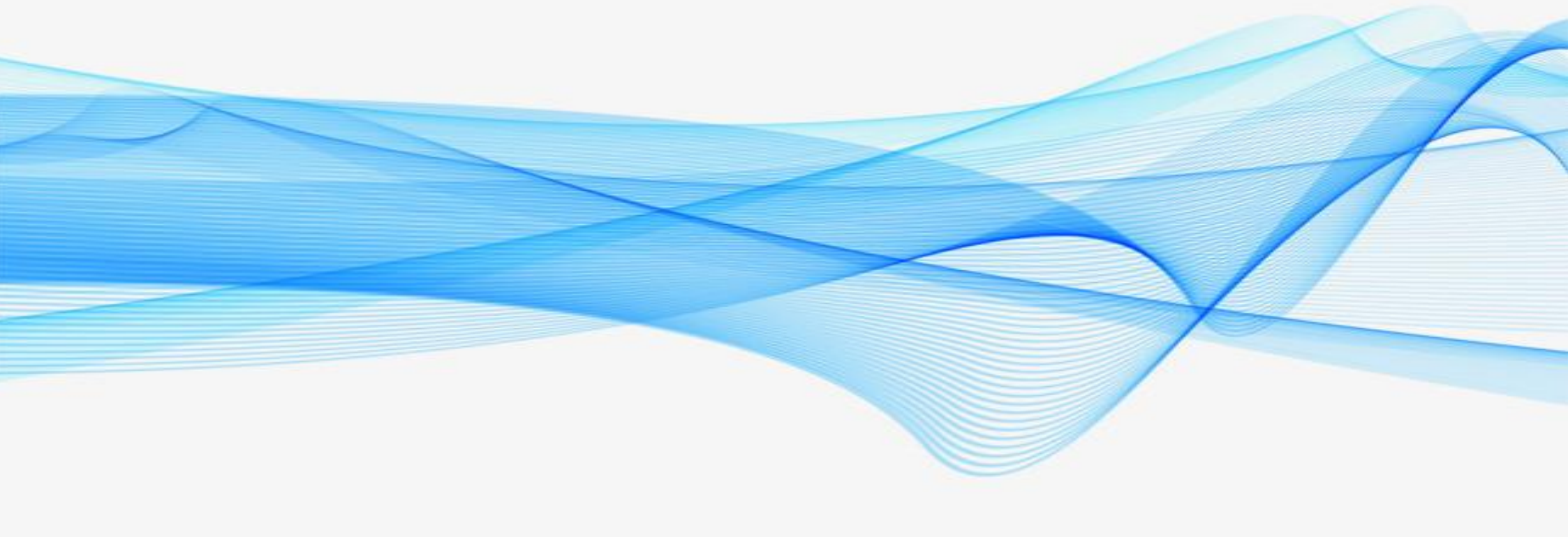




PSORÍASE EM PLACA MODERADA A GRAVE

PREVALÊNCIA DE COMORBIDADES

SOCIEDADE BRASILEIRA DE DERMATOLOGIA

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ELABORADA EM: 1 DE JUNHO DE 2018.

** ESTA DIRETRIZ SUBSTITUI A VERSÃO ANTERIOR DESENVOLVIDA EM 05 DE MAIO DE 2016.*

A PSORÍASE É UMA DOENÇA INFLAMATÓRIA CRÔNICA QUE TEM SIDO ASSOCIADA A UMA SÉRIE DE COMORBIDADES. O OBJETIVO DESTA DIRETRIZ FOI DETERMINAR AS PRINCIPAIS COMORBIDADES ASSOCIADAS AOS PACIENTES PORTADORES DE PSORÍASE EM PLACA, MODERADA A GRAVE. PARA ISSO FOI REALIZADA UMA REVISÃO SISTEMÁTICA DA LITERATURA, COM OS DESCRITORES DE ACORDO COMO PICO, ONDE O P CORRESPONDE A PACIENTES COM PSORÍASE EM PLACA MODERADA A GRAVE E O DE DESFECHO REPRESENTADO POR COMORBIDADES. FOI FEITA BUSCA NA BASE DADOS MEDLINE-PUBMED, RESULTADO EM 873 ESTUDOS, SENDO UTILIZADOS 74 PARA RESPONDER À DÚVIDA CLÍNICA. OS DETALHES DA METODOLOGIA E DOS RESULTADOS DESSA DIRETRIZ ESTÃO EXPOSTOS NO ANEXO I.

