Chronic Psoriasis May Lead to Diabetes, CVD

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PARIS — Chronic cutaneous inflammation associated with psoriasis may trigger a cascade of metabolic events leading to serious conditions such as diabetes and coronary heart disease, Ennio Christoffers, M.D., asserted at the European Congress on Psoriasis 2004. A complex interaction of genes, environmental factors, and age contributes to development of psoriatic and psoriatic flares, said Dr. Christoffers, professor of dermatology at the University of Kiel (Germany).

Similarly, multifactorial causes are responsible for diseases found more commonly in psoriatic patients with other skin conditions or other adults. Obesity and alcoholism, both elevated in patients with psoriasis, may be environmental contributors. But in some cases, the inflammatory connection is clear. For example, a recent study found that 30% of patients with psoriasis have evidence of arthritis.

“This is an extremely high figure that we need to remember,” Dr. Christoffers said. Crohn’s disease is seen seven times more frequently in psoriatic patients than in patients with other skin diseases.

Evidence building that chronic inflammation may also lead to development of insulin resistance and Syndrome X, characterized by hypertension, diabetes, adiposity, dyslipidemia, and coronary heart disease.

Patients with psoriasis suffer disproportionately from these conditions. Recent studies have shown that patients with severe psoriasis have a significantly elevated mortality rate from cardiovascular diseases.

In recently completed research, Dr. Christoffers and associates at the University of Kiel found that hospitalized psoriatic patients have almost double the body mass index and the incidence of diabetes than patients of community controls.

They have sharply increased rates of hypertension and higher rates of diabetes in patients who are in their 40s (compared to those in their 70s (P less than .001, with a prevalence of about 25%, compared with about 5% in patients with other skin diseases).

Longstanding systemic inflammation has an impact on endothelial function and lipids, both of which contribute to serious disease, Dr. Christoffers stressed. Longstanding cutaneous inflammation may well have the same consequences.

The Thelper 1 response associated with psoriasis activates autoreactive T-cells, and may be a contributing factor in certain metabolic factors and diseases (streptococcal tonsillitis).

Therapies that activate a Thelper 2 response, such as biologics and fumaric acid esters, may dampen inflammation over the long term and protect patients from serious diseases, such as diabetes and heart disease.

S. aureus May Contribute to Psoriasis Severity

PARIS — Patients colonized with certain enterotoxic strains of Staphylococcus aureus had significantly worse Psoriasis Area and Severity Index scores than did patients not colonized with these bacterial strains, raising the possibility that antibiotics might have an adjunctive role in treatment, Austrian dermatologists reported at the European Congress on Psoriasis 2004.

Nordwig S. Tomi, M.D., and Elisabeth Aberer, M.D., of Karl Franzens University in Graz, Austria, took sample swabs from the lesional skin and nakes of 25 patients with psoriasis for evidence of S. aureus colonization and identification of enterotoxins A, B, C, or D.

Samples from 15 of 25 patients grew positive cultures; these samples were from the nases alone in 1 patient, skin only in 4 patients, and skin and nases in 10. Sixty percent of the strains produced S. aureus enterotoxins.

In patients that enterotoxin B, two had enterotoxin C, one had enterotoxin D, and combinations of A plus D and B plus C were found in one patient each. The Psoriasis Area and Severity Index score was significantly higher (P = .001) in patients with enterotoxin-producing staphylococcal strains, the investigators reported in a poster presentation at the meeting.

—Betsy Bates

ZOLOFT is indicated for the treatment of adults with major depressive disorder, social anxiety disorder, panic disorder, post-traumatic stress disorder (PTSD), premenstrual dysphoric disorder (PMDD), and obsessive-compulsive disorder (OCD) for patients with OCD. ZOLOFT is not associated with the development of significant ECG abnormalities. In patients with chronic mild liver impairment, sertraline clearance is decreased, increased, decreased, or increased, respectively, in patients with chronic mild liver impairment. The overall profile of adverse events was similar to that of adults. However, the following events were also reported: fever, hyperkeratosis, urinary incontinence, aggressive reaction, sinusitis, epistaxis, and purpura.

Brief Summary

Zoloft is a selective serotonin reuptake inhibitor (SSRI) that is used to treat depression and anxiety. It works by increasing the amount of a chemical messenger (serotonin) in the brain. It is not known if Zoloft causes withdrawal syndrome or drug seeking behavior. Physicians, however, should carefully consider all current and past medical and psychiatric history in patients with a history of drug or alcohol withdrawal before prescribing Zoloft. Zoloft may cause or worsen depression and suicidal thoughts or behavior, notably in children, adolescents, and young adults. It is not known if Zoloft causes withdrawal syndrome or drug seeking behavior. Physicians, however, should carefully consider all current and past medical and psychiatric history in patients with a history of drug or alcohol withdrawal before prescribing Zoloft. Zoloft may cause or worsen depression and suicidal thoughts or behavior.