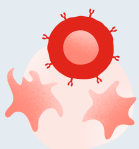


PsO Is an Independent Risk Factor for CVD¹

Patients with PsO are up to **50% more likely** to develop CVD compared to those without PsO²

PsO and Cardiometabolic Disease:
Shared Inflammatory Pathways

The relationship between PsO and cardiometabolic disease is complex, reflecting shared physiological mechanisms involving chronic systemic inflammation.²⁻⁶

Atherosclerosis in PsO may arise from immune activation, systemic inflammation, and cardiometabolic comorbidities, such as obesity, which further increase CV risk.^{2,7}

Premature Mortality in Severe PsO: CVD

Patients with severe PsO^a have a reduced life expectancy, **dying ~5 years earlier than expected**^{8,9}



CVD is the most common cause of this premature mortality⁹

This **increased mortality persists** independent of traditional CV risk factors⁹

Severe PsO Confers the Highest CV Risk
(compared with control subjects), including up to:²

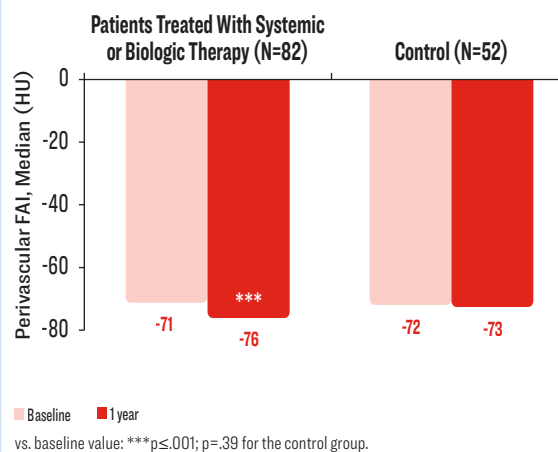
3-fold
increased odds of
myocardial infarction



60%
higher odds
of stroke



40%
higher odds of
CV-related mortality

Biologic Therapy for PsO Is Associated
With Reduced Coronary Inflammation¹⁰AAD/NPF Recommendations¹¹

Risk assessment:

- It is recommended that **all patients with PsO** are screened for CV risk factors—such as **hypertension, diabetes, and hyperlipidemia**—in line with national guidelines

Screening frequency:

Consider **early and more frequent screening** in patients with PsO who:

- Have **>10% BSA** involvement, or
- Are **candidates for systemic therapy or phototherapy**

Risk score adjustment:

Apply a **1.5 multiplication factor** to risk score models if the patient:

- Has **BSA >10%**, or
- Is a **candidate for systemic or phototherapy**

Role of dermatology providers in CV risk management:

- Management of hypertension and dyslipidemia in patients with PsO should be carried out in line with national guidelines
- The targets for blood pressure and lipid levels are based on risk calculated for PsO
- Antihypertensives and statins may be used as in the general population
- CV risk management should be performed by a primary care physician, a healthcare provider experienced in CV risk management, or a dermatologist

^aRequiring systemic therapy or phototherapy.

AAD=American Academy of Dermatology; BSA=Body Surface Area; CV=Cardiovascular; CVD=Cardiovascular Disease; FAI=Fat Attenuation Index; HU=Hounsfield Units; IL=Interleukin; NPF=National Psoriasis Foundation; PsO=Psoriasis; TNF=Tumor Necrosis Factor.

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