

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/dermconsult/beyond-the-surface-the-impact-of-psoriasis-on-cardiovascular-health/24377/>

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Beyond the Surface: The Impact of Psoriasis on Cardiovascular Health

Announcer:

You're listening to *DermConsult* on ReachMD. On this episode, we'll hear from Dr. John Barbieri, who's an Assistant Professor of Dermatology at Brigham and Women's Hospital at Harvard Medical School in Boston. He'll be discussing strategies to improve cardiovascular disease prevention in patients with psoriasis. Let's hear from him now.

Dr. Barbieri:

When we think about psoriasis, we often think about inflammation in the skin, or when there's psoriatic arthritis, inflammation in the joint. However, there can also be systemic inflammation in the whole body. And this systemic inflammation can connect psoriasis in the skin with cardiovascular disease. When we look at the data, individuals with psoriasis die about five years younger than those who don't, and cardiovascular disease is the leading cause of this premature mortality, so there is a strong epidemiologic signature linking psoriasis and cardiovascular disease, which is thought to be mediated through systemic inflammation, which can lead to premature atherosclerosis and risk for cardiovascular disease.

There are a lot of opportunities for dermatologists to help prevent cardiovascular disease among individuals with psoriasis. The first one is just educating our patients. Many of them are not aware that psoriasis is not just a disease of the skin, but that it can be associated with the joints and also with heart disease, and so educating patients about these other manifestations of psoriasis and making sure that they have a primary care doctor and that they're getting their routine screening for cardiovascular risk factors is the first thing that we can do in our field to help those with psoriasis.

Unfortunately, when we think about kind of primary-care-based screening, about 30 percent of those we're seeing in our practices for psoriasis don't actually have an active relationship with a primary care doctor, so if we just assume that that's happening, it might not be occurring. And when we look at those who have psoriasis, about a quarter to even half of them have undetected and undermanaged cardiovascular risk factors, like high blood pressure or high cholesterol, and so there is an opportunity for us to identify those individuals who have these risk factors and then to refer them to appropriate management.

We can check people's blood pressure at our practice. We often are checking people's labs, for instance, when we want to start a systemic treatment like a biologic, so we can check their lipids and their cholesterol. And if these are elevated, we don't necessarily have to manage them, but we can educate the patient about the importance of treating these and help refer them to those who can.

In a busy dermatology clinic, it can often feel like it's just one more thing for us to do to be thinking about cardiovascular disease risks for our patients, and so there are a few ways we can try to incorporate this into a pragmatic way in what we're doing. The first is often many of us have a handout that we give to patients about psoriasis, and so adding details about the link between psoriasis and cardiovascular disease, providing some links to information about cardiovascular disease through the National Psoriasis Foundation or the American Heart Association so that the patients can educate themselves. That's something that doesn't add a lot of time but could really make a difference for our patients and their education.

I think this link between psoriasis and cardiovascular disease really highlights the importance of integrated care and thinking about how to coordinate care across different specialties. Psoriasis is not just a skin disease. It requires care from dermatologists, from rheumatologists to help with joint disease, and from preventative cardiologists and primary care doctors to think about cardiovascular disease. So as we think about how we design our health systems going forward, making sure that we have good processes that integrate care across these different practices and thinking about how we can coordinate care between these different specialties to optimize outcomes for patients with psoriasis is going to be very important.

Announcer:

That was Dr. John Barbieri sharing his perspectives on how we can improve cardiovascular disease prevention in patients with psoriasis. To access this and other episodes in our series, visit *DermConsult* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening.