

Reply to:

Cardiovascular risk in psoriatic arthritis: should we focus on hypertension and diabetes only?

Sirs,

The considerations made by Dr Gkaliagkousi and colleagues are very interesting and relevant. Some of the points they highlighted are real limitations of our work and need to be further investigated in a prospective study. In our study we had a specific objective, which was to evaluate the presence of cardiovascular events and some risk factors among our cohort of psoriatic arthritis patients.

In fact, there is growing evidence that rheumatic diseases and inflammatory arthritis are associated with cardiovascular comorbidities and great concern regarding cardiovascular risk factors control is emergent (1). Similarly, cutaneous psoriasis has been identified as an independent risk factor for cardiovascular disease (2).

Due to the design of our study, data regarding smoking status, physical activity level, abdominal circumference, BMI, familiar history and subclinical atherosclerosis (3-5)

were not available for all of our patients. In fact, these parameters are all very relevant aspects that have to be considered and addressed in further studies, as well as all medications used. Another interesting factor that can be searched in additional investigations is age of event, since even young patients with psoriasis have accelerated atherosclerosis and early ischaemic events (6). In our cohort, lipid profile was evaluated and was similar among the evaluated groups of subjects.

In conclusion, we should not only worry ourselves with hypertension and diabetes but these two common conditions do influence cardiovascular risk and must be addressed in psoriatic arthritis patients.

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References

1. PETERS MJ, SYMMONS DP, MCCAREY D et al.: EULAR evidence-based recommendations for cardiovascular risk management in patients with rheumatoid arthritis and other forms of inflammatory arthritis. *Ann Rheum Dis* 2010; 69: 325-31.
2. NIJSTEN T, WAKKE M: Complexity of the Association Between Psoriasis and Comorbidities. *J Invest Dermatol* 200; 129, 1601-3.
3. KIMHI O, CASPI D, BORNSTEIN NM, MAHARSHAK N: Prevalence and risk factors of atherosclerosis in patients with psoriatic arthritis. *Semin Arthritis Rheum* 2007; 36: 203-9.
4. PETERS MJ, VAN DER HORST-BRUIJNSMA IE, DIJKMAN BA, NURMOHAMED MT: Cardiovascular risk profile of patients with spondyloarthropathies, particularly ankylosing spondylitis and psoriatic arthritis. *Semin Arthritis Rheum* 2004; 34: 585-92.
5. SOY M, YILDIZ M, SEVKI UYANIK M et al.: Susceptibility to atherosclerosis in patients with psoriasis and psoriatic arthritis as determined by carotid-femoral (Aortic) pulse-wave velocity measurement. *Rev Esp Cardiol* 2009; 62: 96-9.
6. MEHTA NN, AZFAR RS, SHIN DB, NEINMANN AL, TROXEL AB, GELFAND JM: Patients with severe psoriasis are at increased risk of cardiovascular mortality: cohort study using the General Practice Research Database. *Eur Heart J* 2010; 31: 1000-6.