Cardiometabolic Comorbidities in Autoimmune Rheumatic Diseases: From Pathogenesis to Treatment

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1. EDITORIAL

Autoimmune rheumatic diseases are chronic inflammatory disorders characterised by an increased mortality rate, mainly attributable to major Cardiovascular Events (CVEs) [1, 2]. This clinical phenotype can be explained by the unfavourable interaction between the high-grade inflammatory process and traditional cardiovascular (CV) risk factors [1, 3]. Indeed, according to most previous reports, the inflammatory process is implicated as being predictive of CVEs and appears to potentiate the effect of traditional CV risk factors [4, 5]. From a pathophysiological point of view, some well-known pathogenic pro-inflammatory mediators in autoimmune rheumatic diseases may play a key role in the development in atherosclerosis, already considered to have an inflammatory pathogenesis, and in metabolic disturbances frequently observed in these patients [6, 7]. Furthermore, increased prevalence and incidence of traditional CV risk factors has been reported, suggesting their contribute in the accelerated atherosclerosis and CVEs in autoimmune rheumatic diseases [8, 9]. Taking together these observations, from a clinical point of view, the comprehensive management of rheumatic patients should therefore include pharmacological and non-pharmacological strategies aimed at CV risk factors reduction together with a tight control of the inflammatory process [1]. However, it must be pointed out that the risk of cardiometabolic comorbidities in autoimmune rheumatic diseases is still not adequately recognized by both patients and physicians [9-11]. In fact, although specific guidelines have been published by the major rheumatological societies, cardiometabolic comorbidities in autoimmune rheumatic diseases are still underdiagnosed and undertreated, thus contributing to the increased magnitude of CV burden [12-14].

The articles selected to be included in this special issue deepened available data on CV and metabolic involvement in different autoimmune rheumatic diseases, including rheumatoid arthritis, psoriatic arthritis, systemic lupus erythematosus and primary Sjögren’s syndrome. The authors, belonging to different medical specialities, analysed pathogenic mechanisms, clinical features, novel biomarkers and therapeutic strategies, updating the current knowledge concerning cardiometabolic comorbidities in these patients. A secondary message behind this special issue, indeed, is that only a coordinated interaction of different figures, including rheumatologists, internists and cardiologists, can lead to an optimal management of cardiometabolic comorbidities in patients affected by autoimmune rheumatic diseases. Accordingly, although several aspects of this topic need still to be clarified, a synergistic effort of different scientific societies may contribute to shed light with large-scale clinical trials to produce shared guidelines and recommendations.

LIST OF ABBREVIATIONS

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<th>Abbreviation</th>
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<td>CVEs</td>
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CONFLICT OF INTEREST

The authors declare no conflict of interest, financial or otherwise.

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REFERENCES

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