

一般的な皮膚疾患により冠動脈疾患のリスクが上昇する

乾癬は心房細動や脳卒中などの広範な心血管イベントのリスクファクターである

Psoriasis is a risk factor for a wide range of negative cardiovascular events including atrial fibrillation and stroke

乾癬は広範な心血管イベントのリスクファクターであると第59回American College of Cardiologyで発表された。乾癬は軽症例および中等度/重度症例いずれも心房細動のリスクを上昇させた（それぞれ相対リスク[RR]1.22と1.51）。軽症の乾癬および中等度/重度の乾癬はまた脳卒中のリスクも増加させた（それぞれ[RR]1.19と1.45）。心房細動および脳卒中のリスク上昇は年齢依存性であり、スタディ開始時の1997年に50歳未満であった患者における相対リスクはそれぞれ2.28および1.92であった。軽症の乾癬は総死亡のリスクは上昇させなかった（[RR]1.04）が、中等度/重度の乾癬は死亡リスクを上昇させた（[RR]1.67）。心筋梗塞のリスクは軽症の乾癬では上昇しなかった（[RR]1.10）が、中等度/重度の乾癬では上昇した（[RR]1.24）。軽症および中等度/重度の乾癬により血管形成術施行のリスクは上昇した（それぞれ[RR]1.29および1.59）。これらの新たな発見から、乾癬患者に対しては皮膚疾患症状のみを治療するのではなく心血管疾患に関しても監視し予防する必要があることが示唆された。

Full Text

Psoriasis is a risk factor for a range of negative cardiovascular events, according to research presented at the American College of Cardiology's 59th annual scientific session.

The study - the first to ever link psoriasis with coronary problems on a nationwide scale - tracked rates of psoriasis, atrial fibrillation, stroke, heart attack, angioplasty and death in the entire adolescent and adult population of Denmark over a decade. Using a nationwide register of hospital visits and prescriptions, researchers tracked 40,262 patients with mild to severe psoriasis from the start of 1997 until the end of 2006. The researchers believed that psoriasis could be associated with coronary disease because both disorders are associated with excess inflammation.

Their hypothesis proved to be correct. Patients with severe psoriasis were more likely to experience all of the adverse cardiac events the researchers tracked and patients with mild psoriasis were more likely to experience atrial fibrillation, stroke and angioplasty.

"Although the association of psoriasis to myocardial infarction and stroke has been reported previously, the results have been ambiguous, debated, and the clinical relevance doubted," said Ole Ahlehoj, M.D., Copenhagen University Hospital Gentofte and the study's lead researcher. "Our results establish psoriasis as a clinically significant and independent risk factor for a range of cardiovascular adverse events."

Psoriasis was associated with increased risk of atrial fibrillation for both mild cases (relative risk 1.22) and moderate/severe cases (relative risk 1.51). Mild psoriasis (relative risk 1.19) and moderate/severe psoriasis (relative risk 1.45) were also associated with increased risk of stroke. The increased risks of atrial fibrillation and stroke were age-dependent, with a relative risk of 2.28 and a relative risk of 1.92, respectively, in patients with moderate/severe psoriasis who were younger than 50 years old at the beginning of the study in 1997.

Mild psoriasis did not confer increased risk of all-cause mortality (relative risk 1.04), but moderate/severe psoriasis was associated with an increased risk of death (relative risk 1.67). The risk of myocardial infarction was not raised in mild psoriasis (relative risk 1.10) but was in moderate/severe psoriasis (relative risk 1.24).

Psoriasis conferred increased risk of angioplasty for both mild cases (relative risk 1.29) and moderate/severe cases (relative risk 1.59).

The researchers adjusted for a wide range of possible confounding factors and the association between psoriasis and cardiac troubles remained.

These novel findings, including the higher risk for younger patients, indicate that psoriasis patients should not only be treated for the symptoms of that disorder, but should also take steps to monitor and prevent cardiovascular problems, according to the researchers.

"I believe that our results call for increased awareness of psoriasis as a contributor to cardiovascular disease and for a discussion of future medical management," Ahlehoj said. "For example, should patients with psoriasis receive statin therapy earlier than predicted by traditional risk-scores? Since psoriasis is a common disease, affecting two to three percent of people world-wide, reducing cardiovascular risk in this large group of patients could have a considerable impact."

This study was funded by the Department of Cardiology at Copenhagen University Hospital Gentofte.

ACC2010特集

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