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PRACTICE GAPS

Lack of Appropriate Screening for the Metabolic Syndrome in Patients With Psoriasis Risks Underrecognition and Undertreatment of Important Comorbidities

Recent advances have solidified our understanding that psoriasis is an important systemic inflammatory disease. Specifically, characterization of the inflammatory cells and the cytokine milieu, as well as an appreciation of increased cardiovascular risk factors, vascular disease, and mortality, has been profound. In this issue of the *Archives*, Love and colleagues remind us of the presence of these important cardiovascular risk factors, some of which cluster as the so-called metabolic syndrome. They estimate that nearly 2.7 million adults with psoriasis in the United States have the metabolic syndrome, representing a unique challenge and an opportunity.

Although dermatology researchers have led these advances, there are significant barriers to the incorporation of this knowledge into daily practice. First, physicians must be active learners who give careful attention to the evidence in the literature. The relationship between psoriasis and cardiovascular risk factors has be-

come a particularly hot topic for several years, so, while the average dermatologist is conversant with this topic, it is the unusual dermatologist who has acted on it. To bridge this potential gap, educational programs should be developed aimed at affecting patient care through courses and continuing medical education at local or national meetings. Some such programs do exist; eg, a consensus statement that provides guidance with regard to comorbidities and screening guidelines has been released by the National Psoriasis Foundation.¹

*Practice Gaps Poll results available
at www.archdermatol.com*

On a practical level, many dermatologists, even those who are well versed, may be uncomfortable or uncertain how to screen for the individual components of the metabolic syndrome. Although dermatology has its ear-

liest roots in internal medicine, specialization has separated dermatologists from issues related to general practice. To simplify this issue, a pocket card or electronic template can be created to include the diagnostic criteria for the metabolic syndrome in an easy-to-read and easy-to-use format, as defined by the revised National Cholesterol Education Program Adult Treatment Panel III. Moreover, these diagnostic criteria can be easily categorized into (1) basic vital signs/examination and (2) basic laboratory tests. Patients can have their blood pressure, height, weight, and abdominal circumference measured by a nurse, medical assistant, or other health care provider at the initial office visit. Providers can order basic fasting laboratory evaluation, including a lipid profile and blood glucose level. While medical management and treatment for obesity, dyslipidemia, and high blood pressure may be beyond the purview of dermatologic care, dermatologists may be the only physicians who are seeing these patients and therefore the only providers with the opportunity to screen these at-risk patients to allow early identification and earlier intervention for their modifiable risk factors. Furthermore, patients with the metabolic syndrome may exhibit features of atherogenic dyslipidemia prior to the onset of overt glycemia and clinical diagnosis of diabetes, so timely intervention may modify the disease process, allow better control, and prevent long-term complications.² Close collaboration with generalists and other specialists (eg, cardiologists, endocrinologists) will provide comprehensive and complete care for this high-risk population.

As physicians, we provide patients with counseling and

education regarding the clinical features, pathogenesis, complications, and treatment of their psoriasis. By incorporating this simple screening into routine practice, dermatologists will become more efficient in their clinical assessment and can reinforce the importance of these factors to patients. If patients can better understand the complex relationship between their psoriasis and other health issues, they may be more inclined to make behavioral modifications and lifestyle changes. Also, they may even be more adherent to treatment for their psoriasis and their other medical conditions.

Michael L. Shelling, MD
Robert S. Kirsner, MD, PhD

Author Affiliations: Department of Dermatology and Cutaneous Surgery, University of Miami Miller School of Medicine, Miami, Florida.

Correspondence: Dr Kirsner, Department of Dermatology and Cutaneous Surgery, University of Miami Miller School of Medicine, 1600 NW 10th Ave, RMSB, Room 2023-A, Miami, FL 33136 (RKirsner@med.miami.edu).

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Announcement

Dermatologic Photography Tips: Take Great Publishable Images

Tip: Obtain proper written consent to publish the image if any patient identifiable information is in the picture, such as a unique tattoo. If in doubt, obtain consent. Consent forms are available at <http://www.archdermatol.com>.¹ Use of black bars over the eyes of a patient is not acceptable to mask the identity of a patient.²

Have a great tip? Send it by e-mail to ashish@derm.md.

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