



ACTAS Derma-Sifiliográficas

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LETTERS TO THE EDITOR

On Cardiovascular Risk Estimation in Patients With Psoriasis: The REGICOR and SCORE Scales[☆]

Sobre las ecuaciones para estimar el riesgo vascular en pacientes con psoriasis (REGICOR y SCORE)

To the Editor:

We would like to congratulate the developers of the recently presented cardiovascular risk calculator¹ and to applaud the decision of the Psoriasis Group of the Spanish Academy of Dermatology and Venereology (AEDV) to facilitate the clinical practice of dermatologists by including it on their web page. However, we would also like to discuss 2 issues in the interest of making this new service more useful. If our suggestions are not considered feasible or appropriate at this time, they will at least serve to bring to light the range of views held among members of the AEDV.

Our first point concerns the main instruments available for assessing cardiovascular risk in Spain: we refer to the Systematic Coronary Risk Evaluation (SCORE) charts and the Girona Heart Registry (REGICOR) scales. The SCORE charts were calibrated for use in the Spanish population and seem to be recommended unanimously by the various scientific associations that have formed the Spanish Interdisciplinary Committee for Cardiovascular Disease Prevention (CEIPC)²; also calibrated and validated, the REGICOR scale is widely used in some of Spain's autonomous communities.^{3,4} Comparing risk functions between scales like these is complicated. Aspects usually considered include the rate of drug prescription based on one scoring system or another, agreement between scores, and an instrument's sensitivity and specificity when used. The manner of making such comparisons, however, lies outside the scope of this letter. We would simply like to note that our literature has seen a bitter debate about which of these 2 instruments is more appropriate for assessing cardiovascular risk in Spain⁵⁻⁹ and that discussants have sometimes overstepped the boundaries of science to include issues that cannot exactly be

described as medical concerns. Consequently, we wonder if the AEDV working group's web posting of a calculator based on only one of these scales (the REGICOR) might mistakenly be interpreted as an explicit recommendation that it should be preferred for patients with psoriasis. If that were the case, the scientific rationale ought to be set out; in our opinion this would be complicated, controversial, certainly debatable, and something that lies outside the boundaries of our specialty. We therefore think it would be useful to add a link to the website where SCORE calculators are posted (<http://www.heartscore.org/es/Pages/welcome.aspx>), so that dermatologists can choose for themselves which tool to use for estimating cardiovascular risk in patients with psoriasis. This instrument, from the European Society of Cardiology, does not work on as many different platforms as the application already posted by the AEDV working group, but it is also free and can be used online or downloaded to a personal computer. Above all, we note that it comes with no advertisements.

Our second comment, in fact, refers to this last one, about the issue of advertising. The first time one accesses the REGICOR calculator from the AEDV working group's webpage, one is struck by seeing a tab labeled with the commercial name of a medication for treating psoriasis, along with the name of the laboratory that produces it. Later, once on the page, the laboratory's name is once more on display. Clicking on an icon underneath the name gives access to the REGICOR tool and other applications. After going through this process to assess several patients, one inevitably begins to wonder about the esthetics—not to mention the ethics—of this presentation, in which we see the name of a drug for treating psoriasis each time we need to estimate a psoriasis patient's cardiovascular risk. Although we are very grateful for the pharmaceutical industry's support, especially during these times of economic crisis, this presentation perhaps ought to be changed. If this is not possible, or is considered inadvisable at this time, we would simply like to remind readers that they can access the REGICOR calculator (to use online or to download) at the developers' own website: <http://www.regicor.org>. Accessing the tool at that website has the advantage of being publicity-free, although it has the same drawback we have mentioned for the SCORE calculator: it is not so well adapted for use on many platforms as the one provided by the AEDV's working group.

We believe that the dermatologist's interest should be centered only on detecting moderate to severe cardiovascular risk in patients being treated for psoriasis. Either scale

[☆] Please cite this article as: Labandeira García J, Alonso-González J. Sobre las ecuaciones para estimar el riesgo vascular en pacientes con psoriasis (REGICOR y SCORE). Actas Dermosifiliogr. 2012;103:942–3.

can be used while we await more information on which one might work best. And as both are already available without advertisements, so much the better.

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Response to: "On Cardiovascular Risk Estimation in Patients With Psoriasis: The REGICOR and SCORE Scales"[☆]

Respuesta a: Sobre las ecuaciones para estimar el riesgo vascular en pacientes con psoriasis (REGICOR y SCORE)

To the Editor:

I thank the authors of the previous letter for their kind words about the new cardiovascular risk calculator and its inclusion on the webpage of the Psoriasis Group of the Spanish Academy of Dermatology and Venereology (AEDV). I write as the coordinator of that working group.

One of the most important recent advances in dermatology practice has been the recognition that moderate to severe psoriasis is a condition that might be said to "attract" cardiovascular risk factors and that this disease is independently associated with cardiovascular or all-cause mortality and cardiovascular disease in studies based on data from registers or on case-control studies.¹ It is not clear whether an increased risk of around 50% should be attributed to a synergistic effect among conventional risk factors that have accumulated or to the inflammatory load of psoriasis itself. However, it seems at least reasonable to suppose that the cardiovascular risk calculated on the basis of currently available charts must be multiplied by a factor of 1.5 in

psoriasis, just as risk is multiplied in an analogous disease, rheumatoid arthritis.² In any case, we have witnessed a rise in dermatologists' awareness of the need to assess risk in patients with moderate to severe psoriasis and then to treat the patients or refer them for treatment. A recent supplement of *Actas Dermo-Sifiliográficas* can be considered as an important international milestone that has contributed greatly toward promoting awareness on this topic.³

Addressing the specific remarks by the authors of the previous letter, I wish to point out that the Girona Heart Registry (REGICOR) scale is the only instrument that has been validated in a Spanish population.⁴ In contrast, Spanish patients accounted for 6.1% of the population studied to develop the Systematic Coronary Risk Evaluation (SCORE) charts for so-called low-risk countries; the largest cohorts were from Belgium and Italy, where the underlying risk is approximately 30% higher than in Spain.⁵ In a study validating the SCORE scale in a Canary Island population, this instrument predicted risks that were twice as high as the actual mortality rates in the population⁶ (in the Spanish Autonomous Community with the highest rate of deaths related to ischemic heart disease). The behavior of the SCORE scale has also been compared to other instruments. Such comparative studies find that SCORE estimates of risk are higher than estimates based on the Framingham risk functions after the age of 60 years (the age limit for using this scale is 65 years).⁷ While several Spanish scientific associations disagree about which instrument is ideal, combining them in an application would make management too difficult for the end-user (essentially, the dermatologist). Nonetheless, it seems very reasonable for the AEDV's Psoriasis Group to post a link to the page on which the European Society of Cardiology makes the SCORE charts available in (<http://www.escardio.org/guidelines-surveys/esc-guidelines/Pages/estimation-ten-year-risk.aspx>).

[☆] Please cite this article as: Puig L. Respuesta a: Sobre las ecuaciones para estimar el riesgo vascular en pacientes con psoriasis (REGICOR y SCORE). *Actas Dermosifiliogr.* 2012;103:943–4.