

Psoriasis associated with diabetes and high blood pressure in women

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Women with psoriasis appear to have an increased risk for developing diabetes and hypertension (high blood pressure), according to a report in the April issue of *Archives of Dermatology*.

Psoriasis, a chronic inflammatory skin disease, affects between 1 percent and 3 percent of the population, according to background information in the article. Recent studies indicate that [psoriasis](#) is associated with an increased risk of other illnesses and death. "Systemic inflammation in psoriasis and an increased prevalence of unhealthy lifestyle factors have been independently associated with obesity, insulin resistance and an unfavorable [cardiovascular risk](#) profile," the authors write.

Abrar A. Qureshi, M.D., M.P.H., of Brigham and Women's Hospital and Harvard Medical School, Boston, and colleagues studied 78,061 women involved in the Nurses' Health Study II, a group of female nurses age 27 to 44 years in 1991. Participants—all of whom were free of [diabetes](#) and [hypertension](#) at the beginning of the study—responded to a survey which included a question about lifetime history of psoriasis in 2005 and were assessed for the development of diabetes or hypertension during the 14-year follow-up.

Of the women, 1,813 (2.3 percent) reported a diagnosis of psoriasis. A total of 1,560 (2 percent) developed diabetes and 15,724 (20 percent) developed hypertension. Women with psoriasis were 63 percent more likely to develop diabetes and 17 percent more likely to develop hypertension than women without psoriasis. These associations remained

strong even after the researchers considered age, [body mass index](#) and smoking status.

Inflammation could be a biologically plausible explanation for the association between psoriasis and hypertension as well as that between psoriasis and diabetes, the authors note. Inflammation is a risk factor for [high blood pressure](#) and may also contribute to insulin resistance, a pre-diabetic stage where the body does not respond to the glucose-regulating hormone insulin. Alternatively, systemic steroid therapy or other treatments for psoriasis may promote development of diabetes or hypertension.

"These data illustrate the importance of considering psoriasis a systemic disorder rather than simply a skin disease," the authors conclude.

"Further research is needed to better understand the mechanisms underlying these associations and to find out whether psoriasis therapy can reduce the risk for diabetes and hypertension."

More information: Arch Dermatol. 2009;145[4]:379-382.

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