



Letter to Editor Clinical Cardiology

Cardiovascular Risk Assessment in Women with Psoriasis: Correspondence

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Dear Editor,

We would like to share ideas on the publication “Cardiovascular Risk Assessment in Women with Psoriasis.^[1]” This article presents a significant step forward in understanding the intersection of psoriasis and cardiovascular health, particularly among women, a demographic issue is often overlooked in previous studies. The technique used in this report is mostly obvious, although a few issues are still regarding its design and execution. Conducting the study with a single dermatology outpatient clinic could introduce selection bias, potentially limiting how broadly the findings can be applied to the wider population. While the chosen age range of 20–50 years captures a specific demographic, it overlooks potentially critical data from both younger and older patients, who might exhibit different cardiovascular risk profiles in relation to psoriasis. Although it is essential to establish criteria to control for confounding factors such as diabetes and thyroid disorders, this approach might advertently overlook the complex interactions that these conditions could have with psoriasis.

How might the inclusion of a broader age range or patients with comorbidities affect the outcomes? Although commonly used statistical analysis approaches risk oversimplifying the complicated association between psoriasis and cardiovascular health, utilizing Chi-square tests for categorical analysis might limit the investigation of nuanced interactions among various factors. Based on the significant correlations identified, future research should benefit from employing multivariate regression models to clarify the nature and strength of the relationships among various types of psoriasis, lipid profiles, and arterial stiffness measures. Furthermore, the reported P values indicate potential associations that warrant further investigation; however, they do not adequately characterize the scope or direction of these associations. How might longitudinal data help us comprehend these relationships? Implementing more sophisticated analytical techniques, such as multivariate regression models, could unveil intricate relationships among various factors, thereby enriching our understanding of how different psoriasis subtypes interact with cardiovascular health markers.

Future research could explore diverse and broader cardiovascular effects of psoriasis. Modifying the study design to include a control group of individuals without psoriasis could provide important comparative insights into how psoriasis influences various cardiovascular health markers. In addition, employing qualitative methods like as interviews or focus groups could reveal patients’ perspectives on their symptoms and treatment experiences, resulting in a more complete data collection. What methodologies could be utilized to evaluate psoriasis therapies’ long-term effects on cardiovascular indicators? Incorporating quantitative measures, such as blood pressure

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and lipid profiles, alongside qualitative insights can provide a comprehensive view of how psoriasis affects cardiovascular health, thereby enhancing overall quality of data collected. These techniques could facilitate a more thorough evaluation of the long-term effects of psoriasis therapies.

Finally, this study is unique in that it focuses solely on female psoriasis patients and their cardiovascular health. Nevertheless, further progress could be made by investigating the underlying pathophysiological mechanisms linking psoriasis to cardiovascular disease, such as inflammatory responses or lifestyle factors. Studies could cover a broader range of psoriasis types, including uncommon subtypes, to analyze distinct cardiovascular risks. How might therapies aimed at different forms of psoriasis impact overall cardiovascular health outcomes? This area of inquiry could help clinicians modify future treatment approaches.

Ethical approval

Institutional Review Board approval is not required.

Declaration of patient consent

Patient's consent is not required as there are no patients in this study.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Use of artificial intelligence (AI)-assisted technology for manuscript preparation

The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

REFERENCES

1. Taranikanti M, Umesh M, Gaur A, Vidya G, John NA. Cardiovascular Risk Assessment in Women with Psoriasis. *Indian J Cardiovasc Dis Women* 2024;9:124-7.

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