

Transcript Details

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Taking a Closer Look at Psoriasis Comorbidities

Announcer:

This is ReachMD, and you're listening to Psoriasis: What's Beneath the Surface, sponsored by Lilly.

Dr. Caudle:

When we think of psoriasis, we tend to picture flaky skin and plaque lesions and sporadic patches across the body. And though we have a basic sense for how disruptive this can be in our patients' lives, it can still be easy to dismiss psoriasis as a non-life-threatening disease. But, in fact, there are serious comorbidities that often follow a psoriasis diagnosis, and we, as clinicians, need to be aware of them.

I'm your host, Dr. Jennifer Caudle, and joining me to discuss the under-recognized comorbidities of psoriasis is Dr. Mark Jackson, a dermatologist and Clinical Professor of Medicine at the University of Louisville.

So, to start, can you give us an overview of the comorbidities you most commonly encounter in your psoriasis patients?

Dr. Jackson:

The most common comorbidities are obesity and diabetes and hyperlipidemia, and we can also see cardiac disease. And I think the other thing that we see that's a little bit underappreciated is depression and mood changes in our patients with psoriasis.

Dr. Caudle:

Okay, great. And alongside these related conditions that you mentioned, are there comorbidities that present less commonly but are still important and need to be on our radar?

Dr. Jackson:

Well, I think there are some reports of things that we see less commonly; like we see Parkinsonism a little less—we see it more commonly in our patients with psoriasis. We also see Crohn's disease and ulcerative colitis in our patients with psoriasis a little more often. And again, I think we do see psychiatric issues a little bit more—not just depression but other acute psychiatric issues a little more commonly. Those may not always be totally associated with the disease itself but with the secondary aspects of the disease, but again, very important to be aware of for patients' mental well-being.

Dr. Caudle:

Understood. And let's focus on the most frequent serious health conditions in the general population, such as heart disease, diabetes and cancer. You talked a little bit about that, but how does the risk for these conditions differ in psoriasis patients compared to the broader public?

Dr. Jackson:

Well, it's not that they differ as much. It's just that we see it more commonly. And so we can see that in some of our psoriasis patients, we can actually help them better control these conditions if we get the inflammation related to their psoriasis under control. Mainly, the psoriasis is an inflammatory disease, not just a rash, and that if we can best control the inflammation in patients, we can give them better ways to control their other comorbid conditions, and so I think that's important for us to factor in. To me, the better we control their psoriasis, the better we can help them take care of their comorbid conditions.

Dr. Caudle:

And does the severity of a patient's psoriasis drastically impact the risks of developing comorbid conditions?

Dr. Jackson:

I think that's debatable. I think we know that if patients have greater than 3% or 4% or 5% body surface area, there's a significant issue with an inflammatory load. Where that cutoff is I don't think we've actually determined, and I don't think necessarily if it's less than 1%, they don't tend to have the comorbidities; but I do think that there is an amount of psoriasis on the skin which really gives them issue, and I would probably say, in my mind, if it's 4% or 5% or greater, there's probably going to be more of an issue with the potential for the development of the comorbidities and the comorbidities to create the development of psoriasis.

For those of you who are just tuning in, this is ReachMD, and I'm your host, Dr. Jennifer Caudle. I'm speaking with Dr. Mark Jackson from the University of Louisville to review the comorbidities that can accompany psoriasis.

So, Dr. Jackson, now that we know more about these conditions, what are some of the warning signs you keep an eye out for in your psoriasis patients to help stay on top of any new developments?

Dr. Jackson:

Well, I let all my psoriasis patients know that, as I said, psoriasis is not just an a rash—it's an inflammatory disease, and we need to control that as well as we can—and for them to just make sure that I'm aware of all the areas they have it, and including areas that they may not want to show me, because that all factors into the amount of inflammation they have. Then once I know that, then I make sure that I make them aware that this inflammation present can make it harder to control diabetes and heart disease, and that unless we get those under control, it can be difficult. And so I tell them about the comorbid conditions that can occur. We talk about their weight and those things. The better that you can control that, the better we can help your psoriasis. I also make them aware of these things being able to develop over time, and they need to make me aware, as I may be their only primary care at a time in their life where they don't need primary care, because we see patients in dermatology from a young age all the way through age 100, and many of those patients in their early stage, right after high school and up to the time of their first physical or they need something, they may not have a primary care, so we in dermatology serve as these patients' primary care who initially just present with psoriasis. We need to make them aware of those other things that can occur so we get those early and control them the best way possible.

Dr. Caudle:

Right. You talked about some of your tips for success with regards to comorbidities. What are some other tips of success that you've had to help implement and manage patients with psoriasis and comorbid conditions? What other things do you do?

Dr. Jackson:

Well, I think diet and exercise are important. Smoking cessation helps the other issues. It helps heart disease. It helps patients with their control of their weight and their lipids and their other health things. So, again, talking to patients about psoriasis is not just a rash but it's kind of an overall condition that affects their health and the way these other conditions can affect their psoriasis. So figuring out what's really driving the patient and what's affecting their quality of life, I think, is important, as targeting each of those can help other issues.

Dr. Caudle:

I'd like to hear more about the strategies you implement in your practice to help manage psoriasis patients with comorbid conditions. Do you use a multidisciplinary team at all?

Dr. Jackson:

I do, and I try to get patients involved as being part of that team where they realize they have more control over their condition than they think. We use our nursing staff. We obviously use our clinical staff and then physicians and providers. I also like to engage primary care and cardiology and endocrine and whoever else needs to be involved based on what's going on. But my hope is that we see them early enough where we can prevent some of these things from occurring.

Dr. Caudle:

Well, I'd like to thank Dr. Mark Jackson for walking us through the under-recognized comorbidities in psoriasis and their warning signs.

Dr. Caudle:

And for ReachMD, I'm your host, Dr. Jennifer Caudle. Thanks for listening.

Announcer:

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