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Cardiovascular Diseases in Celiac Disease Patients
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INTRODUCTION AND BACKGROUND

## Celiac disease (CD) is a common immune-mediated disease of the

 small bowel caused by exposure to gluten in genetically sensitive individuals.CD is associated with a modestly increased risk of cardiovascular diseases, but the evidence base is limited

## STUDY AIM

- In this study, we aimed to analyze the prevalence of cardiovascular diseases in CD patients.


## METHODS

NIS database was queried from September 2015 to 2019 to retrieve records of patients admitted with a principal or secondary diagnosis of CD.

- We compared the incidence of cardiovascular diseases in CD (cases to patients who did not have CD(controls). Controls were 1:1 fixed ratio nearest neighbor (greedy) propensity score-matched using the patient's age, sex, and race.
- We used clinical classification software refined (CCSR) for ICD-10CM diagnosis v2021 and identified a spectrum of cardiovascular diseases.
- We used the Rao-Scott chi-square test on the weighted sample. We used alpha $=0.01$ and $P$ value $<0.001$ considered statistically significant.
- Statistical analysis is performed in R (Studio 1.4).

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TABLES
Table 1: Prevalence of Cardiovascular Diseases in CD vs age-, sex-, race- matched non-CD patients, Weighted NIS 2015Q4 to 2019.

Variables
Cardiac and circulatory congenital anomalies
Chronic rheumatic heart disease
Endocarditis and endocardial disease
Myocarditis and cardiomyopathy
Pericarditis and pericardial disease
Essential hypertension
Acute myocardial infarction
Coronary atherosclerosis and other heart disease Acute pulmonary embolism
Pulmonary heart disease
Conduction disorders
Cardiac dysrhythmias
Cardiac arrest and ventricular fibrillation
Heart failure
Cerebral infarction
Acute hemorrhagic cerebrovascular

## disease

Occlusion or stenosis of precerebral or cerebral arteries without infarction Peripheral and visceral vascular disease Hypotension
Acute phlebitis; thrombophlebitis and thromboembolism
Chronic phlebitis; thrombophlebitis and thromboembolism
Vasculitis

| $\begin{gathered} C D=N o \\ (n= \\ 178584) 50 \% \end{gathered}$ | $\begin{gathered} \text { CD }=\text { Yes } \\ (n=178590) 50 \% \end{gathered}$ | OR (99\%CI) | P value |
| :---: | :---: | :---: | :---: |
| 819 (0.46\%) | 1915 (1.07\%) | 2.34 (1.83-3.01) | <. 0001 |
| 2300 (1.29\%) | 3385 (1.89\%) | 1.48 (1.25-1.76) | <. 0001 |
| 460 (0.26\%) | 515 (0.29\%) | NA | 0.4468 |
| 5525 (3.10\%) | 6410 (3.59\%) | 1.17 (1.04-1.31) | 0.0008 |
| 745 (0.42\%) | 1265 (0.71\%) | 1.70 (1.29-2.24) | <. 0001 |
| 57753 (32.3\%) | 53330 (29.9\%) | 0.89 (0.85-0.94) | <. 0001 |
| 4465 (2.50\%) | 4135 (2.32\%) | NA | 0.1410 |
| 28964 (16.2\%) | 29915 (16.8\%) | NA | 0.1196 |
| 1905 (1.07\%) | 1909 (1.08\%) | NA | 0.8876 |
| 4800 (2.69\%) | 5605 (3.14\%) | 1.17 (1.04-1.33) | 0.0008 |
| 7445 (4.17\%) | 9710 (5.43\%) | 1.32 (1.20-1.45) | <. 0001 |
| 24389 (13.7\%) | 26990 (15.1\%) | 1.13 (1.06-1.20) | <. 0001 |
| 864 (0.48\%) | 685 (0.38\%) | NA | 0.0383 |
| 24919 (14.0\%) | 20100 (11.3\%) | 0.78 (0.73-0.84) | <. 0001 |
| 2825 (1.58\%) | 2725 (1.53\%) | NA | 0.5653 |
| 450 (0.25\%) | 890 (0.49\%) | 1.98 (1.42-2.75) | <. 0001 |
| 1490 (0.83\%) | 2025 (1.14\%) | 1.36 (1.10-1.68) | 0.0001 |
| 6610 (3.70\%) | 11045 (6.19\%) | 1.71 (1.55-1.89) | <. 0001 |
| 7470 (4.19\%) | 10975 (6.14\%) | 1.50 (1.37-1.65) | <. 0001 |
| 2435 (1.36\%) | 3580 (2.00\%) | 1.48 (1.27-1.73) | <. 0001 |
| 625 (0.19 \%) | 335 (0.35\%) | 1.87 (1.26-2.76) | <. 0001 |
| 365 (0.20\%) | 870 (0.49\%) | $2.39(1.66-3.43)$ | <. 0001 |

A total of 178,590 records were identified with CD in the weighted sample.
Compared to non-CD matched patients, CD patients have an patereased prevalence of the following cardiovascular

## diseases:

Circulatory congenital
anomalies

- Vasculitis
- Acute hemorrhagic
cerebrovascular disease
- Chronic phlebitis
- Peripheral and visceral vascular disease
- Pericarditis and
pericardial disease
- Chronic rheumatic heart disease
Hypotension
- Acute phlebitis


## LIMITATIONS

## The NIS does not identify individual patients, and recurren

hospitalizations appear as distinct observations.
Inherent design flaws of administrative databases.
No information on celiac serology or biopsy results
No information on Gluten compliance

## LEARNING POINTS

Our study showed that CD patients are an increased likelihood of some cardiovascular diseases, however little is known about the risk factors and pathogenesis.
Therefore, more studies are needed to determine the risk factor and mechanisms for developing cardiovascular diseases in CD patients.