INTRODUÇÃO

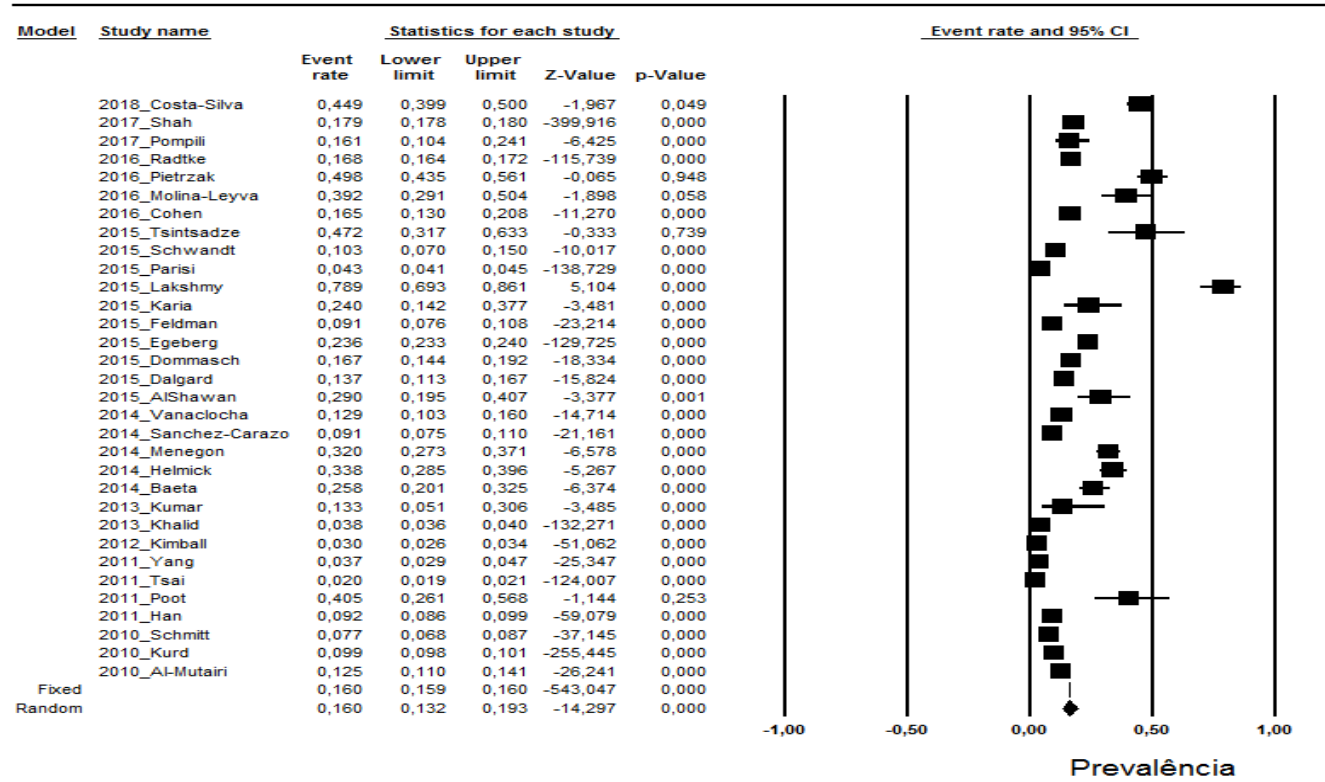
A psoríase é uma doença inflamatória crônica que tem sido associada a uma série de comorbidades, as quais agregam sintomas de aparecimento simultâneo à doença primária, cujo resultado final mais importante é o aumento da morbidade e mortalidade aos pacientes.

RESULTADOS

DEPRESSÃO

A prevalência de depressão em pacientes com psoríase no efeito randômico é de 16% (IC 95%: 13,2–19,3; Figura 1).

