Psoriasis and Comorbid Conditions Issue Brief

The National Psoriasis Foundation exists to find a cure for psoriasis and psoriatic arthritis and to eliminate their devastating effects through research, advocacy and education. The Foundation is the largest psoriasis patient advocacy organization and charitable funder of psoriatic disease research worldwide. The Foundation assists approximately 1.5 million people annually through educational programs and services. Psoriasis, the most prevalent autoimmune disease in the nation, is a noncontagious, chronic, inflammatory, painful, disfiguring and disabling disease for which there is no cure. It is often accompanied by psoriatic arthritis, a specific form of arthritis that is painful and debilitating and causes joint damage. Up to 30 percent of people with psoriasis also develop potentially disabling psoriatic arthritis. 1 Psoriasis appears on the skin, most often as red, scaly patches that itch and may bleed, and it requires sophisticated medical care. Current studies indicate that the prevalence of psoriasis in the United States ranges between 2 and 3 percent, affecting approximately 7.5 million Americans.2

Psoriasis requires steadfast treatment and lifelong attention. Unfortunately, psoriasis often is overlooked or dismissed because it is not typically a direct cause of death. It is commonly and incorrectly considered by insurers, employers, policymakers and the public as a superficial problem, mistakenly thought to be contagious and/or due to poor hygiene. While on its own psoriasis can be a painful and physically and psychologically devastating condition, it often is accompanied by many other serious issues and the burden of disease rises with increasing disease severity.3 Additionally, a recent analysis suggests that psoriasis patients with comorbidities are more likely to experience urgent care, have greater rates of hospitalization, more frequent outpatient visits and incur greater costs than psoriasis patients without comorbidities.4 Research has found that psoriasis is linked to smoking5 alcohol use6, obesity7 and other factors that negatively impact health. Heavy smokers are more likely to have severe psoriasis than individuals who smoke occasionally8 and smoking exacerbates some forms of psoriasis, particularly in women.9 Additionally, obesity increases the risk for developing psoriatic arthritis.10

New research findings show that psoriasis is associated with numerous other serious, chronic, and/or life-threatening comorbid conditions, including diabetes, heart disease, stroke:

- **Diabetes:** Psoriasis increases the risk of developing diabetes, independent of factors such as weight, hypertension and high cholesterol.11 One 2012 study found that, relative to someone without psoriasis, a psoriasis patient is 59% more likely to be diagnosed with diabetes and a patient with severe psoriasis is 97% more likely to be diagnosed with diabetes.12
- **Heart Disease:** Numerous studies have shown psoriasis and psoriatic arthritis carry an increased risk of cardiovascular disease and associated factors, such as heart attacks and hypertension.13, 14, 15, 16 Prevalence of COPD is significantly higher in people with psoriasis, independent of other risk factors.17 Individuals with severe psoriasis have an increased risk of heart attack, and this risk is independent of other major risk factors such as hypertension, diabetes and obesity.18 This risk is even more pronounced for younger adults with severe psoriasis. Young adults face an increased risk that is four times higher than that of the general population.
- **Stroke:** Psoriasis patients also appear to have more difficulty to control hypertension compared to non-psoriatic hypertensive patients.19 People with psoriasis have a 43 percent increased risk of stroke independent of other risk factors, and the risk is even greater for patients with severe disease.20
- **Other Chronic Conditions:** A higher prevalence of Crohn’s disease21, multiple sclerosis22, lymphoma23, liver disease,24 parkinsonism,25 polycystic ovary syndrome26 and other autoimmune conditions27 is found in people with psoriasis as compared to the general population. Patients with psoriatic arthritis also have a high prevalence of metabolic syndrome, which predisposes them to an increased risk of both diabetes and atherosclerotic cardiovascular disease.28
- **Pregnancy Outcomes:** Pregnant women with psoriasis may be at increased risk for adverse pregnancy outcomes due to comorbidities or other factors associated with the disease.29 Additionally, pregnant women with severe psoriasis have an increased risk of low birth weight infants.30

Psoriasis and psoriatic arthritis can exact a significant emotional toll:

- People with psoriasis have an increased risk of depression, anxiety and suicidality.31
- Pediatric patients with psoriasis have an increased risk of developing psychiatric disorders, especially depression and anxiety.  

- Patients with psoriasis and psoriatic arthritis experience fatigue and sleep impairment, linked to factors including pruitus (itch), depression, pain and obstructive sleep apnea.

**Psoriasis and psoriatic arthritis carry increased mortality risks:**

- Patients with severe psoriasis were found to have a 57 percent increased risk of death from cardiovascular disease, a 41 percent increased risk of death from cancer, a 108 percent increased risk of death from chronic lower respiratory disease, a 186 percent increased risk of death from diabetes, a 264 percent increased risk of death from dementia, a 65 percent increased risk of death from infection and a 337 percent increased risk of death from kidney disease.

- Other studies have established that the risk of premature death is 50 percent higher for people with severe psoriasis and that these individuals die, on average, four years younger than those without psoriasis.

With the significant relationships between psoriasis and a multitude of other disabling, life-threatening and costly conditions, the National Psoriasis Foundation urges additional attention to—and funding of research regarding—the connection between these comorbid conditions and psoriasis. In FY 2015, the National Psoriasis Foundation urges Congress to:

- Support the implementation of the CDC’s psoriasis and psoriatic arthritis public health agenda, by allocating $1.2 million in the FY2015 Labor, Health and Human Services, Education and Related Agencies (LHHS) Appropriations bill to implement a public health agenda for psoriasis and psoriatic arthritis at the CDC’s National Center for Health Statistics (NCHS).

- Invest additional funding for the National Institutes of Health (NIH) — and relevant institutes and centers: the National Institute of Arthritis, Musculoskeletal, and Skin Diseases (NIAMS), the National Institute of Allergy and Infectious Diseases (NIAID), National Heart, Lung, and Blood Institute (NHLBI), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), the National Human Genome Research Institute (NHGRI), the National Institute of Child Health and Human Development (NICHD), the National Institute of Environmental Health Sciences (NIEHS), the National Center for Complementary and Alternative Medicine (NCCAM) and the National Institute of Mental Health (NIMH), in addition to the CDC and the Agency for Healthcare Research and Quality (AHRQ)—to support advances in our understanding of psoriasis and psoriatic arthritis and their comorbid conditions.

- Encourage federal agencies to: study the connection between psoriasis and the development of other chronic conditions; support and conduct research to identify the biologic aspects of psoriasis and other risk factors that lead to higher rates of comorbid conditions, such as heart attack and diabetes; and identify ways to prevent and reduce the onset of comorbid conditions associated with psoriasis.

- Encourage a process within NIH to guide now disparate research efforts. This will optimize federal research investments and ensure that discoveries are applied across common goals that advance the understanding of causes, treatments and cures for psoriasis and its comorbid conditions. By ensuring that findings are shared and leveraged among the institutes and centers within the NIH, scarce federal resources will be maximized, advances in treatment and care can be accelerated and researchers can support one another’s endeavors in a collaborative and coordinated fashion to the benefit of all.
References


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