

Hypertension, antihypertension medication, risk of psoriasis

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Women with long-term high blood pressure (hypertension) appear to be at an increased risk for the skin condition psoriasis, and long-term use of beta (?)-blocker medication to treat hypertension may also increase the risk of psoriasis. Writes: "A critical practice gap exists in ide the causes of psoriasis flares, especially medication-related causes. Some physic not consistently examine medications for contribution to psoriasis flares. However,

Psoriasis is an immune-related chronic disease that affects about 3 percent of the U.S. population. The authors suggest prospective data on the risk of psoriasis associated with <u>hypertension</u> is lacking. Antihypertensive medications, especially ?blockers, have been linked to psoriasis. exacerbation may improvious control." **More information:** JAN online July 2, 2014. <u>DOI:</u> 10.1001/jamadermatol.20

Authors analyzed physician-diagnosed psoriasis in a group of 77,728 <u>women</u> who were part of the Nurses' Health Study from 1996 to 2008. Authors identified a total of 843 incident cases of psoriasis.

Women with hypertension for six years or more were at a higher risk for developing psoriasis compared with women with <u>normal blood pressure</u>. The risk of psoriasis also was higher both among women with high blood pressure who did not take medication and among women with <u>high blood</u> <u>pressure</u> who did use medication compared with women with normal <u>blood pressure</u>. A higher risk for psoriasis was found among women who regularly used ?-blockers for six years or longer. No association was found between other antihypertensive medications and the risk of psoriasis.

"These findings provide novel insights into the association among hypertension, antihypertensive medications and psoriasis. However, further work is necessary to confirm our findings and clarify the biological mechanisms that underlie these associations." Shaowei Wu, M.D., Ph.D., of Brown University, Providence, Rhode Island, and colleagues wrote in their *JAMA Dermatology* article.

In a related commentary, April W. Armstrong, M.D., M.P.H., of the University of Colorado, Denver,

writes: "A critical practice gap exists in identifying the causes of psoriasis flares, especially medication-related causes. Some physicians may not consistently examine medications for their contribution to psoriasis flares. However, a careful consideration of the role of medications in psoriasis exacerbation may improve long-term <u>psoriasis</u> control."

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