Dermatologist preferences regarding implementation strategies to improve statin use among patients with psoriasis

R Raiker1, H Pakchichian2, A Baghdjian3 and VA Patel1
1 The George Washington University School of Medicine and Health Sciences, Washington, District of Columbia, United States and 2 West Virginia University School of Medicine, Morgantown, West Virginia, United States

Background: In recent years, there has been increasing recognition of the cardiovascular (CV) burden associated with psoriasis. However, dermatologists have shown hesitancy towards screening and managing CV risk factors. The objective of this study was to assess dermatologists’ willingness to screen and manage CV risk factors using an online survey.

Methods: From September 1-30, 2020, an online survey was conducted among dermatologists recruited through contacting dermatologists practicing in an academic setting. Overall, 64% agreed that checking a lipid panel and calculating a CV risk score seems feasible and 32% agreed that prescribing statins seems feasible. Additionally, 68% agreed that they would consider changing their practice if a trial demonstrated that psoriasis patients achieved better CV prevention when their dermatologists screened for high cholesterol and prescribed statins in those with high CV risk.

Results: The highest ranked strategies included clinical decision support (preference score, 23.2), patient educational materials (15.7), and physician educational outreach (15.4). Our results highlight that dermatologists are willing to consider lipid screening and prescribing statins in those with high CV risk.

Conclusions: Dermatologists demonstrated that the risk of COVID after dermatological procedures and whether these risks are higher compared to other medical procedures. This study aims to investigate these risks. A retrospective cohort study was done using TriNetX, a federated real time database of 63 million records. COVID patient cohorts were identified by validated ICD-10/serology codes per CDC guidelines. An 1:1 matched propensity score analysis was conducted, adjusting for comorbidities and demographics, to calculate adjusted Risk Ratios (aRR) with 95% CI. 45-day COVID mortality was compared between 2288 patients in each cohort. There was a statistically significant increased risk of COVID in patients with systemic immunosuppression (OR: 7.61 [5.58-10.33]) and those with systemic, and cutaneous involvement. Racial differences in systemic and cutaneous involvement were also observed. Blacks were more likely to have severe disease (AOR: 1.37 [1.15-1.63]), respiratory procedures (aRR[95%CI] = 0.40 [0.33-0.49]), and nervous procedures (0.86 [0.83-0.88]). Compared to white patients, black patients had a higher risk for severe COVID complications. History of immunosuppressant use in both cohorts also revealed no higher risk in COVID complications. Additional studies are warranted to further investigate racial disparities in COVID outcomes.