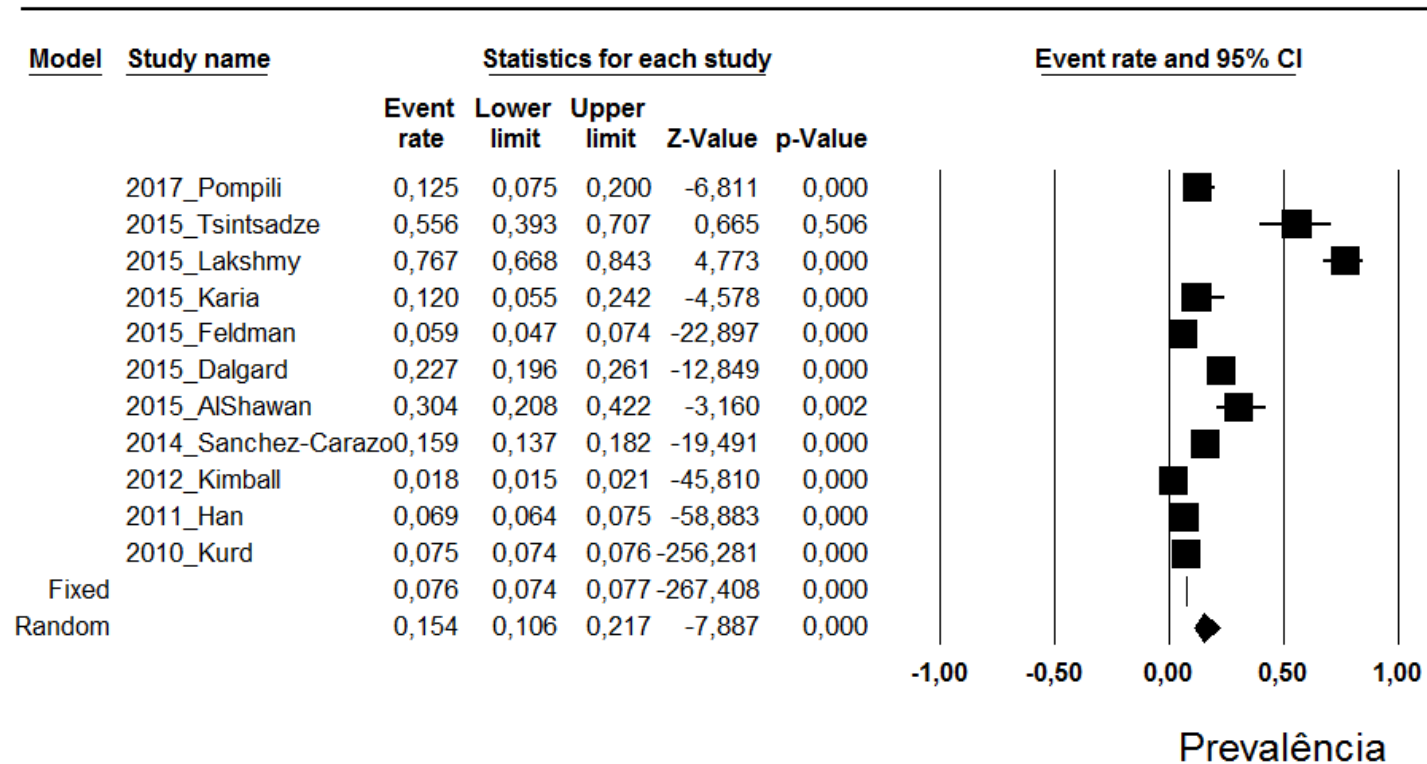
Depressão



ANSIEDADE

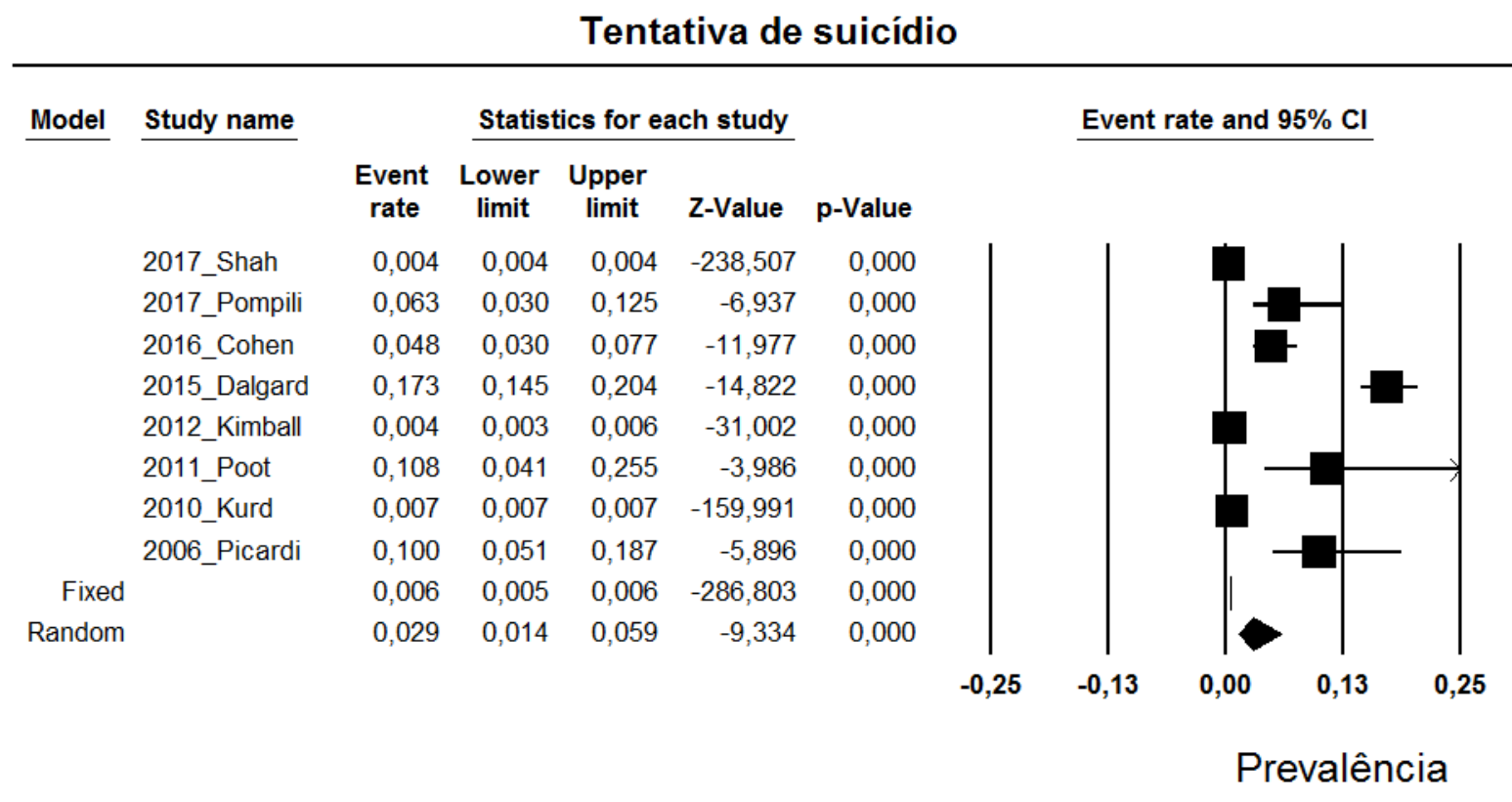
A prevalência de transtorno de ansiedade em pacientes com psoríase no efeito randômico é de 15,4% (IC 95%: 10,6–21,7; Figura 2).

