a mean diastolic BP of 76 mm of Hg (SD+/-11). 249 patients were on antihypertensive medications (32%). 280 (36%) patients had a diastolic BP greater than 80 mm of Hg. Of these, 119 (43%) were on at least one antihypertensive medicine.

Conclusion
The average Diastolic BP of our patients was less than 80 mm of Hg, the target recommendation for high-risk individuals. However, 36% were over the target recommendation, and 67% of this population weren’t on any antihypertensive medicines, showing that we are still undertreating and underdiagnosing hypertension in this group of patients. There is room for improvement here.

References: