IMPACT OF BIOLOGIC THERAPY ON CARDIO-METABOLIC PARAMETERS IN PATIENTS WITH MODERATE TO SEVERE PSORIASIS: A SYSTEMATIC REVIEW

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BACKGROUND AND IMPORTANCE

- Psoriasis is a chronic immune-mediated skin disease in which there is a high prevalence of cardiovascular comorbidities due to common pathophysiological mechanisms, most notably chronic inflammation.
- The biological therapy used for its treatment could have a favorable impact on cardiovascular risk factors by inhibiting the inflammatory cascade.

AIM AND OBJECTIVES

To analyze the impact of biologic therapies on cardio-metabolic parameters in adult patients with moderate to severe plaque psoriasis and to evaluate their effect in patients with cardiovascular comorbidities

MATERIAL AND METHODS

- SYSTEMATIC REVIEW
- JANUARY 2024

- MEDLINE
- Scopus
- Web of Science Core Collection
- Cochrane Central Register of Controlled Trials

Risk of bias assessment: Cochrane Handbook 5.1.0

Randomized controlled trials (RCT's) phase III/IV: Effect of biologic drugs VS. placebo on cardio-metabolic parameters in adult patients with moderate-severe psoriasis with or without cardiovascular comorbidities.

Parameters studied:
Lipid (total cholesterol, HDL, LDL, triglycerides (TGs), VLDL),glycemic, adiponectin levels and inflammation-related parameters were analyze

RESULTS

230 records identified, 10 RCTs were selected

LIPID PROFILE

- **Total cholesterol**: ixekizumab, etanercept, and secukinumab
- **LDL-cholesterol**: ixekizumab, secukinumab, and ustekinumab
- **VLDL-cholesterol**: ixekizumab
- **TGs**: ixekizumab and etanercept,

- **VLDL-cholesterol:** ustekinumab
- **TGs:** secukinumab

GLYCEMIC: No statistically significant difference

ADIPONENCTIN ↓ secukinumab

INFLAMMATION PARAMETERS

↓ CRP: adalimumab, etanercept, ixekizumab, **ustekinumab**

Risk of bias assessment showed an overall trend toward a **low risk of bias.**

CONCLUSIONS

The results of this systematic review show heterogeneity in the cardiovascular effects of the different biologic treatments for psoriasis. Further evidence is needed to justify the prioritization of these drugs in different cardiovascular comorbidities.

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