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TRANSCRIPT

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/dermconsult/understanding-psoriasis-through-a-systemic-lens/56536/

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Understanding Psoriasis Through a Systemic Lens

Announcer:
You're listening to *DermConsult* on ReachMD. Today, we'll hear from Dr. Mio Nakamura, who's a Clinical Associate Professor of Dermatology at the University of Michigan Health. She'll be discussing the systemic nature of psoriasis. Here's Dr. Nakamura now.

Dr. Nakamura:
Psoriasis, initially, was thought to be just a skin condition—inflammation of the skin that's causing these very well-demarcated, red, scaly plaques, most commonly on the elbows and knees. But really, anywhere on the body can be affected.

In more recent decades, however, psoriasis is understood more to be a systemic inflammatory disease, and that's because the inflammation that causes these skin lesions is actually also present in our bloodstream and affecting our various tissue organs as well. So, in terms of psoriasis, the inflammation is driven from what we call the T helper 17, or Th17 pathway, and when that is activated, we have an increase in specific inflammatory cytokines like IL-17 and TNF-alpha. And these inflammatory markers in the skin will cause these characteristic psoriatic plaques, but when they're present in other parts of the body, then they're causing issues in those particular areas as well.

So we know that psoriasis is commonly associated with psoriatic arthritis in about a third of patients, right? So patients can have joint pain, joint swelling, and sometimes even deformities that can form on the joints from the inflammatory damage. So that's one of the most commonly known comorbidities.

But we've also found, in recent decades, that the inflammation also affects other parts of the body as well. So, for example, cardiovascular disease is seen twice as commonly in psoriasis patients compared to the general population. Those same inflammatory cytokines that are in the skin can cause thickening of our arteries. It can thicken our heart muscles, and it can affect the heart in ways where we psoriasis patients are at higher risk of heart attacks and heart failure.

So it's really a systemic disease. We also see other comorbidities like metabolic syndrome, and other inflammatory conditions as well can sometimes be seen more in psoriasis patients, like inflammatory bowel disease, uveitis, and even cancers, which can be a bit higher in patients with psoriasis because of the systemic inflammation.

Announcer:
That was Dr. Mio Nakamura talking about how systemic inflammation drives psoriasis and its comorbidities. To access this and other episodes in our series, visit *DermConsult* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!