Table II. Psoriasis and PsA comorbidity strength of recommendation

Recommendation number	Recommendation	Strength of recommendation
1.1	Patients with psoriasis should be informed about the association between psoriasis and PsA.	B
1.2	PsA should be considered in all patients with cutaneous psoriasis.	B
1.3	Patients with signs and symptoms suspicious for PsA should be fully evaluated for PsA. Initiate appropriate PsA therapy if comfortable with the diagnosis or otherwise consult with a rheumatologist for assessment and management.	A

PsA, Psoriatic arthritis.

Table III. Psoriasis and psoriatic arthritis comorbidity level of evidence

Recommendation	Recommendation number	Level of evidence	Studies
Education			
Association of psoriasis and psoriatic arthritis	1.1	II-III	8-13,19,20
Screen			
Psoriatic arthritis	1.2	II-III	10-12,16,20,22-29
Positive screen for psoriatic arthritis: further evaluation and consultation with a rheumatologist	1.3	II-III	Expert opinion

General Practice Research Database registered during 1987-2002.[34] There were 130,980 patients with psoriasis and 556,995 control subjects. Based on prescriptions or treatments, the psoriasis patients were further subdivided by disease severity: mild (n = 127,139) or severe (n = 3837). Overall, the rates of MI were 2.0% for controls, 1.8% for patients with mild psoriasis, and 2.9% for patients with severe psoriasis. The incidence rate per 1000 person-years was 3.58 (95% CI 3.52-3.65) for controls, 4.04 (95% CI 3.88-4.21) for patients with mild psoriasis, and 5.13 (95% CI 4.22-6.17) for patients with severe psoriasis. Furthermore, the adjusted relative risk (RR) was age dependent, with younger patients having the highest adjusted RR for MI (Fig 3).[34]

Further association between psoriasis and cardiovascular health, particularly relating to stroke, was published by Gelfand et al in 2009.[35] The electronic medical records of 132,746 psoriasis patients and 510,996 control patients treated during 1987-2002 were abstracted from the UK General Practice Research Database. The psoriasis patients were assigned to then mild (n = 129,143) or severe (n = 3603) psoriasis groups, depending on medications or treatments. After adjusting for major risk factors for stroke, both mild (adjusted hazard ratio [aHR] 1.06, 95% CI 1.0-1.1) and severe (aHR 1.43, 95% CI 1.1-1.9) psoriasis were independent risk factors for stroke. The excess risk for stroke attributable to patients with psoriasis with mild and severe disease was 1 in 4115 per year and 1 in 530 per year, respectively.

Fig 3. Relative risk of myocardial infarction with age for psoriasis patients. Reproduced with permission from: Gelfand JM, Neimann AL, Shin DB, Wang X, Margolis DJ, Troxel AB. Risk of myocardial infarction in patients with psoriasis. *JAMA*. 2006;296(14):1735-1741 Copyright © 2006 American Medical Association. All rights reserved.[34]

Major adverse cardiovascular events (MACEs) is a composite of outcomes that includes MI, stroke, heart failure, and cardiovascular death. It is used in most conventional algorithms for patient population