

Joint Count Survey Results: HCQ and the Risk of Cardiac Toxicity

Amid discussions and controversies surrounding hydroxychloroquine (HCQ) and the risk of torsades de pointes, this Joint Count survey, conducted in January 2020 prior to the COVID-19 pandemic, focused on finding out the perspectives of CRA members on the topic of potential cardiac toxicity of HCQ. The response rate to the survey was 95 out of a possible 500, equating to 19%. More than half of respondents (53%) were academic rheumatologists, with another 39% in community practice and 8% in both. Four respondents specified that they were in residency, and two were fellows.

The first question asked members the following: "Hydroxychloroquine (HCQ) has rarely been reported to cause which of the following cardiac side effects (choose all that apply)." Cardiomyopathy was selected by 82% of respondents; conduction system abnormalities was selected by

72%; and arrhythmia by 67% (see Table 1).

When asked what tests they ordered before starting HCQ, only nine selected a resting ECG and a single person selected an echocardiogram.

Finally, when asked whether they have seen cardiac toxicity related to HCQ in their practice, 33% of respondents answered affirmatively, while 67% said that they had not (see Table 2).

While there may be varying perspectives between other specialists and rheumatologists with regard to HCQ and the risk of cardiac toxicity, it seems that most rheumatologists agree that this is a rare risk and that the benefits of HCQ therapy far outweigh the risks. If you have any additional feedback for the CRA, please contact Kevin Baijnauth at kbaijnauth@rheum.ca. A commentary by Dr. Zahi Touma is also available in this issue on page 29.

Table 1.

Hydroxychloroquine (HCQ) has rarely been reported to cause which of the following cardiac side effects (choose all that apply):

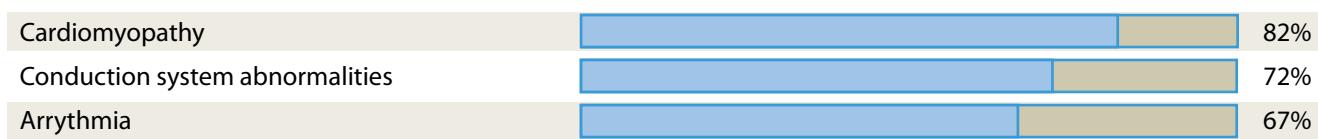


Table 2.

I have seen cardiac toxicity related to HCQ in my practice:

