

**Annual European Congress of Rheumatology
(EULAR 2019)**

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**INFLAMMATORY BOWEL DISEASE AND TYPE I DIABETES INCREASE CHANCES OF
DEVELOPING RHEUMATOID ARTHRITIS**

Study also reveals venous thromboembolism (VTE) and epilepsy as potential novel
comorbidities¹

Madrid, Spain, 14 June 2019: The results of a study presented today at the Annual European Congress of Rheumatology (EULAR 2019) demonstrate increased rates of type I diabetes and inflammatory bowel disease (IBD) in patients that go on to develop rheumatoid arthritis (RA).¹

RA is a chronic inflammatory disease that affects the joints, causing pain and disability. It can also affect internal organs. RA is more common in older people, but there is also a high prevalence in young adults, adolescents and even children, and it affects women more frequently than men. IBD is an umbrella term used to describe disorders that involve chronic inflammation of the digestive tract, such as Crohn's disease and ulcerative colitis. IBD can be debilitating and sometimes lead to life-threatening complications. Type I diabetes is a serious, lifelong condition where blood glucose levels are too high because the body can't make insulin.

Results of the study demonstrate that the RA group reported significantly more cases of inflammatory bowel disease (1.9% vs. 0.5%, $p < 0.001$) and type I diabetes (1.3% vs. 0.4%, $p = 0.01$) versus controls.¹

"While it is common for patients to have both type I diabetes and rheumatoid arthritis, our results suggest that inflammatory bowel disease and type I diabetes may predispose to rheumatoid arthritis development, which merits further study," said Vanessa Kronzer, M.D., Mayo Clinic School of Graduate Medical Education, Minnesota, USA.

Although the number of comorbidities was the same between groups in the timeframe prior to RA diagnosis, in the time period after RA diagnosis there were significantly more comorbidities reported in the RA group versus controls (median 5.0 vs. 4.0, $p < 0.001$). In addition, between group differences were significant for several comorbidities. Interestingly, there were significantly more cases reported in the RA group for venous thromboembolism (VTE) (10% vs. 6%, $p < 0.001$) and epilepsy (3% vs. 1%, $p = 0.003$) versus controls, indicating that they may be novel comorbidities for patients with RA. Heart attacks were more common in the RA group versus controls (3.8% vs. 1.2%, $p < 0.001$) but high cholesterol was less common (11.4% vs. 16.4%, $p = 0.004$). Cancer was not more common in either group, even among all cancer subtypes.¹

“These results are important because understanding the timeline of comorbidity development in patients with rheumatoid arthritis will inform our knowledge of the disease progression and help identify targets for improving outcomes,” said Professor Hans Bijlsma, President, EULAR.

The study included 821 patients with RA from a biobank, each with a further three matched controls based on age, sex, and location of residence at the time of the biobank survey. The survey included the self-reported presence/absence and age of onset for 77 comorbidities. The mean age was 62 years, and 73% were female.¹

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NOTES TO EDITORS

For further information on this study, or to request an interview with the study lead, please do not hesitate to contact the EULAR Press Office:

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About Rheumatic and Musculoskeletal Diseases

Rheumatic and musculoskeletal diseases (RMDs) are a diverse group of diseases that commonly affect the joints, but can also affect the muscles, other tissues and internal organs. There are more than 200 different RMDs, affecting both children and adults. They are usually caused by problems of the immune system, inflammation, infections or gradual deterioration of joints, muscle and bones. Many of these diseases are long term and worsen over time. They are typically painful and limit function. In severe cases, RMDs can result in significant disability, having a major impact on both quality of life and life expectancy.²

About EULAR

The European League against Rheumatism (EULAR) is the European umbrella organisation representing scientific societies, health professional associations and organisations for people with RMDs. EULAR aims to reduce the burden of RMDs on individuals and society and to improve the treatment, prevention and rehabilitation of RMDs. To this end, EULAR fosters excellence in education and research in the field of rheumatology. It promotes the translation of research advances into daily care and fights for the recognition of the needs of people with RMDs by the EU institutions through advocacy action.

To find out more about the activities of EULAR, visit: www.eular.org

References

¹ Kronzer V, Crowson CS, Sparks J, *et al.* Comorbidities as risk factors for rheumatoid arthritis (RA) and accrual after RA diagnosis. EULAR 2019; Madrid: Abstract OP0088.

² van der Heijde D, Daikh DI, Betteridge N, *et al.* Common language description of the term rheumatic and musculoskeletal diseases (RMDs) for use in communication with the lay public, healthcare providers and other stakeholders endorsed by the European League Against Rheumatism (EULAR) and the American College of Rheumatology (ACR). *Ann Rheum Dis.* 2018 Jun;77(6):829-832.