

CARDIOVASCULAR RISK FACTORS PREVALENT IN PSORIASIS PATIENTS

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Summary

Psoriasis is considered as a T-cell-mediated inflammatory skin disease which is characterized by hyperproliferation and poor differentiation of epidermal keratinocytes. While susceptibility to psoriasis is inherited, the disease is influenced by environmental factors such as infections, stress.

Psoriasis is one of the most common chronic inflammatory skin disorders, affecting about 2% of the general population. Prevalence rates in Europe are quoted to be about 1.5%, whereas in the U.S.A. the prevalence is estimated to be about 4.6%. In contrast, far lower prevalence rates have been observed in East Africans, American blacks, Indians (0.7%), and among the Chinese population (0.4%).

Psoriasis may substantially affect quality of life. Many different treatments are available which may allow short-term improvement and long-term control of the disease, but these measures do not lead to complete clearing of psoriasis. The objective of this article is to assess risk factors which play a role in psoriasis and to evaluate the extent of evidence for potential therapeutical measures.

Psoriasis patients have an increased frequency of a variety of cardiovascular risk factors including diabetes, obesity, hypertension, hyperlipidemia, and smoking, results of a study confirm. In particular, the current results suggest that psoriasis is associated with key components of the metabolic syndrome and that this association is stronger in cases of severe psoriasis. Psoriasis given that individuals with as few as one or two metabolic syndrome risk factors are at heightened risk for death due to cardiovascular disease. Our studie suggest that, independent of other risk factors, severe psoriasis itself may be a risk factor for heart attack. Therefore, patients with psoriasis should be screened for cardiovascular risk factors, and if these risk factors are present, they should be managed appropriately. We identified 80 patients with mild psoriasis and 30 with severe psoriasis. Each psoriasis patient was matched to up to five psoriasis-free control subjects.

Based on this study and prior studies, we can advises: as part of good medical care, patients with psoriasis should be encouraged to identify and manage their modifiable risk factors.

Rezumat

Psoriazisul , boală inflamatorie a pielii, mediată celular, se caracterizează printr-o hiperproliferație cu slabă diferențiere a keratinocitelor, la nivel epidermal. În timp ce susceptibilitatea pentru boala psoriazică este ereditară, boala poate fi influențată de o serie de factori de mediu cum ar fi infecții, stres, etc.

Psoriazisul este una dintre cele mai comune boli inflamatorii cronice de piele, afectând aproximativ 2% din populația generală. Rata de răspândire în Europa este de 1.5% în timp ce în SUA răspândirea este estimată la aproximativ 4.6%. La polul opus, s-a observat o rată mică de răspândire la populația din Africa de Est, populația de culoare din America, indieni (0.7%) și chinezi (0.4%).

Psoriazisul poate afecta substanțial calitatea vieții pacientului. Există mai multe tipuri de tratament care pot aduce îmbunătățiri de scurtă durată și control al bolii pe termen lung, dar aceste măsuri nu duc la vindecarea definitivă a psoriazisului.

Tema acestui articol este de a evalua factorii de risc care joacă un rol în boala psoriazică, iar în acest context evaluarea și a măsurilor terapeutice care se impun.

Pacienții cu psoriazis au asociat cu frecvență crescută o serie de factori de risc cardiovascular incluzând diabet, obezitate, hipertensiune, hiperlipidemie și fumatul, lucru confirmat de o serie de studii. În particular, rezultatele curente sugerează că psoriazisul prezintă asociate componente cheie ale sindromului metabolic și că aceasta asociere este mai puternică în cazurile severe de boală. Persoanele susceptibile la boală, care au asociat cel puțin unul sau doi factori de risc ,componenți ai sindromului metabolic, au un risc crescut de deces de cauza cardiovasculară. Studiul nostru sugerează că, independent de alți factori de risc, psoriazisul sever poate fi un risc pentru declanșarea unui infarct miocardic. De aceea, pacienții cu psoriazis trebuie evaluați dacă prezintă factori de risc cardiovascular, iar dacă acești factori sunt prezenți, ei trebuie să fie tratați ca atare. În studiul de față au fost identificați 80 de pacienți cu forme ușoare/medii de psoriazis și 30 cu psoriazis sever. Fiecare pacient cu psoriazis a fost corelat cu până la 5 subiecți de control care nu au avut psoriazis.

