

[Ask The Expert]

Am I at risk for heart disease and diabetes if I have **PSORIASIS?**



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Many people suffer from or know someone who suffers from the “heartbreak of psoriasis.” The chronic skin condition affects about 3 percent of the population and is characterized by unsightly red, scaly plaques with a predilection for the elbows, knees and scalp. However, it may involve the entire skin as well as the fingernails and toenails.

The condition runs in families and can develop at any age. The psychosocial implications of living with this disease can be significant, affecting not only patients but their families. The socioeconomic impact of medical expenses and disease-related time lost from work also can be substantial.

Psoriasis is associated with arthritis in about 35 percent of patients. It generally develops about 10 years after the skin manifestations become evident, but it can precede or develop at the same time as the skin signs. The arthritis can become debilitating and greatly affect quality of life if not treated promptly and aggressively. Even if you aren’t troubled by your skin, it is important that you seek care should you develop any arthritic complaints.

Psoriasis recently has been linked to heart disease and metabolic syndrome, which can be serious medical conditions. We know that psoriasis is a disorder of the immune system that results in a state of chronic inflammation. This

may play a role in the risk for heart disease. Metabolic syndrome, which is characterized by a combination of obesity, dyslipidemia (abnormal blood lipids, especially high triglycerides and low density lipoproteins), high blood pressure and type II diabetes, also contributes to your risk for heart disease.

What is unusual is that younger patients, in particular men, are prone to developing a heart attack. We have known for years that many psoriasis patients, particularly those with a bad case, were overweight. This was often attributed to overeating as a way to relieve anxiety and stress. But maybe this is part of the disease state itself, as this new association has been recognized. Alcohol abuse often has been associated with psoriasis for similar reasons. It is interesting that beer consumption (five or more a week) has recently been shown to double the risk for psoriasis in women.

Clearly, psoriasis is more than an unsightly skin disease and should be considered a systemic medical disorder that requires management by your dermatologist, primary care physician and, in some cases, a cardiologist and rheumatologist.

If you have psoriasis or think you may have this condition, consult with a dermatologist who can assess your condition, render a diagnosis, commence with a treatment plan tailored to the severity of your disease and make referrals for the other risk factors.

The good news is that we can initiate interventions promptly to help decrease your risks from these associated disorders.

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