Ansiedade



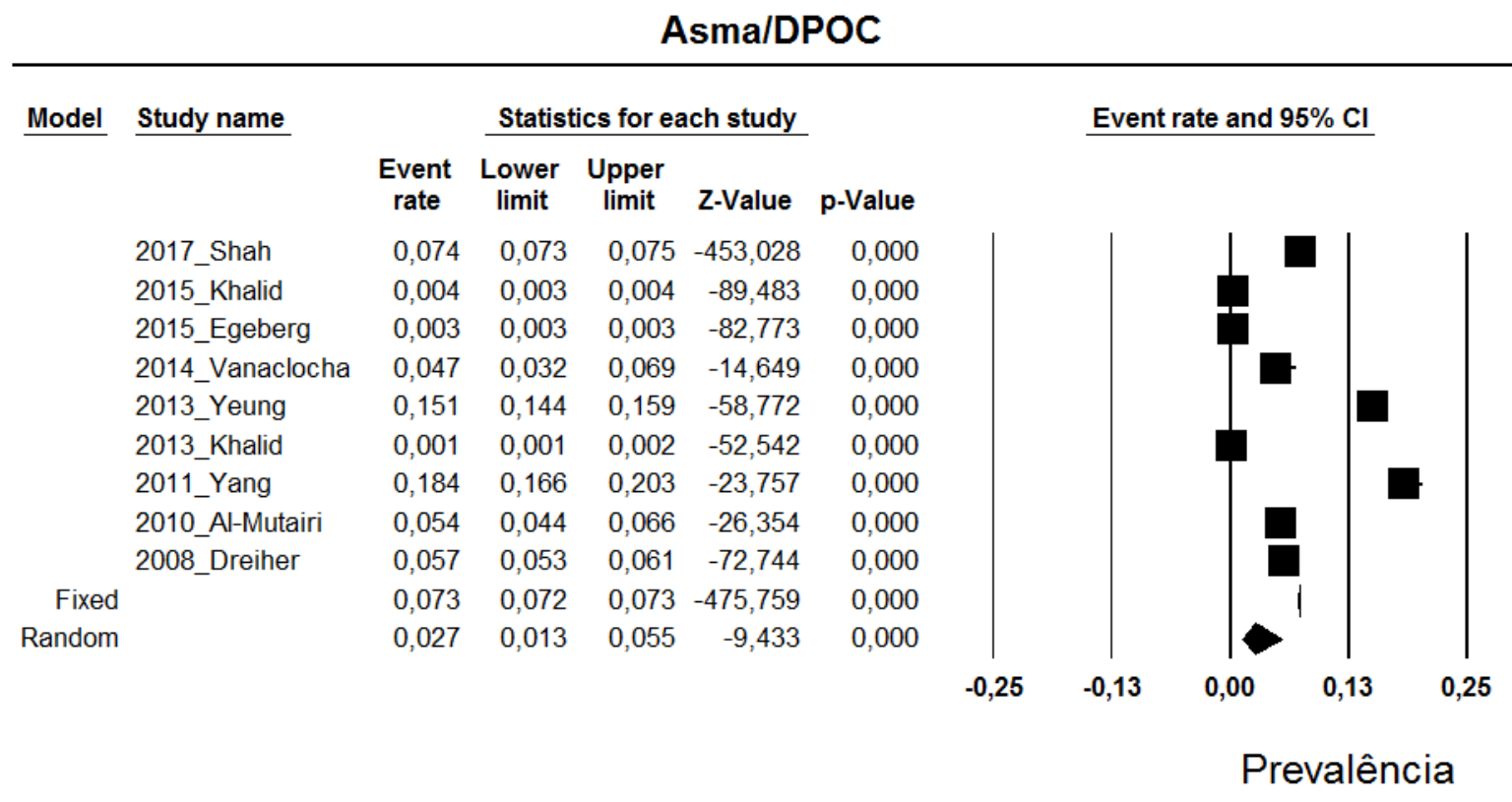
TENTATIVA DE SUICÍDIO

A prevalência de tentativa de suicídio em pacientes com psoríase no efeito randômico é de 2,9% (IC 95%: 1,4–5,9; Figura 3).



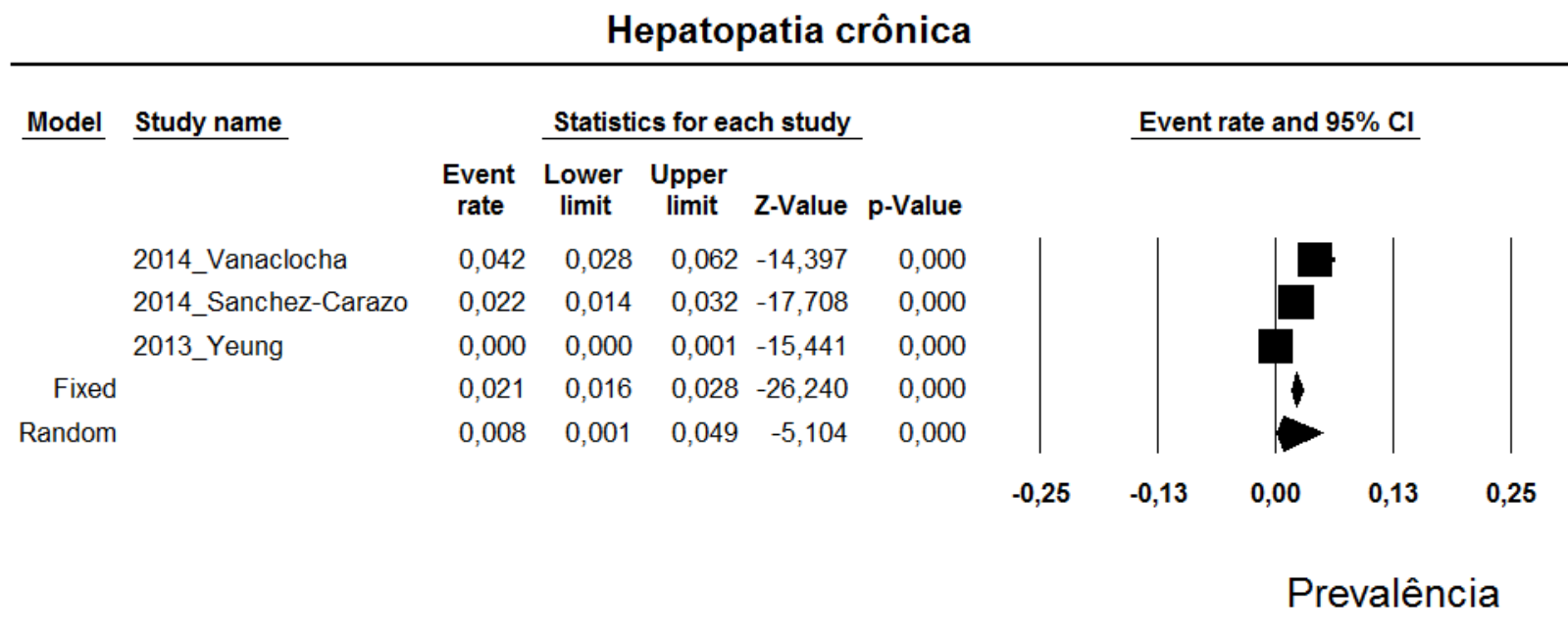
ASMA OU DPOC

A prevalência de asma ou doença pulmonar obstrutiva crônica (DPOC) em pacientes com psoríase no efeito randômico é de 2,7% (IC 95%: 1,3–5,5; Figura 4).



