

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>).

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Addressing the correspondents' concern about advertisements, if they saw the name of a drug on the tab it was an error that has since been corrected. This label had been placed by the software developers' and reflected their internal name for the project. However, I would like to point out that recognizing sponsorship by including a pharmaceutical company's logo (in this case Janssen's) is not only fair (as nothing is free beyond goodwill) but also reflects our sincere gratitude for the sponsor's contribution to our continuing professional development in dermatology through this and many other projects that have helped us improve the care of our patients. We are grateful both in times of economic cutbacks and times of plenty.

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