## Psoriasis Tied to Increased Risk for CV Events

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ATLANTA — Patients with psoriasis had a significantly increased risk for developing atrial fibrillation or need for coronary artery revascularization, in a review of the entire Danish population during 1997-2006.

The report is the first to find a link between psoriasis and these two types of cardiovascular disease events, Dr. Ole Ahlehoff reported in two posters.

The analysis also showed that patients with psoriasis had a significantly increased risk for ischemic stroke and, in those with severe psoriasis, for all-cause death.

The link between psoriasis and these events occurs "presumably because of inflammation" mediated by T helper cells, said Dr. Ahlehoff, a physician in the cardiology department at Copenhagen Uni-



'Physicians caring for patients with psoriasis should be more aware of possible cardiovascular disease risk.'

DR. AHLEHOFF

versity Hospital Gentofte. "Our study of nationwide data from an unselected cohort firmly establishes psoriasis as a clinically relevant risk factor for cardiovascular disease." His report added a new dimension to existing evidence because it "provides data from an independent cohort on a national scale that avoids selection bias."

"We need to consider psoriasis patients as a group at increased risk" for cardiovascular disease events, he said in an interview. "The vast majority of patients with psoriasis probably meet criteria for [needing] weight loss and increased activity. The main point of our study is that physicians caring for patients with psoriasis should be more aware of possible cardiovascular disease risk" and make sure that lifestyle changes occur, and that they screen for hypertension and lipidemia." At the least, patients with psoriasis should reach blood pressure and lipid levels that meet goals for the general population, he said.

"We're reaching the point where we need to reconsider how to manage patients with psoriasis" by giving greater consideration to "earlier risk factor intervention," such as statin therapy, Dr. Ahlehoff added. He noted that other study results documented that statin treatment improves patients' psoriatic symptoms, further bolstering a link between the inflammatory processes involved in psoriasis and cardiovascular disease.

His study reviewed national registry records in Denmark during 1997-2006, which included roughly 4.5 million people aged 10 years or older. During the 10-year span, about 40,000 developed newonset psoriasis. Dr. Ahlehoff estimated that about 80%-90% of the patients in this

group had plaque psoriasis, with most of the rest having psoriatic arthritis. Among these 40,000, the researchers identified about 3,000 as having severe psoriasis, defined as patients hospitalized at least three times with a primary diagnosis of psoriasis during the study period.

The analysis examined the incidence rate of all-cause death and several cardiovascular disease events during the study period in both the psoriasis patients and the rest of the Danish population, with an average follow-up of 5 years.

In an analysis that adjusted for a variety of clinical and demographic variables, patients with severe psoriasis had a statistically significant 53% increased risk of all-cause death, compared with the general population. Patients with severe psoriasis also had a statistically significant 88% increased risk of coronary artery revascularization, a significant

51% increased risk of developing atrial fibrillation, and a significant 58% increased risk of an ischemic stroke.

Patients with mild psoriasis also had significantly increased rates of coronary revascularization, atrial fibrillation, and ischemic stroke, but the magnitudes of the increased rates were not as high.

**Disclosures:** Dr. Ahlehoff said that he and his associates had no disclosures.



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