



Prevention of cardiovascular disease and mortality in patients with psoriasis or psoriatic arthritis (CP3) study: Preliminary results

Scan Me:



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Background

- Patients with psoriasis have an increased risk for cardiovascular disease (CVD) yet traditional CVD risk factors are under-identified and undertreated, resulting in preventable morbidity and mortality
- <10% of psoriasis patients (age ≥ 40) seen by a dermatologist in the US get screened for blood pressure, cholesterol and blood glucose
- The 2018 ACC/AHA and the 2019 AAD/NPF guidelines emphasize the importance of early screening for CVD risk factors, early intervention in the form of statins, and patient education on risk estimation
- CP3 is a pragmatic study that aims to lower risk of CVD in patients with psoriatic disease by narrowing the practice gap for detection and management of CV risk factors. Here we present the results of a pilot study.**

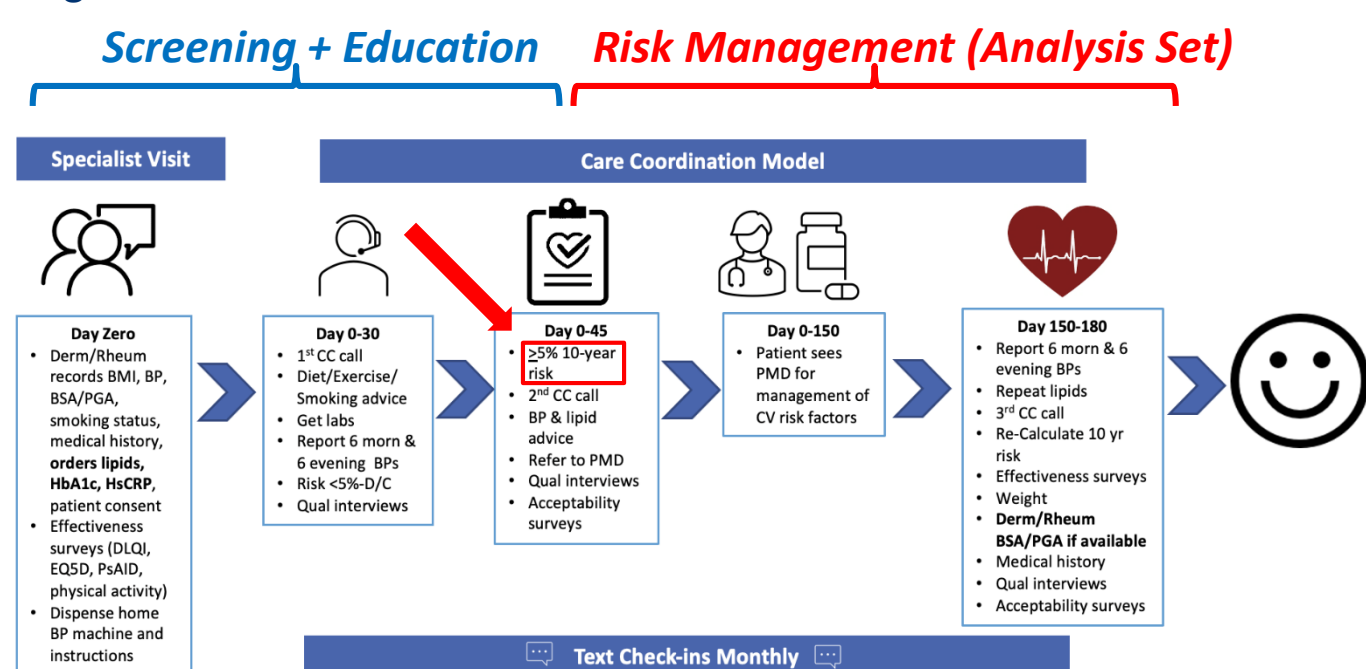
Methods

- Study design:** Multicenter, single arm, prospective cohort study that is embedded into routine practice
- Study population:** 85 patients recruited from 12 providers at 4 academic and private dermatology or rheumatology sites in the U.S. between April 2022 and September 2022
- Entry criteria:** Aged 40-75, being seen by a dermatologist or rheumatologist in routine care for the diagnosis of psoriatic disease, not taking a statin, not managed for diabetes with pharmacotherapy, no known history of CVD
- Intervention:** A centralized care coordinator who assessed CVD risk for patients using the 2018 ACC ASCVD calculator, provided education on therapeutic lifestyle changes and/or medication management to patients, and connected patients back to their primary care providers
- Main outcomes:** Feasibility, Acceptability, Effectiveness (exploratory)
- Statistical Methods:** Descriptive statistics, Qualitative Interviews

Conclusions

- 73 (86%) participants indicated CC model as acceptable and feasible
- 21 (25%) patients had newly identified, previously undiagnosed, elevated CVD risk, despite medical care in proactive specialty centers
