Add Vascular Disease to List of Psoriasis Risks

'Clinicians caring for patients

with this skin disorder should

use a lower threshold when

peripheral arterial disease,

carotid disease, or coronary

considering testing for

artery disease.'

BY MARY ANN MOON

People with psoriasis are at higher risk than others for a full range of atherosclerotic diseases, not just cardiovascular but also cerebrovascular and peripheral vascular diseases, according to a new report.

The magnitude of risk appears to be similar to that of other well-established car-

diovascular risk factors such as dyslipidemia, smoking, hypertension, and diabetes, said Dr. Srjdan Prodanovich of the departments of dermatology and cutaneous surgery at the University of Miami and associates. In recent years,

psoriasis has been linked to myocardial infarction. Dr. Prodanovich and colleagues investigated whether the inflammatory skin disease could be associated with other manifestations of atherosclerosis as well.

They assessed the prevalences of ischemic heart disease, cerebral vascular disease, and peripheral arterial disease in 3,236 patients with psoriasis and 2,500 nonpsoriatic control patients treated at the Miami VA Medical Center between 1985 and 2006.

After controlling for subject age, sex, and history of hypertension, diabetes, dyslipidemia, and smoking status, the researchers found that patients with psoriasis were approximately twice as likely as controls to

have any of these types of vascular disease.

This finding "has tremendous and far-reaching clinical implications, as all of these vascular conditions represent a major financial cost to the health care system as well as a major cause of disability and death," they noted (Arch. Dermatol. 2009; 145:700-3).

Psoriasis was also found to be an independent risk factor for

ty, Washington, D.C.

death. Mortality was nearly 20% among patients with psoriasis, compared with 10% among patients in the control group.

Because this was an observational study, it could not be determined whether psoriasis and its attendant inflammation caused the atherosclerosis. Also unknown is whether aggressive treatment of either cardiovascular risk factors or psoriasis will improve patients'

total atherosclerotic burden.

For the present, "we recommend that health care providers who are caring for patients with psoriasis be vigilant with respect to traditional [cardiovascular] risk factor screening.

"Many of these patients are cared for solely by dermatologists. It would be prudent for dermatologists to be familiar with suggested screening for cardiovascular risk factors and recommendations for aspirin use. If not, it is imperative that they work in collaboration with a primary care provider or another internal medicine specialist," Dr. Prodanovich and associates said.

"Clinicians caring for patients with this skin disorder should use a lower threshold when considering testing for peripheral arterial disease, carotid disease, or coronary artery disease in those with typical or atypical symptoms," they added.

The investigators reported no financial conflicts of interest.

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