

Herpes zoster risk not up in systemically treated psoriasis

21 December 2017



between those receiving no systemic therapy, any systemic therapy, biologics only, nonbiologics only, or a combination therapy, after adjustment for age and sex (adjusted [incidence rates](#), 6.1, 8.1, 7.8, 8.9, and 5.6, respectively).

"We found no significant differences in HZ risk at time of HZ diagnosis among those treated with systemic [therapy](#) versus no [systemic therapy](#), and among systemically treated patients, among those treated with biologics versus no biologic agents," the authors write.

Two authors disclosed financial ties to pharmaceutical companies, including Pfizer, which partially funded the study.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

(HealthDay)—For patients with psoriasis, the risk of herpes zoster (HZ) is not significantly increased for systemically treated patients or for those receiving biologics versus nonbiologics, according to a research letter published online Dec. 20 in *JAMA Dermatology*.

Katherine A. Levandoski, from Massachusetts General Hospital in Boston, and colleagues estimated the incidence of HZ among systemically treated patients with psoriasis from 1998 to 2011, comparing patients treated with biologics versus nonbiologics.

The researchers found that of the 5,889 participants with systemically treated psoriasis, 291 had HZ diagnosed during a mean follow-up of 5.3 person-years. The crude incidence rates showed that the risk of HZ was increased, although not statistically significantly so, for those on systemic therapy versus no systemic therapy at the time of HZ diagnosis (incidence rate, 10.2 versus 8.6; $P = 0.14$). No significant differences were seen

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