Scientific research on rheumatoid arthritis (RA) led to the drafting of recommendations on early diagnosis of articular manifestations, appropriate measurements of inflammatory activity and bone damage, and target-based treatment, which were consolidated in similar guidelines from various organizations such as the Sociedade Brasileira de Reumatologia (SBR), the American College of Rheumatology (ACR) and the European League Against Rheumatism (EULAR).\textsuperscript{1–4} To the extent that the treatment strategies of joint manifestations have expanded in terms of options and effectiveness, a greater concern has arisen about associated diseases, particularly cardiovascular disease (CVD), which became the main responsible for the decrease of survival in this population, despite significant advances in drug therapy.\textsuperscript{5–7}

Currently, an earlier investigation and monitoring of traditional risk factors for CVD is recommended, since its presence is associated with an increased clinical activity of RA, with a worse prognosis, and with doubling of CVD risk.\textsuperscript{8–13}

The chronic inflammatory state, coupled with limited mobility, a sedentary lifestyle and the use of Nonsteroidal anti-inflammatory drugs (NSAIDs) and corticosteroids, determines the activation of several harmful mechanisms for circulation and also increases the predisposition to metabolic syndrome (MS).\textsuperscript{7,8,11,14}

RA and MS share pathogenic mechanisms, for example, an increase in free radicals, a deficiency of antioxidant systems, an increase in pro-inflammatory cytokines, endothelial injury, and the formation and destabilization of atherosclerotic plaques.\textsuperscript{8,9,15}

The concept of MS arose in the 1980s, encompassing central obesity, dyslipidemia, systemic hypertension and hyperglycemia/insulin resistance as elements that are enhanced and that, together, offer a higher risk of CVD than the sum of individual factors. The literature has evolved with the study of MS in different populations, until the proposition of unified criteria in 2009.\textsuperscript{16,17}

Although the identification of MS in patients with RA is very variable, depending on the populations studied and the classification criteria used, its prevalence has increased and determines an additional risk of CVD.\textsuperscript{5,15,18} A better knowledge of the prevalence of MS and its associations in different groups of patients results in subsidies to improve preventive strategies.

In this issue, Oliveira et al. evaluated the occurrence of MS in patients with RA followed in a university hospital in northeastern Brazil. In this sample, with large female predominance, more than half of the patients fulfilled different MS criteria. In addition to obesity, present in almost all patients with MS, there was an association with other risk factors, such as age and smoking.\textsuperscript{19} These findings point to a high risk of CVD and increased mortality.

The scientific community still discuss whether the assessment for risk of CVD should be carried out by instruments used in the general population, or by tools adapted for RA, to enable a more reliable risk assessment, in order to reduce morbidity and mortality.\textsuperscript{20,21}

With this goal, de Campos et al. tested a tool for prediction of cardiovascular events, modified for use in patients with RA – the mSCORE index. The study evaluated 100 female subjects with RA versus controls without the disease; it was observed that there was no difference between groups with respect to the results of the original SCORE index. However, with the use of mSCORE version, which includes factors specific to the disease, a 3-fold increase in the number of subjects classified as of high risk was found, thus becoming clear the increased risk of the occurrence of a 10-year fatal cardiovascular event in patients with RA.\textsuperscript{22}

This study emphasizes the fact that, during a systematic evaluation of patients with RA, an evaluation of cardiovascular risk must also be carried out. Moreover, this assessment should be performed with valid instruments, allowing the identification of the risk of CVD and pointing to therapeutic targets, in order to perform earlier and more efficient interventions.

In this way, one can make a better use of the acknowledged advances in the treatment of joint disease in these patients, in order to obtain, for them, a better and long-lasting health condition.
Conflicts of interest

The authors declare no conflicts of interest.

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