

RISK OF CARDIOVASCULAR DISEASE AMONG OSTEOARTHRITIS PATIENTS

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Background

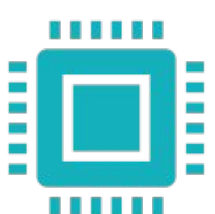
- The present study explores the compelling connection between osteoarthritis (OA) and cardiovascular disease (CVD), providing evidence that OA is indeed a significant risk factor for CVD.
- OA commonly referred to as degenerative joint disease or "wear and tear" arthritis.
- CVD encompasses any illness affecting the heart or blood vessels.
- Dataset from the Canadian Community Health Survey (CCHS) Cycle 2.1, comprising 134,072 records and 23 relevant variables is utilized.

Research Questions

- Is having osteoarthritis associated with developing heart disease?
- What might be the highest risk factor that influences this association?
- Is there any survival factor that affects the rate of change of having osteoarthritis with heart disease?

Methods

- 23 variables were cleaned and preprocessed from a sample of over 130,000. No variables or samples were excluded.
- Using the method developed by Sullivan et al. (2004), a risk score was derived using the multivariable logistic regression model and the variables retained following LASSO selection. A point system was created for the risk score.
- Cross-validation was used to optimize the regularization parameter.



Data Pre-processing
step.



Fitting Logistic
Regression to the
Training set.



Predicting the test
result.



