CME Questions:

1. A 25 year-old man presents to your clinic for evaluation of his severe plaque psoriasis of 6 months duration that affects 15% of his body surface area. His is not on any treatment and denies joint pain. He denies any other known medical issues.

Which of the following conditions have been strongly associated with psoriasis in numerous epidemiological studies:

a. Colon cancer
b. Addison’s disease
c. Metabolic syndrome
d. Peptic ulcer disease
e. Schizophrenia

Answer: c

Discussion: The current body of epidemiologic literature on psoriasis comorbidities provides strongest support for associations between psoriasis and psoriatic arthritis, cardiovascular risk factors (i.e., obesity, hypertension, diabetes, dyslipidemia, metabolic syndrome), and major adverse cardiovascular events (i.e., myocardial infarction, stroke, cardiovascular mortality). While studies support associations between psoriasis and various malignancies, particularly lymphoma, an increased risk of colon cancer has not been widely observed. Data also suggest that patients with psoriasis are more likely to have autoimmune diseases; however, an association with Addison’s disease has not been
convincingly established. Similarly, few studies suggest associations between psoriasis and peptic ulcer disease as well as schizophrenia, though supporting data are sparse. Of importance, the association between psoriasis and psychiatric disorders is most established for depression and suicidality.


2. You are discussing the cardiovascular disease risk of a patient with severe psoriasis with her primary care provider. You are asked how the risk of cardiovascular disease associated with severe psoriasis compares to that associated with other risk factors.

You explain that the risk of cardiovascular disease that is associated with severe psoriasis is similar to that conferred by which of the following:

a. Diabetes
b. Dyslipidemia
c. Hypertension
d. Inflammatory bowel disease
e. Smoking

Answer: a
Discussion: There are few studies that compare the risk of cardiovascular disease that is associated with psoriasis to that of other diseases. Population-based studies have compared the risk of major adverse cardiovascular events among patients with severe psoriasis to be similar to that of patients with diabetes and also to that of patients with rheumatoid arthritis who are receiving systemic treatment. No studies, to date, have directly compared the risk of cardiovascular disease associated with psoriasis with that of hypertension, dyslipidemia, or smoking. An increased risk of cardiovascular disease has not been established among patients with inflammatory bowel disease.
