

Psoriasis associated with cardiovascular disease and increased mortality

June 15 2009

The skin disease psoriasis is associated with atherosclerosis (a buildup of plaque in the arteries) characterized by an increased prevalence of ischemic heart disease, cerebrovascular disease, peripheral artery disease and an increased risk of death, according to a report in the June issue of *Archives of Dermatology*, one of the JAMA/Archives journals.

Psoriasis affects nearly 2 percent to 3 percent of the world's population, including 7 million Americans, according to background information in the article. In addition to its effects on the skin, [psoriasis](#) is associated with arthritis, depression and a lower quality of life. "More recently, psoriasis has also been shown to be a systemic inflammatory condition, with similarities to other inflammatory immune disorders," the authors write. "Since the risk of myocardial infarction is increased in rheumatoid arthritis and systemic lupus erythematosus, which are both inflammatory conditions, attention has been focused on the association between psoriasis, [cardiovascular risk](#) factors and myocardial infarction."

Srjdan Prodanovich, M.D., of the University of Miami Miller School of Medicine, and colleagues analyzed the computerized records of 3,236 patients with psoriasis and 2,500 individuals without psoriasis who were seen at the same Veterans Administration facility. Patients in the psoriasis group were slightly older than those in the control group without psoriasis (average age 67.9 vs. 65.1) and were more likely to be men (95.5 percent vs. 88.2 percent).

"After age, sex and history of hypertension, diabetes, dyslipidemia [abnormal [cholesterol levels](#)] and smoking status were controlled for, patients with psoriasis were significantly more likely than controls to carry a diagnosis of atherosclerosis," the authors write. Patients with psoriasis were also more likely to have an additional diagnosis of another blood vessel disease, including ischemic heart disease (affecting vessels leading to the heart), cerebral vascular disease (vessels leading to the brain) or peripheral arterial disease (vessels outside the heart and brain).

"This result is not surprising, given the systemic nature of atherosclerosis," the authors write. "It 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. The latter finding was corroborated by our analysis, whereby we concluded that psoriasis is an independent risk factor for mortality; i.e., we found a higher percentage of deaths among patients with psoriasis than among patients without psoriasis (19.6 percent vs. 9.9 percent)."

Future studies should investigate whether aggressive treatment of either cardiovascular risk factors or psoriasis will lead to an improvement in atherosclerosis in these patients, the authors conclude. "In the meantime, we recommend that health care providers who are caring for patients with psoriasis be vigilant with respect to traditional risk factor screenings," they write. "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, who also needs to be aware of our findings."

Source: JAMA and Archives Journals ([news](#) : [web](#))

Citation: Psoriasis associated with cardiovascular disease and increased mortality (2009, June 15)
retrieved 27 April 2024 from
<https://medicalxpress.com/news/2009-06-psoriasis-cardiovascular-disease-mortality.html>

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