Test accuracy of the
result



Generating Summary
outputs



Calculation of Risk
core

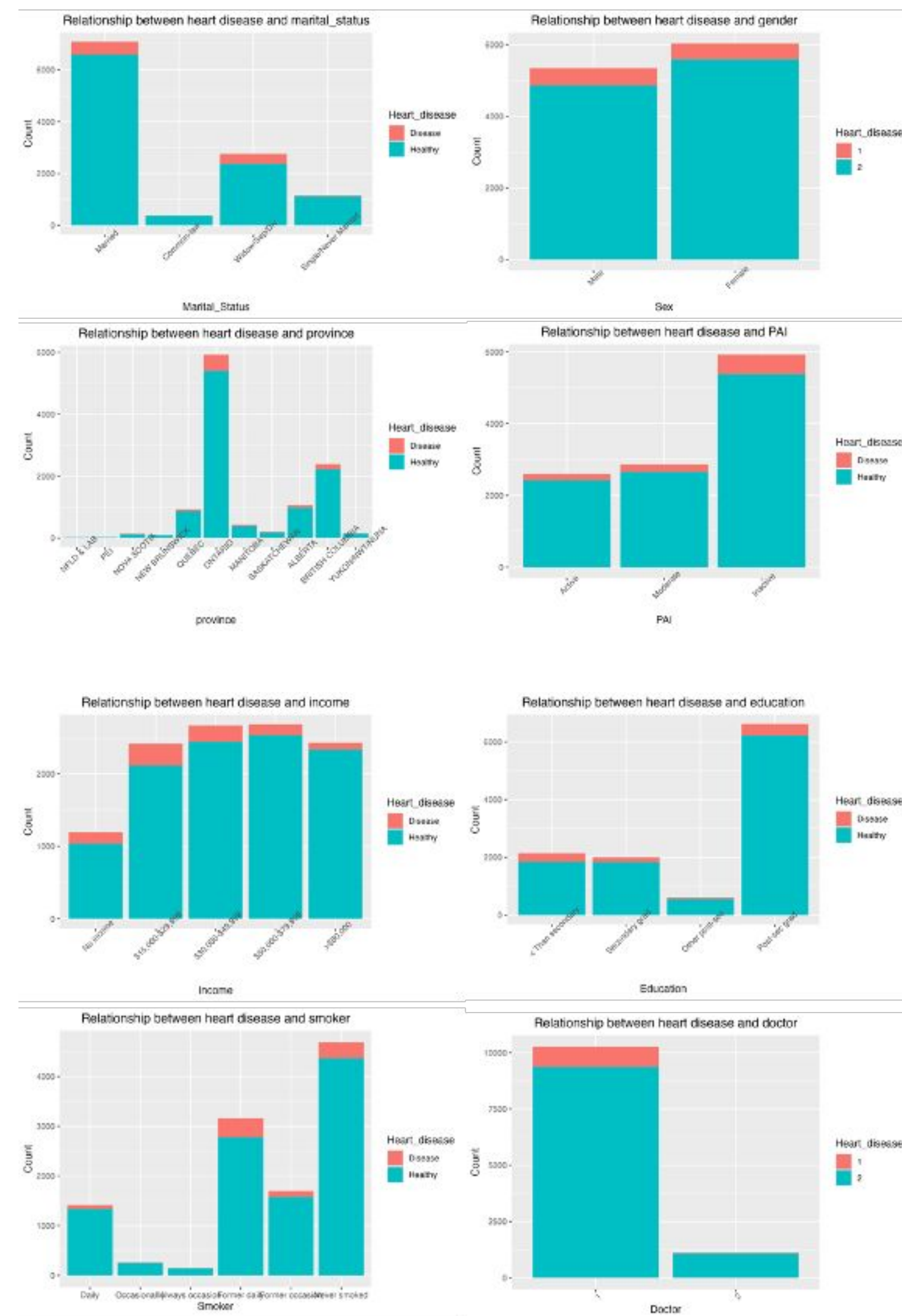
Results

Table 1. Baseline Patient

Variable	**N**	**Disease**, N = 929	**Healthy**, N = 10,452	**p-value**
Age	10,290			<0.001
35-39		10 (1.1%)	1,230 (13%)	
40-44		11 (1.2%)	1,072 (11%)	
45-49		21 (2.3%)	925 (9.9%)	
50-54		42 (4.5%)	1,113 (12%)	
55-59		86 (9.3%)	1,212 (13%)	
60-64		104 (11%)	953 (10%)	
65-69		115 (12%)	923 (9.9%)	
70-74		145 (16%)	718 (7.7%)	
75-79		203 (22%)	690 (7.4%)	
>80		191 (21%)	526 (5.6%)	
Sex	11,381			0.003
Male		479 (52%)	4,865 (47%)	
Female		450 (48%)	5,587 (53%)	
Marital_Status	11,381			<0.001
Married		493 (53%)	6,591 (63%)	
Common-law		14 (1.5%)	369 (3.5%)	
Widow/Sep/Div		386 (42%)	2,373 (23%)	
Single/Never Married		36 (3.9%)	1,119 (11%)	
Diabetes	11,381	170 (18%)	691 (6.6%)	<0.001
Immigrant_status	11,381	929 (100%)	10,452 (100%)	>0.9
PAI	11,381			<0.001
Active		171 (18%)	2,423 (23%)	
Moderate		212 (23%)	2,654 (25%)	
Inactive		546 (59%)	5,375 (51%)	
Doctor	11,381	898 (97%)	9,368 (90%)	<0.001
Smoker	11,381			<0.001
Daily		81 (8.7%)	1,336 (13%)	
Occasionally		12 (1.3%)	252 (2.4%)	
Always occasion		5 (0.5%)	141 (1.3%)	
Former daily		385 (41%)	2,778 (27%)	
Former occasion		123 (13%)	1,577 (15%)	
Never smoked		323 (35%)	4,368 (42%)	
Drinker	11,381			<0.001
Regular		469 (50%)	5,929 (57%)	
Occasional		158 (17%)	1,886 (18%)	
Former		209 (22%)	1,486 (14%)	
Never		93 (10%)	1,151 (11%)	
High_blood_pressure	11,381	527 (57%)	2,291 (22%)	<0.001

Univariate analysis

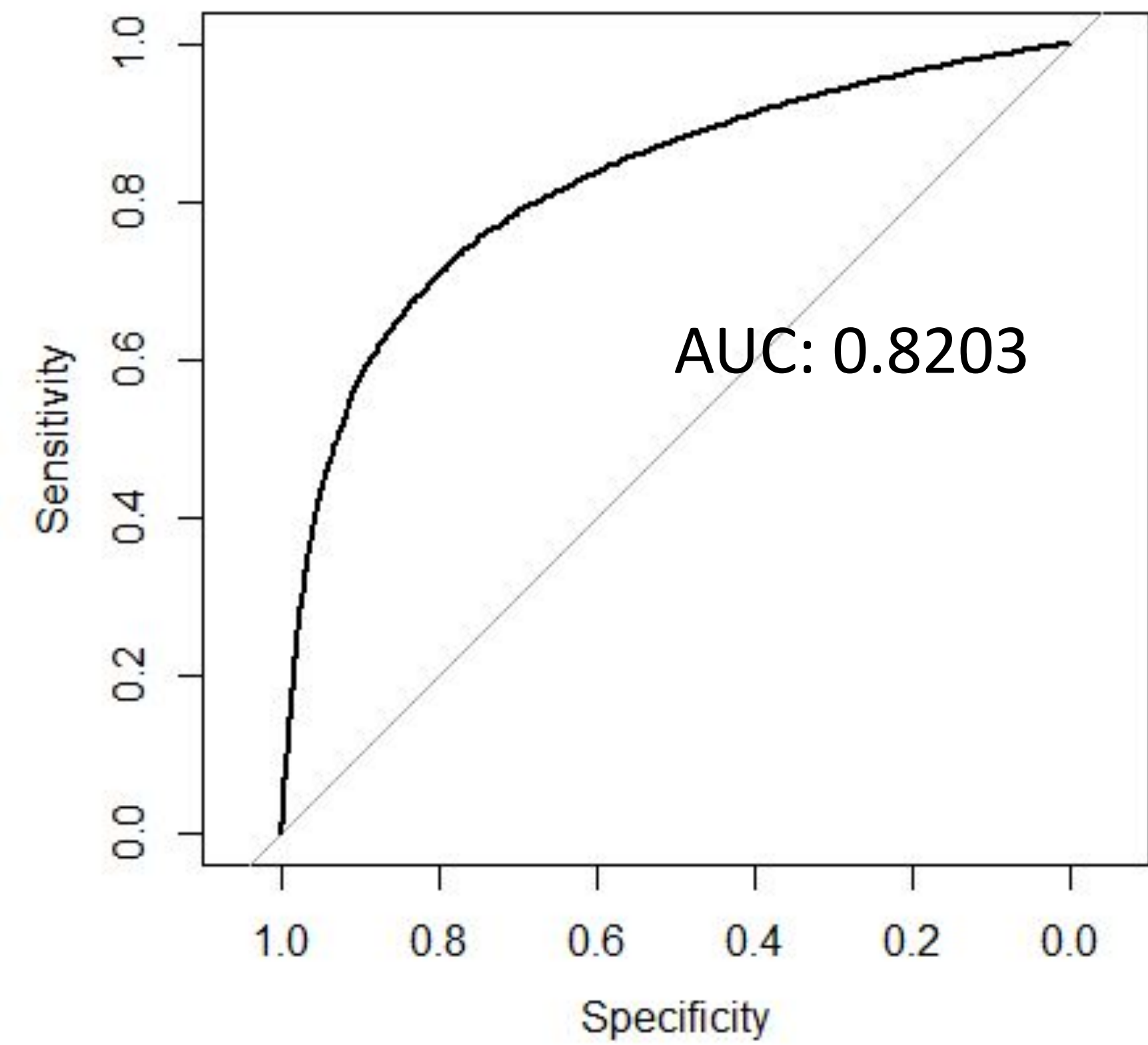
Variable	**N**	**Disease**, N = 929	**Healthy**, N = 10,452	**p-value**
Daily_consumption	11,381	5.10 (3.70, 6.60)	4.70 (3.40, 6.30)	<0.001
Sampling_weight	11,381	136 (72, 249)	192 (95, 366)	<0.001
Emphysema_COPD	11,381	55 (5.9%)	94 (0.9%)	<0.001
Stress	11,381			0.001
Not at all		188 (20%)	1,608 (15%)	
Not very		235 (25%)	2,669 (26%)	
A bit		328 (35%)	4,007 (38%)	
Quite a bit		139 (15%)	1,799 (17%)	
Extremely		39 (4.2%)	369 (3.5%)	
Province	11,381			
NFLD & LAB		2 (0.2%)	27 (0.3%)	
PEI		0 (0%)	31 (0.3%)	
NOVA SCOTIA		18 (1.9%)	121 (1.2%)	
NEW BRUNSWICK		6 (0.6%)	92 (0.9%)	
QUEBEC		58 (6.2%)	869 (8.3%)	
ONTARIO		523 (56%)	5,403 (52%)	
MANITOBA		37 (4.0%)	390 (3.7%)	
SASKATCHEWAN		22 (2.4%)	182 (1.7%)	
ALBERTA		81 (8.7%)	978 (9.4%)	
BRITISH COLUMBIA		172 (19%)	2,220 (21%)	
YUKON/NWT/NUNA		10 (1.1%)	139 (1.3%)	
Time_in_Canada	11,381			<0.001
0-9 Years		21 (2.3%)	1,486 (14%)	
>=10 Years		908 (98%)	8,966 (86%)	
Cultural	11,381			<0.001
White		785 (84%)	6,931 (66%)	
Visible minority		144 (16%)	3,521 (34%)	
Education	11,381			<0.001
< Than secondary		303 (33%)	1,845 (18%)	
Secondary grad		169 (18%)	1,834 (18%)	
Other post-sec		56 (6.0%)	555 (5.3%)	
Post-sec grad		401 (43%)	6,218 (59%)	
Income	11,381			<0.001
No income		157 (17%)	1,036 (9.9%)	
\$15,000-\$29,999		303 (33%)	2,113 (20%)	
\$30,000-\$49,999		226 (24%)	2,440 (23%)	
\$50,000-\$79,999		148 (16%)	2,533 (24%)	
>\$80,000		95 (10%)	2,330 (22%)	



