

Psoriatic Arthritis and Cardiovascular Disease

Patients with PsA have a

43%

increased risk of CVD compared with the general population¹



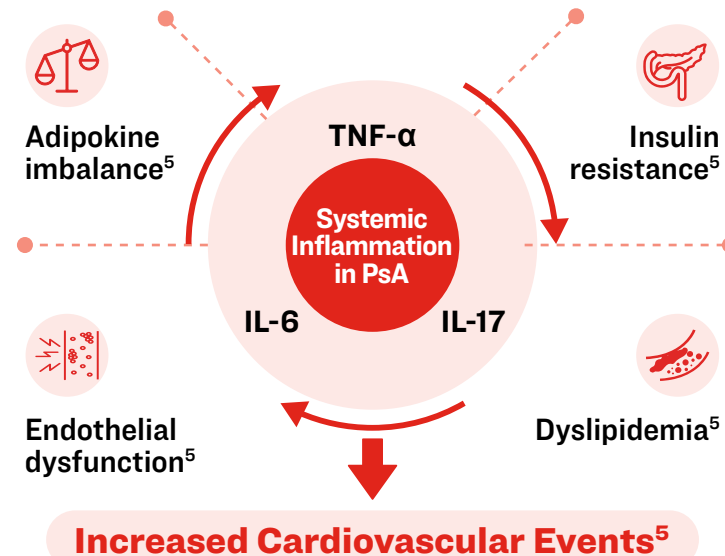
Compared to the general population, patients with PsA have increased morbidity risks for....



CVD is the leading cause of mortality in PsA accounting for **36-38%** of deaths.²

Based on early outpatient cohort studies from UK and Canada.²

PsA and cardiometabolic disease share common inflammatory pathways, with systemic inflammation driven by TNF- α , IL-17, and IL-6 promoting endothelial dysfunction, insulin resistance, and atherosclerotic plaque formation.³⁻⁵



Adipose tissue dysregulation further amplifies this risk. Qualitative and quantitative changes in adipokine signaling impair multiple organ systems, compounding cardiovascular vulnerability in PsA.⁵

Guideline Recommendations

EULAR recommends that all patients with PsA should be screened for cardiovascular risk factors, with modifiable risk factors actively managed to improve CV outcomes.⁶

GRAPPA recommends addressing comorbidities, including obesity, metabolic syndrome, and CVD, as an integral part of PsA management, with multidisciplinary input where needed.⁷

CV=cardiovascular; CVD=cardiovascular disease; EULAR-European Alliance of Associations for Rheumatology; GRAPPA=Group for Research and Assessment of Psoriasis and Psoriatic Arthritis; IL=interleukin; MI=myocardial infarction; PsA=psoriatic arthritis; TNF=tumor necrosis factor; UK=United Kingdom.

1. Polachek A, et al. *Arthritis Care Res.* 2017;69:67-74. doi:10.1002/acr.22926.2. Dey M, et al. *Ther Adv Musculoskelet Dis.* 2024;16: 1-12 doi:10.1177/1759720X241274537. 3. Porta S, et al. *Front Immunol.* 2021;11:590749. doi:10.3389/fimmu.2020.5907492. 4. Russolillo A, et al. *Clin Rheumatol.* 2013;52(1):62-67.5. Radic M, et al. *Metabolites.* 2025;15(3):206. doi:10.3390/metabo15030206.6. Gossec L, et al. *Ann Rheum Dis.* 2024;83:706-719.7. Coates LC, et al. *Nat Rev Rheumatol.* 2022;18(8):465-479.

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