

## PSORIASIS UNCOVERED - COMORBID CONDITIONS WITH SPECIAL REFERENCE TO METABOLIC SYNDROME

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Nil

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None

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Very interesting article, we should take care that the management of psoriasis should be shifted towards comprehensive disease management.

- Obesity may increase risk of liver and renal toxicity to Methotrexate and cyclosporine,
- Obesity may decrease the short-term clinical response to all systemic treatment,
- Decreasing body weight improves the response of obese patients

to low dose cyclosporine therapy,

- Drugs indicated in co morbidities may exacerbate psoriasis; e.g ACEI, anticoagulants, diuretics, B blockers, and psycholeptics.
- Drugs used to treat psoriasis can aggravate metabolic syndrome and co morbidities; e.g Cyclosporine may lead to hypertension, or impairment of kidneys, also Acitretine may change glucose tolerance, induce hyperlipidaemia or hepatopathy, also methotrexate may have hepatopathic effects.

### comment:

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The association of psoriasis with cardiovascular disease, in particular, has been subject of research for many years, however, inconclusive results were always obtained as cardiovascular disease risk factors could act as confounders. Recently the topic have caught more attention as better designed studies have been performed thus confirming its association. Among these studies, it is very interesting to cite the meta-analysis performed by Miller et al [1] where they revised 75 relevant articles including more than 500,000 cases and found that psoriasis was associated with cardiovascular disease, ischemic heart disease, peripheral vascular disease, atherosclerosis, diabetes, hypertension, dyslipidemia, obesity by body mass index and by abdominal fat and metabolic syndrome but not associated with cerebrovascular disease and cardiovascular mortality. It is important to note that these associations were stronger in hospital based studies whereas population based studies did not show significant associations with the exception of dyslipidemia. The present article which shows the results of a hospital based study

shows results similar of what has been published in the international literature. It is very important to have regional statistical data and I personally hope that this study may become a reference for larger hospital and population based studies in India.

It is important to call attention to dermatologists and medical practitioners in general about the association of psoriasis and cardiovascular disease, and metabolic syndrome. I agree with the authors with the fact that we should get a more detailed and systematic evaluation of psoriatic patients addressing possible risk factors for metabolic syndrome and cardiovascular disease.

### REFERENCE

1. Miller IM, Ellervik C, Yazdanyar S, Jemec GB. Meta-analysis of psoriasis, cardiovascular disease, and associated risk factors. J Am Acad Dermatol. 2013;69:1014-24.