Risk Score for Cardiovascular Disease

Factor		Points	Total Point Score	Estimated Risk of Cardiovascular Disease
Sex	Female	1		
	Male	0	-7	44%
Age	35-39	0	-6	56%
	40-44	-2	-5	67%
	45-49	-3	-4	76%
	50-54	-4	-3	84%
	55-59	-5	-2	89%
	60-64	-5	-1	93%
	65-69	-6	0	95%
	70-74	-6	1	97%
	75-79	-7	2	98%
	>80	-7	3	98%
Has a Primary Care Physician/ Family Doctor	Yes	1	4	99%
	No	0		
High Blood Pressure	Yes	2		
	No	0		
Diabetes	Yes	1		
	No	0		
Total Point Score				

Receiver Operating Characteristic (ROC) Curve



Summary

- 17 of the 23 variables were statistically significant in contributing to prediction of the presence of cardiovascular disease.
- On average, married individuals, Ontarians, and inactive patients on average have a higher rates of CVD.
- ROC curve had a value of 0.82 suggesting that model can distinguish between the presence of CVD well.

Future Research

- Further studies can be done to test and train different regularized models such as lasso and ridge regression to identify models with strongest predictive power.
- Additional variables can be considered to test for CVD, when utilizing regularized regression.

References

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5177921/>
- <https://www.arthritis.org/health-wellness/about-arthritis/related-conditions/other-diseases/osteoarthritis-could-be-risky-to-your-heart>
- <https://pubmed.ncbi.nlm.nih.gov/23925995/>
- <https://www.cdc.gov/arthritis/basics/osteoarthritis.htm>
- <https://www.nhsinform.scot/illnesses-and-conditions/heart-and-blood-vessels/conditions/cardiovascular-disease>

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