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 calculator and to applaud the decision of the Psoriasis Group of the Spanish Academy of Dermatology and Venerology (AEDV) to facilitate the clinical practice of dermatologists by including it on their webpage. 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 (CEIPCV); also calibrated and validated, the REGICOR scale is widely used in some of Spain’s autonomous communities.

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 Spain 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 aesthetics—not to mention the ethics—of this presentation, in which we see the name of a drug for treating psoriasis each time we try 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 on detecting moderate to severe cardiovascular risk in patients being treated for psoriasis. Either scale
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.

References


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