

INTRODUCTION

- Rheumatoid arthritis (RA) is associated with high healthcare utilization and impaired physical functioning.^{1,2}
- Hypertension (HTN) is a common comorbidity in RA.
- HTN may further increase cardiovascular risk, healthcare utilization, and treatment burden through both inflammatory and pharmacologic mechanisms.^{3,4}
- Objective:** To compare healthcare utilization, expenditures, and health-related quality of life among U.S. adults with RA with and without comorbid HTN.

METHODS

- Study Design:** Population-based cross-sectional analysis of pooled 2020-2023 Medical Expenditure Panel Survey (MEPS) data.
- Population:** Adults ≥18 years with RA and classified as RA-only or RA+HTN using MEPS medical condition files and ICD-based clinical classification categories.
- Survey weights, strata, and primary sampling units were applied to generate nationally representative estimates.
- Descriptive analyses compared socio-demographics, healthcare utilization, expenditures, and health-related quality of life between groups.
- Group differences were assessed within the RA subpopulation using survey-weighted linear regression and the Rao-Scott chi-square test for categorical outcomes.

RESULTS

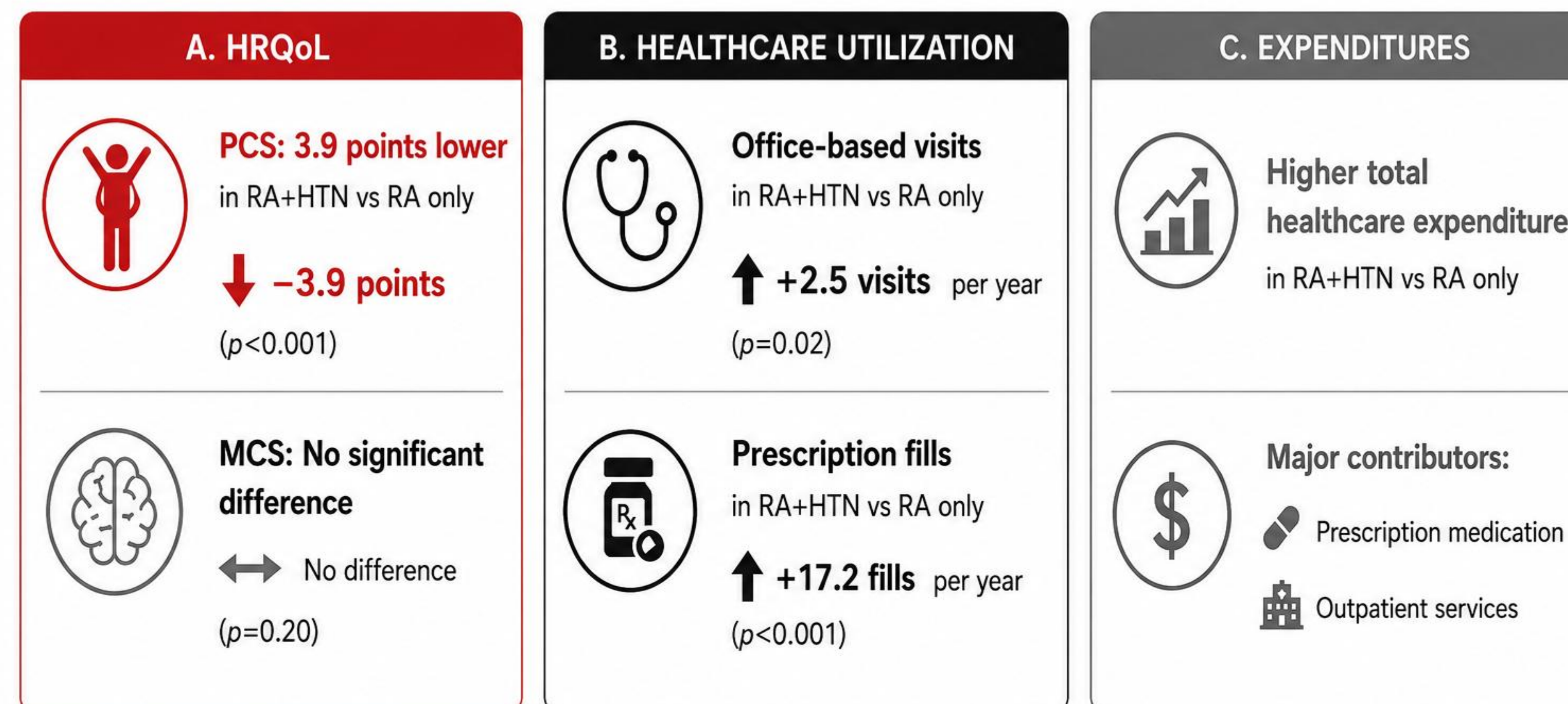


Fig.1 : Impact of comorbid HTN in RA patients

Type of health care service	Mean expenditure RA only (95% CI) (\$)	Mean expenditure RA + HTN (95% CI) (\$)
Total	23,006 (19,286-26,726)	28,088 (23,413-32,763)
Outpatient	5,186 (3,599-6,772)	6,105 (3,581-8,629)
Emergency room	626 (296-955)	448 (343-553)
Inpatient	3,524 (2,385-4,662)	4,048 (3,021-5,076)
Prescription medication	9,467 (7,370-11,565)	11,527 (8,866-14,187)
Out-of-pocket	1,828 (1,520-2,135)	2,021 (1,619-2,422)

Table 1: HRQoL of RA patients with and without HTN

Summary scores	RA only, mean (95% CI)	RA + HTN, mean (95% CI)
PCS	40.25 (38.65-41.84)	36.35 (35.13-37.58)
MCS	49.57 (48.34-50.80)	48.48 (47.10-49.87)

Table 2: Direct health care expenditure in RA patients with and without HTN

- Among U.S. adults with RA (weighted population ≈4.3 million), 49.7% had comorbid HTN.
- Adults with RA+HTN were older than those with RA only (mean difference, +7.2 years; p<0.001).

CONCLUSION

Key Findings:

- HTN is common among U.S. adults with RA and is associated with higher healthcare utilization and poorer physical HRQoL.

Implications:

- Findings support attention to cardiovascular comorbidity management as part of comprehensive RA care.

REFERENCES

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