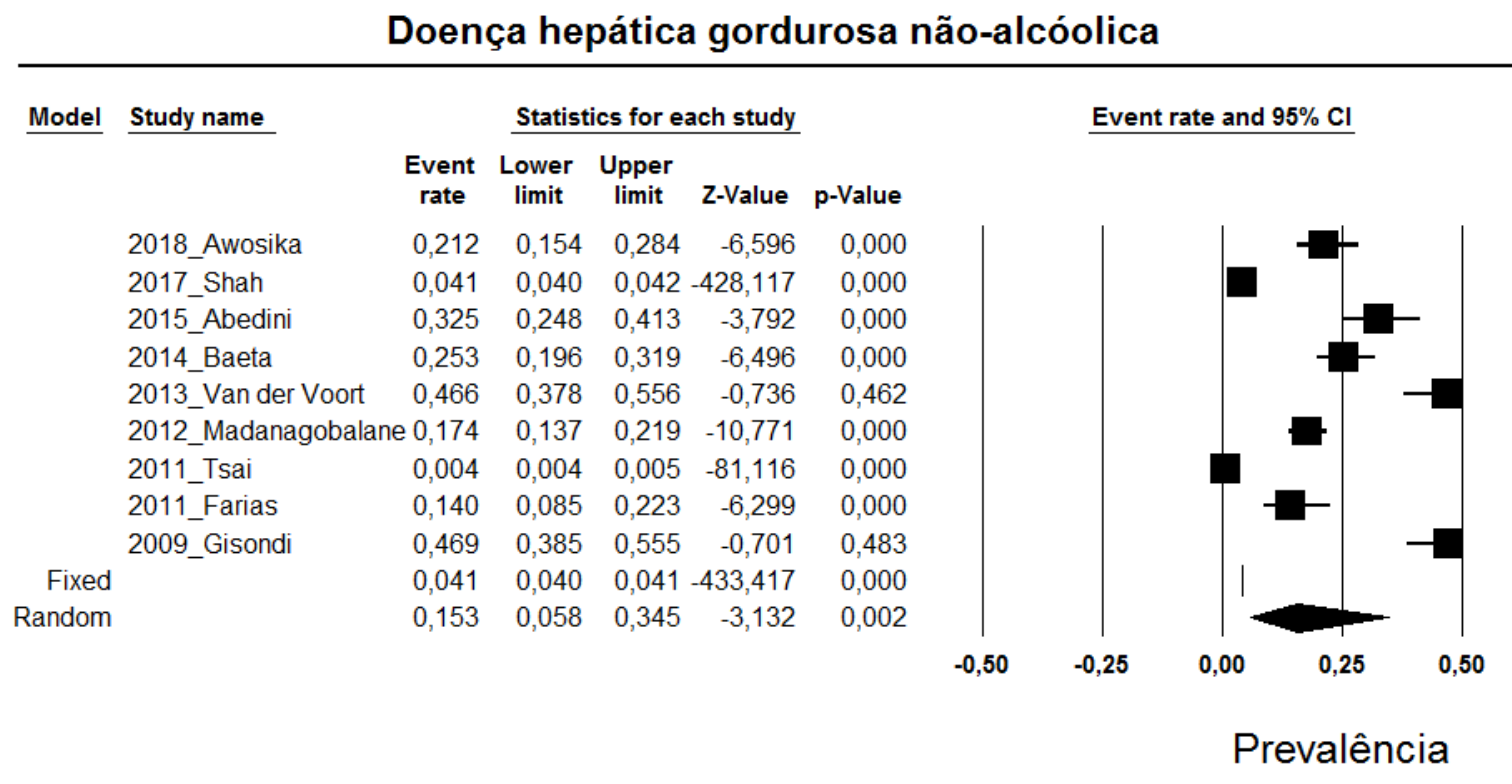
HEPATOPATIA CRÔNICA

A prevalência de hepatopatia crônica em pacientes com psoríase no efeito randômico é de 0,8% (IC 95%: 0,1–4,9; Figura 5).



DOENÇA HEPÁTICA GORDUROSA NÃO-ALCOÓLICA

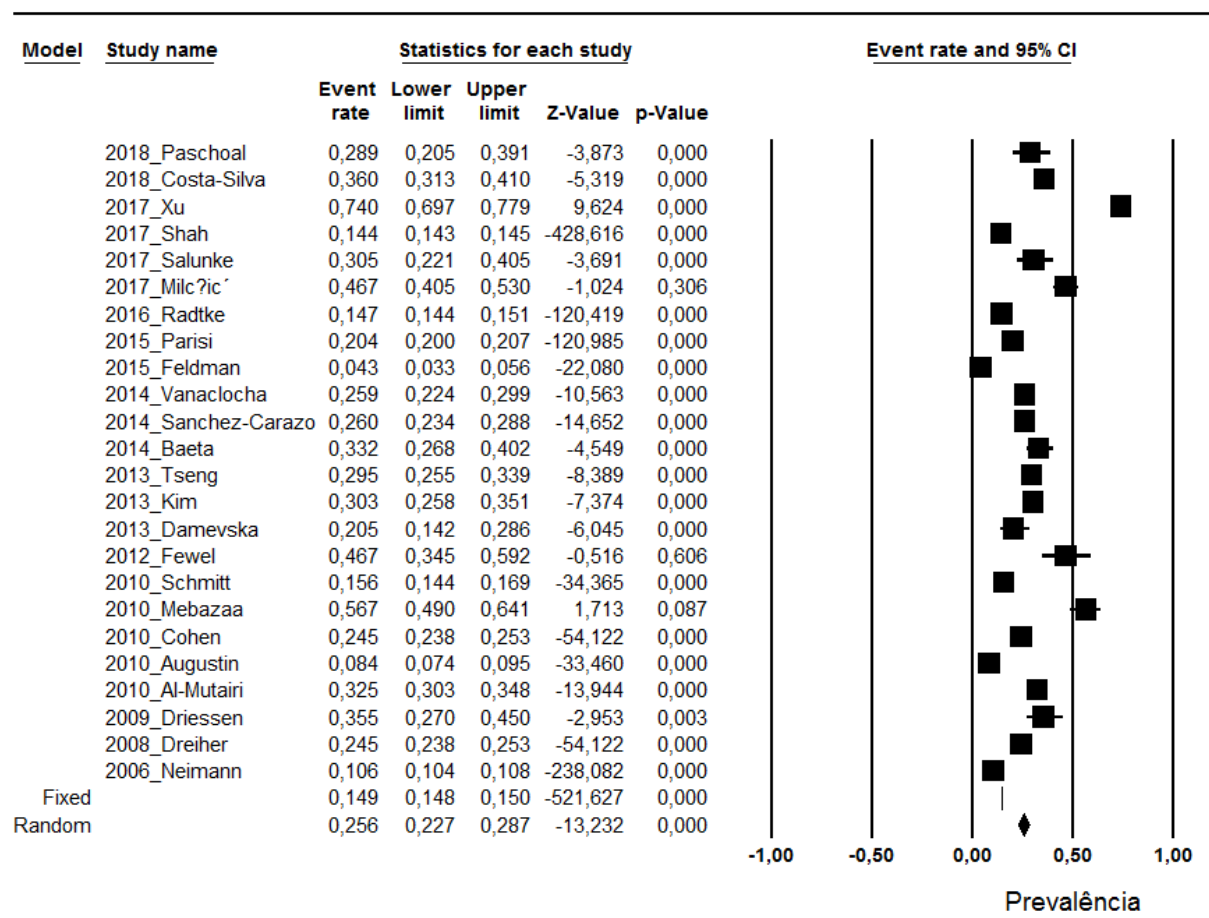
A prevalência de doença hepática gordurosa não-alcoólica em pacientes com psoríase no efeito randômico é de 15,3% (IC 95%: 5,8–34,5; Figura 6).