Pe baza acestui studiu și a celor anterioare, putem da următorul sfat: ca parte a unei bune îngrijiri medicale, pacienții cu psoriazis trebuie încurajați să-și identifice și să-și controleze factorii de risc modificabili, în vederea unui management adecvat al bolii

Psoriasis: Definition and Epidemiology

Psoriasis, chronic skin disease, with genetic determinism, hyperinflammatory and hyperproliferative, of yet unknown etiology, can present in its course association with various diseases.

The estimated prevalence of psoriasis ranges from 0.5% to 4.6% worldwide. The reasons for the geographic variation in prevalence are unknown, but climate and genetics may play a role. Psoriasis is uncommon in blacks in tropical zones, but it is more often seen in blacks in temperate zones. It occurs commonly in Japanese persons but rarely in persons native to North and South America. In the United States, studies have variously reported that 4.5 million adults or 7 million adults and children have psoriasis. In Europe has a incidence from 3-5%. In Satu Mare county the incidence is 1-2%.

Psoriasis can occur at any age, with some cases being reported at birth and others being reported in patients older than 100 years. In Farber and Nall's pioneer study, the average age of onset of psoriasis was 27.8 years; in 35% of patients, onset occurred before 20 years of age, and in 10%, onset occurred before 10 years of age. Psoriasis occurs with equal frequency in men and women, but in Farber and Nall's study, onset occurred later in men. In populations in which there is a high prevalence of psoriasis, onset tends to occur at an earlier age. In the Faroe Islands, for example, the prevalence is 3%, and the average age of onset is 12.5 years. The average age of onset is 23 years in the United States. In persons with earlier age of onset, psoriasis is more likely to be severe, with involvement of a large area of skin surface.

Psoriasis: Prognosis

Psoriasis is usually lifelong, but the severity of the disease may vary, with periodic exacerbations and relative remissions in some patients. Although pustular psoriasis and erythrodermic psoriasis can be life-threatening, even stable plaque psoriasis can have a negative impact on overall health, possibly because of comorbid conditions such as psoriatic arthritis or obesity or because of complications of therapy.

Severe exacerbation of psoriasis taxes the ingenuity of even the most skilled clinician. Fortunately, because of the wide range of psoriasis therapies now available, clinicians are able to successfully

treat almost all patients with psoriasis. The goal of therapy must be to minimize toxicity while achieving satisfactory improvement both in physical signs and symptoms and in patients' quality of life.

Psoriasis: Differential Diagnosis

The differential diagnosis of psoriasis includes other scaling dermatoses. Such dermatoses include the following:

- Seborrheic dermatitis that involves the scalp, nasolabial folds, and retroauricular folds.
- Pityriasis rosea, which begins with a herald patch and is self-limited.
- Lichen simplex chronicus, which is caused by repeated rubbing or scratching.
- Parapsoriasis, which is characterized by atrophy, telangiectasia, and pigmentary abnormalities.
- Pityriasis rubra pilaris, which is characterized by psoriasiform patches that often begin in sun-exposed areas.

Other conditions (e.g., discoid eczema or secondary syphilis) that can be differentiated by clinical and pathologic criteria

Psoriasis patients have an increased frequency of a variety of cardiovascular risk factors including diabetes, obesity, hypertension, hyperlipidemia, and smoking, results of a study confirm.

In particular, the current results suggest that psoriasis is associated with key components of the metabolic syndrome and that this association is stronger in cases of severe psoriasis.

Psoriasis given that individuals with as few as one or two metabolic syndrome risk factors are at heightened risk for death due to cardiovascular disease.

Our studies suggest that, independent of other risk factors, severe psoriasis itself may be a risk factor for heart attack. Therefore, patients with psoriasis should be screened for cardiovascular risk factors, and if these risk factors are present, they should be managed appropriately.

We identified 80 patients with mild psoriasis and 30 with severe psoriasis. Each psoriasis patient was matched to up to five psoriasis-free control subjects (fig.1).

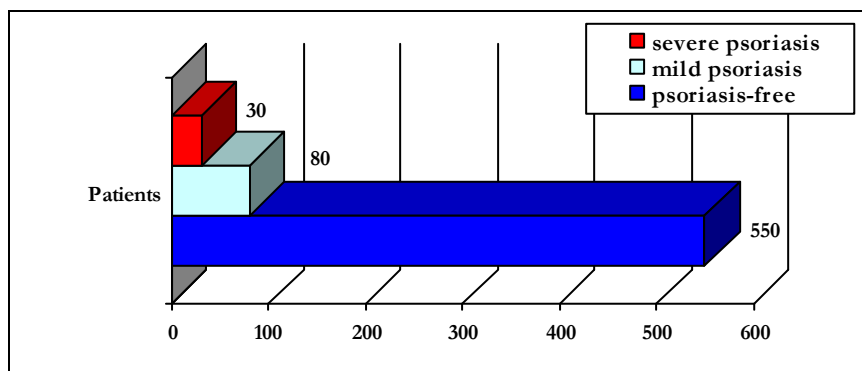


Figura nr.1 Psoriasis pacients studied

Diabetes was present in 8.1% of patients with severe psoriasis and in 5.4% of those with mild psoriasis compared with 3.4% of controls(fig.2).

