

Psoriasis Comorbidity Pathway

Assess the following comorbid conditions in patients with psoriasis:



Psoriatic Arthritis

Does the patient have a pre-diagnosis or history of psoriatic arthritis (PsA)?

Yes

No

Has the patient received proper follow-up?
Is the patient adhering to treatment protocol established by a specialist according to their PsA severity?

Is the patient exhibiting signs and symptoms of PsA or concerns regarding musculoskeletal health?
Screening tools include PST, Toronto PAS, PASE, EAPP-questionnaire, among others

No

Yes

No

Yes

Refer patient to a rheumatologist or other health care provider if showing signs and symptoms

Encourage healthy lifestyle and proper follow-up to maintain comorbidity control

Refer patient rheumatologist or other health care provider if showing signs and symptoms

Cardiovascular Disease

Does the patient have an established cardiovascular disease (CVD) diagnosis?

Yes

No

Increase screening frequency (>1x/year) for diabetes mellitus, hypertension, obesity, and dyslipidemia

Are the patient's laboratory values within the normal ranges?¹⁻⁴

Normal Ranges:
BP: < 120/80 mmHg
BMI: 18.5 to 24.9 kg/m²
Waist circumference:
Male ≤ 40 in. (102 cm)
Female ≤ 35 in. (88 cm)
Hemoglobin A1C: < 5.7%
Fasting blood glucose: < 100 mg/dL
Non-fasting blood glucose: < 200 mg/dL

Yes

No

Recommend yearly screening by primary care physician (PCP) or dermatologist as stipulated by the national guidelines

Metabolic Syndrome

Does the patient have three or more of the following metabolic syndrome symptoms?³

Increased waist circumference:
Male > 40 in. (102 cm)
Female > 35 in. (88cm)
BP: > 130/85 mmHg
Fasting triglycerides: > 150 mg/dL
Fasting HDL cholesterol levels:
M < 40 mg/dL
F < 50 mg/dL
Fasting glucose: ≥ 100 mg/mL

Yes

No

Refer to PCP or specialist to manage metabolic syndrome

Encourage healthy lifestyle to prevent metabolic syndrome

Inflammatory Disease

Does the patient have signs or symptoms of inflammatory bowel disease?

No

Yes

Promote proper follow-up and adherence to established therapy

Refer to appropriate healthcare professional for further assessment and management

Mental Health

Is the patient showing signs and symptoms of mental health disorders (e.g., anxiety, depression, or suicidal ideation)?

No

Yes

Encourage healthy lifestyle to maintain healthy mental health

Refer to appropriate healthcare professional for further assessment and management

Does the patient have history or current use of alcohol or tobacco products

No

Yes

Promote avoidance of tobacco products and limit alcohol consumption. Encourage a healthy lifestyle such as increased exercise and better diet

Suggest patient limits alcohol consumption and ceases tobacco use. If needed, refer to a specialist for further management of alcohol or tobacco product use.
Alcohol consumption and associated liver disease limit systemic treatment options for patients or reduce efficacy.

Renal Disease

Does the patient have a previous diagnosis or history of renal disease?

Yes

No

Is the disease well controlled?
Laboratory measurements for blood urea nitrogen and creatine are normal
Additionally, check if microalbumin levels are normal

Does the patient have normal levels of biomarkers for renal disease?

Yes

No

No

Yes

Promote proper follow-up and adherence to therapy

Refer to a specialist for better management of renal disease

Promote a healthy lifestyle and proper follow-up to prevent the development of renal disease

Quality of Life

Does the patient have difficulties with interpersonal relationships or work productivity due to psoriasis?

No

Yes

Promote healthy lifestyle and suggest proper follow-up with PCP, psychiatrist or other counsellor

Provide validation of patient concerns and optimize empowerment

Malignancy

Does the patient have a previous diagnosis or history of malignancy?

No

Yes

Screen for the following cancers:⁵

Skin Cancer (Melanoma, Basal cell carcinoma, cutaneous squamous cell carcinoma):

Every 6 to 12 months as needed, in addition to self-screening and appropriate skin protection habits

Breast Cancer:

Women age 50-74

Average risk: mammogram every 2 yrs
Women age 40-50

above-average risk: consult with the provider

Cervical cancer:

Women age 21-65

Papanicolaou test every three years

Colorectal cancer:

45-75 years: regular screening

< 45 years: at-risk population

>75: consult with the provider

Lung cancer:

Age 55-80: low-dose CT if a smoking history of >30 pack-years, currently smoke or have smoked within the past 15 years

Promote proper follow-up and adherence to established therapy

Abbreviations:

BP = Blood Pressure
BMI = Body Mass Index
CVD = Cardiovascular Disease

EAPP = Efalizumab-Associated Psoriasis
IBD = Inflammatory Bowel Disease
PCP = Primary Care Physician

PST = Psoriasis Screening Tool
PAs = Psoriatic Arthritis
PAS = Psoriatic Arthritis Screen
PASE = Psoriatic Arthritis Screening and Evaluation

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