OBESIDADE

A prevalência de obesidade em pacientes com psoríase no efeito randômico é de 25,6 (IC 95%: 22,7–28,7; Figura 7).

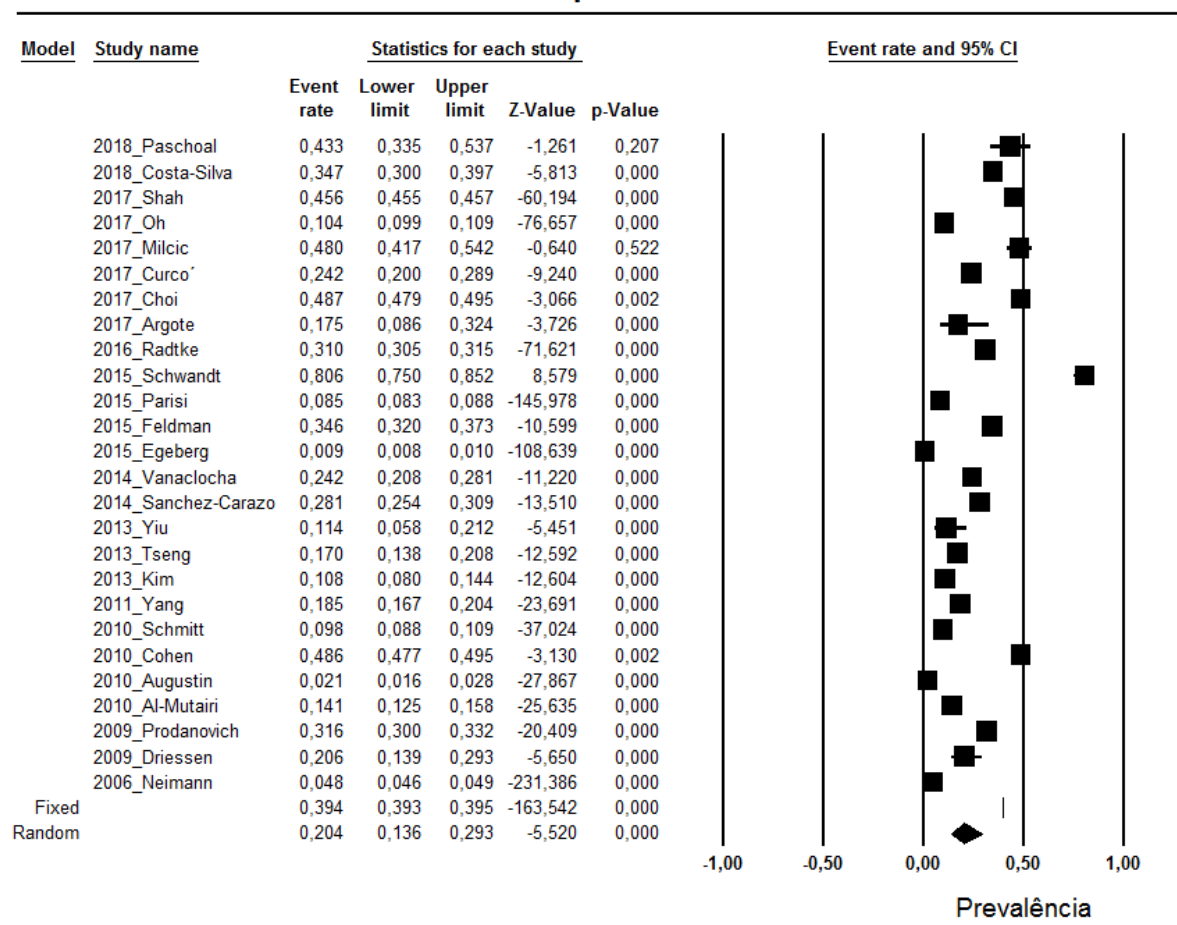
Obesidade



DISLIPIDEMIA

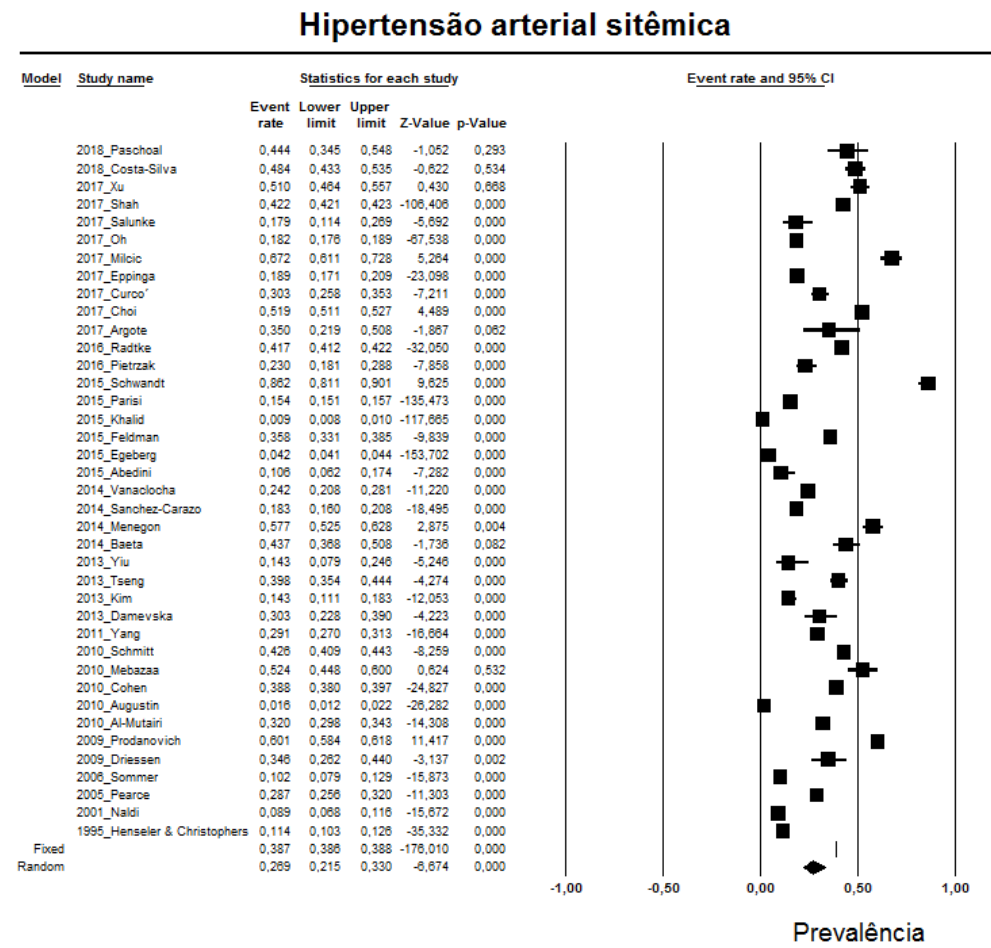
A prevalência de dislipidemia em pacientes com psoríase no efeito randômico é de 20,4% (IC 95%:13,6–29,3; Figura 8).

