Do patients with congestive heart failure treated with biologics for RA have a lower risk of fatal outcome of serious infections?

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Results
(I) Risk of serious infection:
- Patients with CHF were older, more frequently males, had a more active disease, and considerably more comorbidities than the remaining cohort (Tab 1)
- Serious infection rates were nearly five times higher in CHF patients than in the rest of the cohort (Tab. 2)

The high infection risk in RA patients with CHF can be attributed to known risk factors of serious infections:
- Higher age
- Chronic renal or lung disease
- bDMARD and GC treatment

(II) Risk of lethal serious infections:
Serious infections were the most frequent cause of death in patients with CHF:
- Patients with CHF: 60 patients died, 34 due to serious infections
- Matched controls: 37 patients died, 19 due to serious infections

Conclusion
Patients with CHF are at increased risk of SI with a high lethality risk. Our data suggest that SI occurring in RA patients on biologic therapy tend to have a lower risk of fatal outcome.

Background & Objectives
Rheumatoid arthritis (RA) patients with multimorbid conditions are at high risk of developing serious infections (SI) and of premature mortality. TNF inhibitors increase the infection risk [1]. However, they are likely to decrease all-cause mortality [2]. We therefore aimed to examine (I) the infection risk and (II) the outcome of SI in a group of patients at high mortality risk: RA patients with congestive heart failure (CHF).

Patients & Methods
Data from the German biologics register RABBIT with 10,671 RA patients included at start of a synthetic or biologic DMARD (bDMARD) after at least one DMARD failure were used. In 242 patients, CHF was reported as comorbid condition at enrollment. Data from the German biologics register RABBIT with 10,671 RA patients included. Patients & Methods

References
[2] Listing et al., Mortality in rheumatoid arthritis […], Ann Rheum Dis 2013 (Published online first)

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