- Early exploratory effectiveness results indicate successful reduction in predicted CV risk in patients who adopted recommendations for statins
- 520 patient, 20 site study to launch May 2023

Figure 1. Care Coordination Model Schema



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Results

Table 1a. Demographics

Variable	n = 85
Age, mean, years	54.44
BMI, mean, kg/m ²	30.16
Female, n (%)	46 (54%)
White, n (%)	78 (92%)
Dermatology patients, n (%)	43 (51%)

Table 1b. Medical History

Variable	n = 85
Current or Former Smoker, n (%)	41 (48%)
Depression, n (%)	25 (29%)
History of PsA, n (%)	63 (74%)
On a biologic medication, n (%)	67 (79%)

Table 1c. Psoriatic Disease Activity

Variable	Value
PGA, mean (n = 69)	0.96
BSA, mean (n = 79)	1.22
DLQI, mean (n = 83)	3.52
EQ5D - VAS, mean (n = 79)	71.29
PSAID, mean (Rheum patients only, n = 42)	3.65

Table 1d. Cardiovascular Screening

Variable	Males (n = 39)	Females (n = 46)
Total cholesterol (mg/dL), mean	198	206
HDL (mg/dL), mean	52	60
LDL (mg/dL), mean	122	124
HbA1c (%), mean	5.49	5.49
Average at-home BP (mm Hg), mean	122/77	120/78
Variable	Derm (n = 32)	Rheum (n = 35)
hsCRP (mg/L), mean	3.24	4.07

Table 2. Outcome – Acceptability and Feasibility

Variable		Value
Indicated CC model is acceptable, n (%), n = 85)		73 (86%)
Indicated CC model is feasible, n (%), n = 85)		73 (86%)
At-risk patients that indicated CC model is feasible, n (%), n = 21)		20 (95%)
Variable	Baseline (n = 85)	End of Study (n = 21)
Got lipid labs drawn, n (%)	78 (92%)	16 (76%)
Did at-home BP recordings, n (%)	71 (84%)	16 (76%)
Met with the care coordinator, n (%)	74 (87%)	15 (71%)

Table 3. Cardiovascular Risk and Management

Variable	Value
Risk score, mean, % (n = 70)	4.86
10-year risk ≥ 5%, n (%), n = 85	21 (25%)
Statins recommended, n (%), n = 85	21 (25%)
BP medication recommended, n (%), n = 85	28 (33%)

Table 4. Effectiveness (Secondary Exploratory Endpoint)

Variable	Mean	P-Value
Δ SBP (mm Hg, n = 16)	2.7	0.3
Δ DBP (mm Hg, n = 16)	-0.4	0.8
Δ Total Cholesterol (mg/dL, n = 16)	-15.0	0.1
Δ HDL (mg/dL, n = 16)	-0.5	0.7
Δ LDL (mg/dL, n = 16)	-14.9	0.1
Δ Risk Score (%), n = 15	-0.1	0.9

Figure 2. Patient Qualitative Feedback