Dislipidemia



HIPERTENSÃO ARTERIAL SISTÊMICA

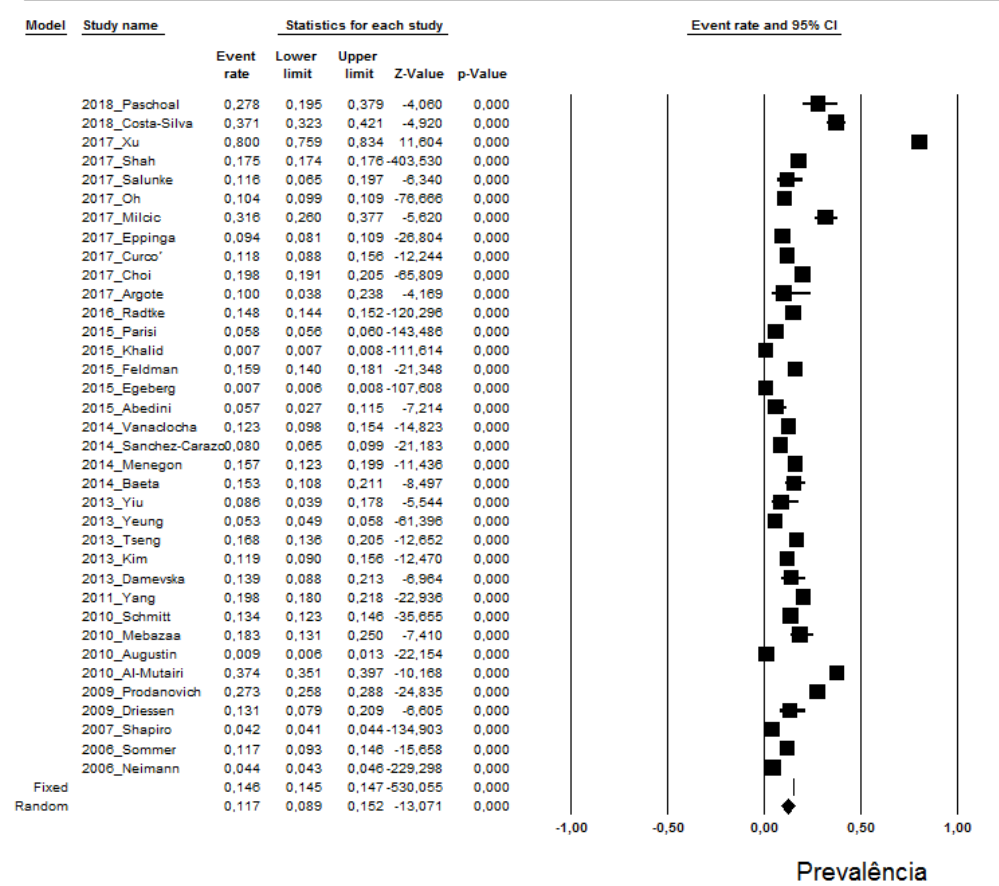
A prevalência de hipertensão arterial sistêmica (HAS) em pacientes com psoríase no efeito randômico é de 26,9% (IC 95%: 21,5–33; Figura 8).



DIABETES MELLITUS

A prevalência de *diabetes mellitus* (DM) em pacientes com psoríase no efeito randômico é de 11,7% (IC 95%: 8,9–15,2; Figura 10).

