

How the Right Psoriasis Treatment Can Impact Cardiovascular Health

For individuals with psoriasis, a chronic skin condition, the wrong treatment can lead to poor cardiovascular health. In fact, according to Dr. Jashin Wu, a dermatologist from Irvine, CA, psoriasis treatment can influence cardiovascular comorbidities. In addition, psoriasis can increase heart attacks, strokes, and other cardiovascular tragedies. Now there are solutions for psoriasis treatment, as Dr. Wu has done numerous studies to prove it. One of the studies involved two groups of patients that focused on TNF inhibitors plus methotrexate versus methotrexate alone. Dr. Wu notes that those patients with TNF inhibitors with methotrexate are associated with the noticeable reduction in CRP, which has a reduction of 5.18 mg per dl and this is compared to baseline, but was not seen in the methotrexate group. Looking at another study involving HDL cholesterol involving 15 patients with psoriasis and 15 patients with healthy controls, Dr. Wu explains that psoriasis weakened their ability to control cholesterol from macrophages. In addition, psoriasis therapy that involved any type of therapy included topical therapy which recovered HDL composition. He also notes that he looked at the field of dysfunction and arterial stiffness. “I incorporated 29 consecutive patients with moderate to severe psoriasis that completed six months of adalimumab and assessed endothelial function by the brachial artery reactivity measurement flow-mediated. After six months of adalimumab, both endothelial function and arterial stiffness were improved, Dr Wu states.” This demonstrates that therapy treatment helped improve overall cardiovascular health. Additionally, Wu notes his co-author venture where 105 patients were examined. “I was a co-author of the study looking at atherosclerosis in which 105 psoriasis patients preferred to measure atherosclerotic plaques,” said Dr. Wu. The evidence signifies that when it comes to improving psoriasis severity and coronary plaque, treating the burden sooner than later is always better. Dr. Wu has conducted numerous studies that demonstrate how the right psoriasis treatment can lead to better cardiovascular health. In another study published in 2016, by a Danish group, it talked about the loss of ventricular function with comprehensive echocardiogram patients with severe psoriasis and how subclinical myocardial dysfunction was improved. The study pertained to 18 patients, in which 14 were treated with adalimumab and four treated with ustekinumab. This assessment was at baseline and after three months, loss of ventricular systolic deformation and systole function were witnessed. The study did not include patients with past cardiovascular diseases. After treatment, a noticeable improvement in systolic function and diastolic function was observed. Dr. Wu notes that there are no other changes in markers. “There are no other changes in other marker which is similar with what I found in my own studies,” he notes. This concludes that early treatment is helpful in reversing subclinical myocardial dysfunction and reducing cardiovascular risk. “I looked and studied in the Journal of the European Academy of Dermatology and venereology says Dr. Jashin Wu. “There is a study of 18,000 patients placed in one of three groups, TNF inhibitors, oral therapy, phototherapy, and topical therapy. After adjusting the straw of risk factors, patient on the TNF inhibitor group had a 20% risk reduction

of major adverse cardiovascular events, (MACE) compared to those on oral therapy or phototherapy, as they noticed a difference between that group and topical therapy in terms of MACE,” he explains. In addition, Dr. Wu looked at MACE and TNF inhibitors that included 382,000 psoriasis patients, and reduced MACE by 45%. In addition, 45% risk reduction in major cardiovascular events took place. Another of Dr. Wu’s studies for psoriasis treatment involved the CANTO trial, which was published in the New England Journal of Medicine in September of 2017. “I looked at canakiumab, which is an interleukin-1 beta-blocker. They had 10,000 patients on canakimumab with a part history of myocardial infarction and they looked at three levels of canakimumab. This involved 50mg, 150mg, and 300mg every three months plus placebo. In it, they looked at nonfatal, myocardial infarction, nonfatal stroke, and cardiovascular health, and there was too much MACE, said Dr. Wu.” Dr. Wu’s overall experimentation and studies with treatment among psoriasis patients reduces MACE (major adverse cardiovascular events). There are many approaches to help the challenges of psoriasis, but Dr. Wu’s continuous efforts have provided hope to many. Are you ready to improve cardiovascular health with your psoriasis patients?