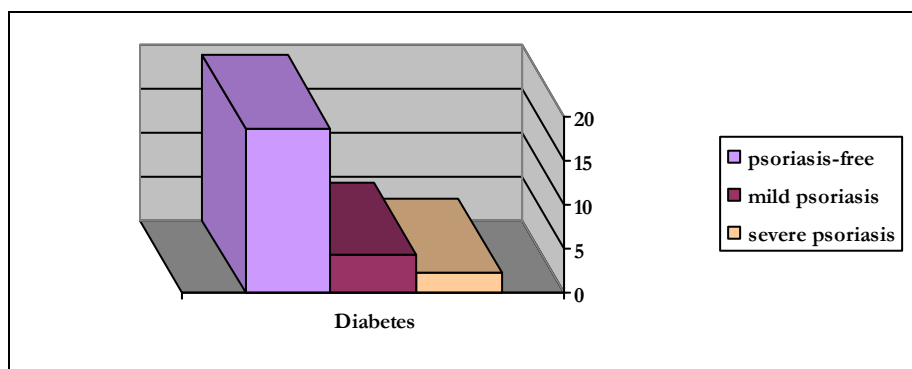


Figura nr.2 Correlation Psoriasis- Diabetes Melitus

Hypertension was present in 25% of patients with severe psoriasis, 16,7% of those with mild psoriasis and 13,6% of controls(fig.3).

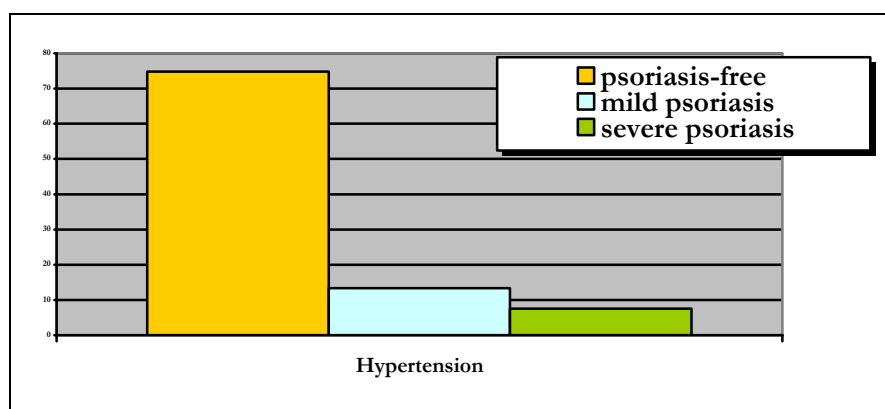


Figura nr.3 Correlation Psoriasis- Hypertension

Hyperlipidemia was documented in 8%, 5%, and 3.4%, respectively (Fig.4).

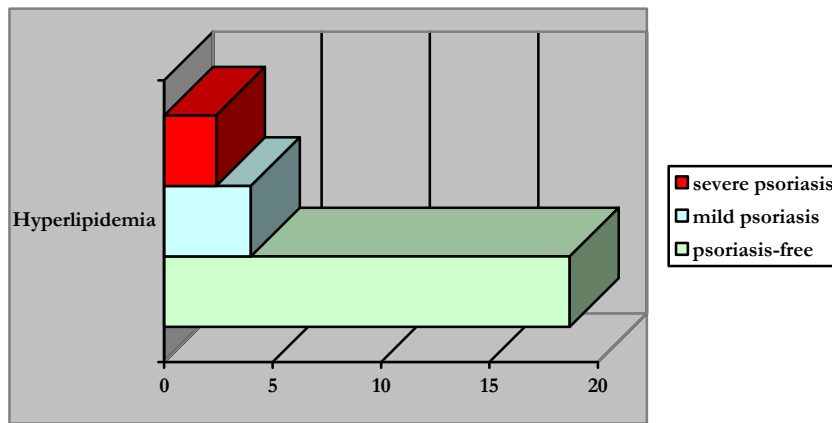


Figura nr.4 Correlation Psoriasis- Hyperlipidemia

Nearly 18,7% of individuals with severe psoriasis and 12,3.% of those with mild psoriasis were obese compared with roughly 11.2% of controls(fig.5).

