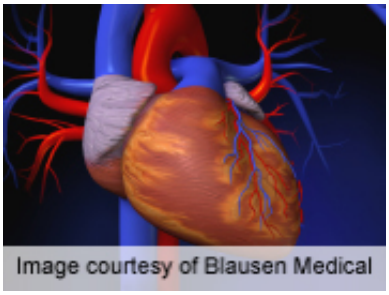
Choice of psoriasis treatment affects CVD event rates

September 27 2012



Compared with other anti-psoriatic therapies, systemic anti-inflammatory treatment of patients with severe psoriasis with biologic agents or methotrexate is associated with a lower combined risk of death, myocardial infarction, and stroke, according to research published online Sept. 11 in the *Journal of Internal Medicine*.

(HealthDay)—Compared with other anti-psoriatic therapies, systemic anti-inflammatory treatment of patients with severe psoriasis with biologic agents or methotrexate is associated with a lower combined risk of death, myocardial infarction, and stroke, according to research published online Sept. 11 in the *Journal of Internal Medicine*.

Ole Ahlehoff, M.D., of the Copenhagen University Hospital in Gentofte, Denmark, and colleagues conducted a real-world study involving 2,400 Danish patients with severe psoriasis treated with systemic anti-inflammatory drugs, including 693 patients treated with biologic agents and 799 treated with methotrexate, to measure cardiovascular disease

event rates. The primary outcome was a composite end point of death, myocardial infarction, and stroke.

The researchers found that, overall, 6.0, 17.3, and 44.5 events per 1,000 patient-years occurred in patients treated with biologic agents, methotrexate, and other therapies, respectively. Using the other psoriatic therapies (including retinoids, cyclosporine, and phototherapy) as a reference cohort, the risk of cardiovascular events was lower with biologic agents (hazard ratio [HR], 0.28) and methotrexate (HR, 0.65).

"In conclusion, in this nationwide study of patients with severe psoriasis, systemic anti-inflammatory treatment with biological agents or methotrexate was associated with reduced cardiovascular disease event rates," the authors write. "Further studies are needed to confirm these findings and evaluate their clinical implications."

Several authors disclosed financial ties to the pharmaceutical industry.

More information: Abstract
Full Text (subscription or payment may be required)