

# Heart of the Matter

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During the last year, the field of psoriasis has continued to expand, with new therapies, new guidelines, and further understanding of the impact of treatment on associated comorbidities.

One of the most exciting prospects of the treatment of psoriasis with biologics is the potential for the reduction in major adverse cardiovascular events (MACEs). It has been well established that psoriasis is associated with increased cardiovascular risk.<sup>1,2</sup> Ahlehoff et al<sup>1</sup> conducted a cohort study of the entire Danish population 18 years and older followed from 1997 to 2006 by individual-level linkage of nationwide registers. They concluded that psoriasis is associated with increased risk for adverse cardiovascular events and all-cause mortality. Young age, severe skin affection, and/or psoriatic arthritis (PsA) carry the most risk. They suggested that patients with psoriasis may be candidates for early cardiovascular risk factor modification.<sup>1</sup>

Ogdie et al<sup>2</sup> endeavored to quantify the risk for MACE among patients with PsA, rheumatoid arthritis (RA), and psoriasis without known PsA compared to the general population after adjusting for traditional cardiovascular risk factors. Patients with PsA (N=8706), RA (N=41,752), psoriasis (N=138,424), and unexposed controls (N=81,573) were identified. After adjustment for traditional risk factors, the risk for MACE was higher in patients with PsA not prescribed a disease-modifying antirheumatic drug (DMARD) (hazard ratio [HR], 1.24; 95% confidence interval [CI], 1.03-1.49), patients with RA (no DMARD: HR, 1.39; 95% CI, 1.28-1.50; DMARD: HR, 1.58; 95% CI, 1.46-1.70), patients with psoriasis not prescribed a DMARD (HR, 1.08; 95% CI, 1.02-1.15), and patients with severe psoriasis

(DMARD: HR, 1.42; 95% CI, 1.17-1.73).<sup>2</sup> These data are one aspect of our increasing insight into the management of psoriasis.

To expand on the new guidelines and new therapies presented in 2019, this issue includes review articles looking at these facets. Wu and Weinberg<sup>3</sup> review the impact of diet on psoriasis. Pithadia et al<sup>4</sup> explain the American Academy of Dermatology and National Psoriasis Foundation guidelines of care for the management of psoriasis with biologics for the prescribing dermatologist, with an emphasis on the most clinically significant considerations during each step of treatment with biologic therapies (ie, choosing a biologic, initiating therapy, assessing treatment response, switching biologics). Havnaer et al<sup>5</sup> provide an update on the newly approved and pipeline systemic agents for psoriasis.

We hope that you find this issue enjoyable and informative.

## REFERENCES

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