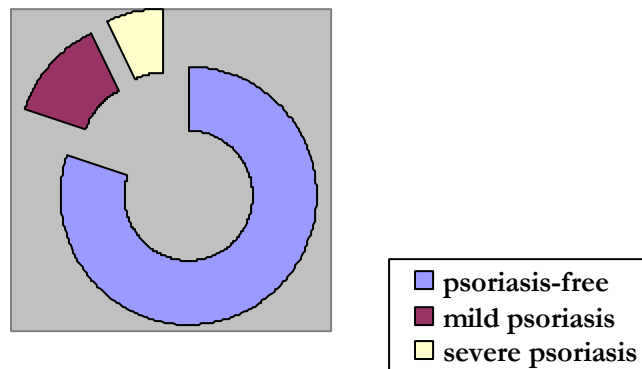


Figura nr.5 Correlation psoriasis-obesity

Thirty-for percent of those with severe psoriasis were smokers compared with 22% of those with mild psoriasis and 18,6% of psoriasis-free controls(fig.6).

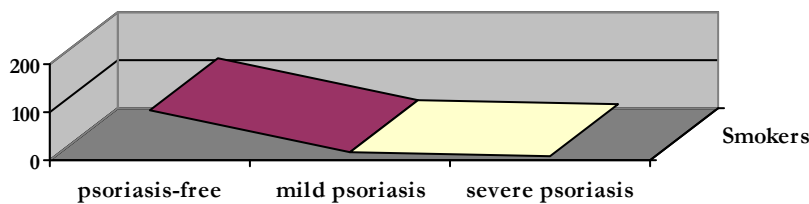


Figura nr. 6 Interrelation psoriasis and smoking

Compared with controls, patients with mild psoriasis had a higher adjusted odds of diabetes (OR, 1.13), hypertension (OR, 1.03), hyperlipidemia (OR, 1.16), obesity (OR, 1.27), and smoking (OR, 1.31). Patients with severe psoriasis had a higher adjusted odds of diabetes, obesity, and smoking.

Additionally, diabetes and obesity were more prevalent in patients with severe psoriasis (OR, 1.39 and 1.47, respectively) than in those with mild psoriasis.

Based on this study and prior studies, we can say :as part of good medical care, patients with

psoriasis should be encouraged to identify and manage their modifiable cardiovascular risk factors.

Psoriasis : Conclusions

Psoriasis, chronic skin disease, with genetic determinism, hyperinflammatory and hyperproliferative, of yet unknown etiology, can present in its course association with various diseases. Current information also suggests that psoriasis is more frequently associated with medical conditions such as arthritis, diabetes mellitus, obesity, chronic liver disease, cardiovascular and endocrinological conditions etc.

As far as concerned metabolic changes encountered at patients with psoriasis, a percentage of 10-12% (according to current research) also associated psoriasis with diabetes mellitus. On the other side, a relatively growing number of patients with psoriasis also show obesity in various degrees, so that in the case of some patients one can notice the triple association psoriasis-diabetes mellitus-obesity.

Taking into consideration the relatively frequent association between psoriasis and diabetes mellitus, is important for all the psoriasis patients, and especially those who have family history for diabetes mellitus, to check on regularly the glycemia values in order to diagnose a case of diabetes mellitus.

In the present it is also considered that the obesity has a major impact on psoriasis, also in what concerns the natural evolution of the disease and keeping it under control, as well as on aspects of public health.

Current information also suggests there is no connection between the presence of obesity in youth and the beginning of psoriasis, but psoriasis can have a major contribution in the development of obesity, especially as a consequence of the profound negative effects of psoriasis on the general physical and mental state of health of the psoriasis patient. Also the overweighted patients with psoriasis frequently show more severe forms of psoriasis compared to the patient with psoriasis who are not obese.

The importance of association diabetes mellitus and/or obesity with plaque psoriasis or guttate psoriasis, or pustular psoriasis, or inverse psoriasis, or erythrodermic psoriasis, can be found in the metabolic changes connected to diabetes mellitus or obesity, modification that can have a negative effect on the evolution of psoriasis and on therapeutic possibilities that can be used as part of the therapy of psoriasis.

Based on this study and prior studies, we can advise: as part of good medical care, patients with

psoriasis should be encouraged to identify and manage their modifiable cardiovascular risk factors.

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