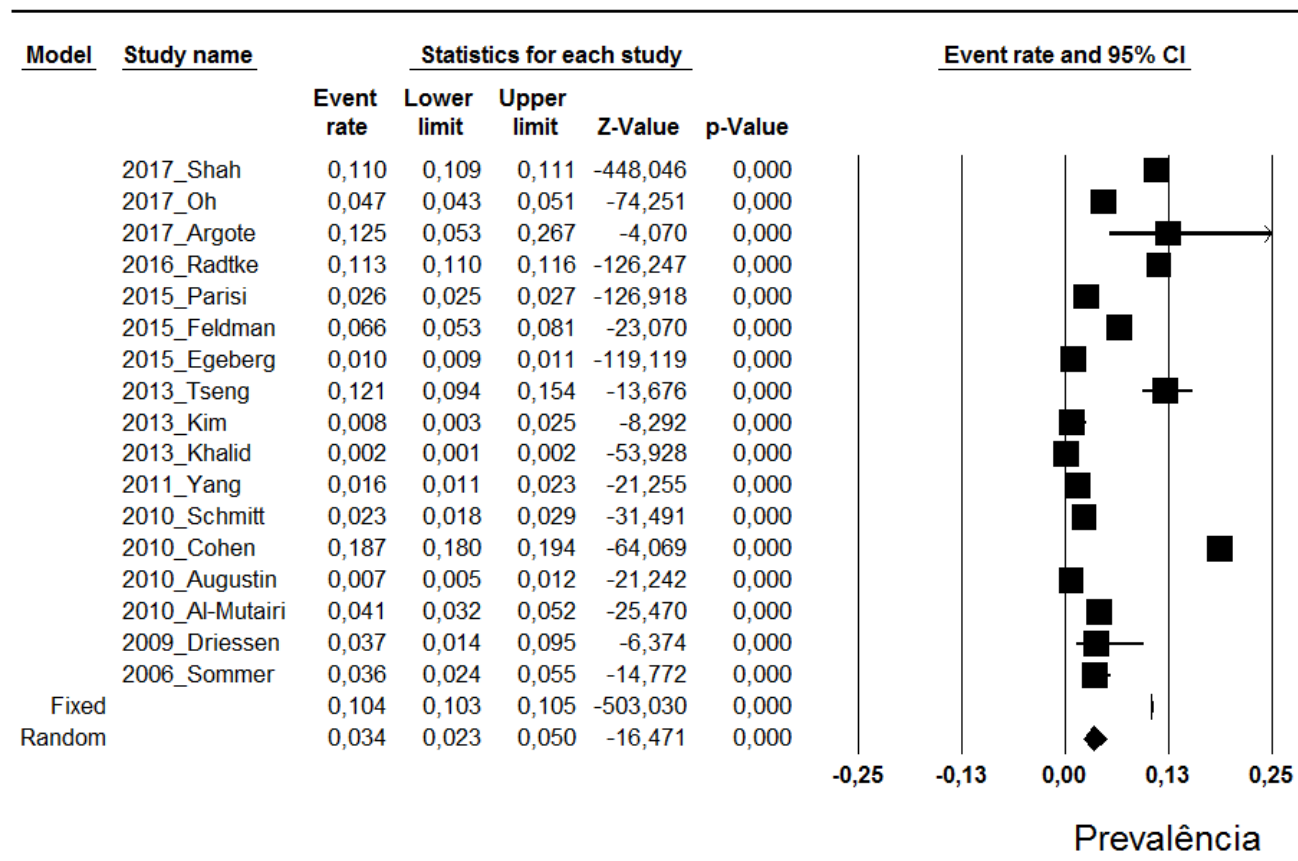
Diabetes



INSUFICIÊNCIA CORONARIANA

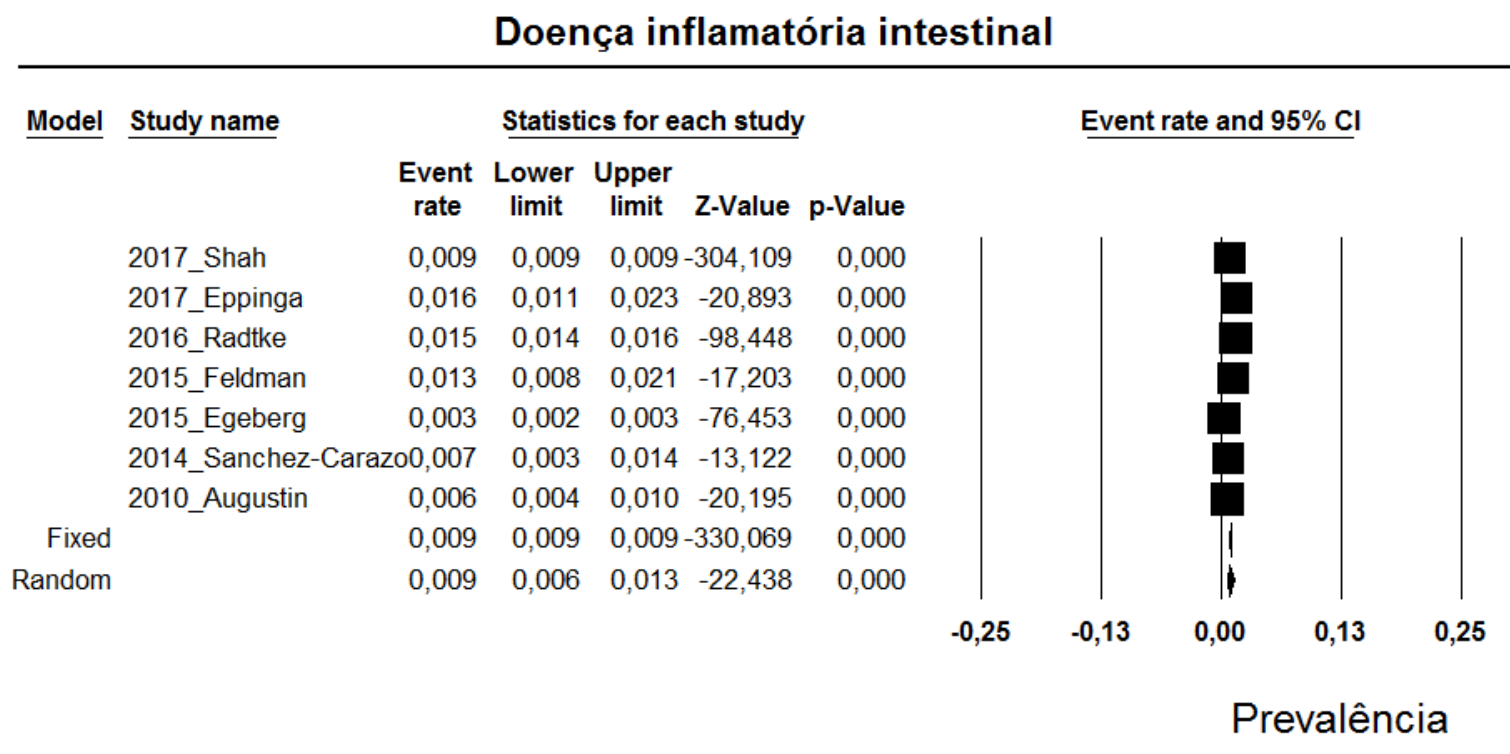
A prevalência de cardiomiopatia isquêmica ou insuficiência coronariana em pacientes com psoríase no efeito randômico é de 3,4% (IC 95%: 2,3–5%; Figura 11).

Insuficiência coronariana



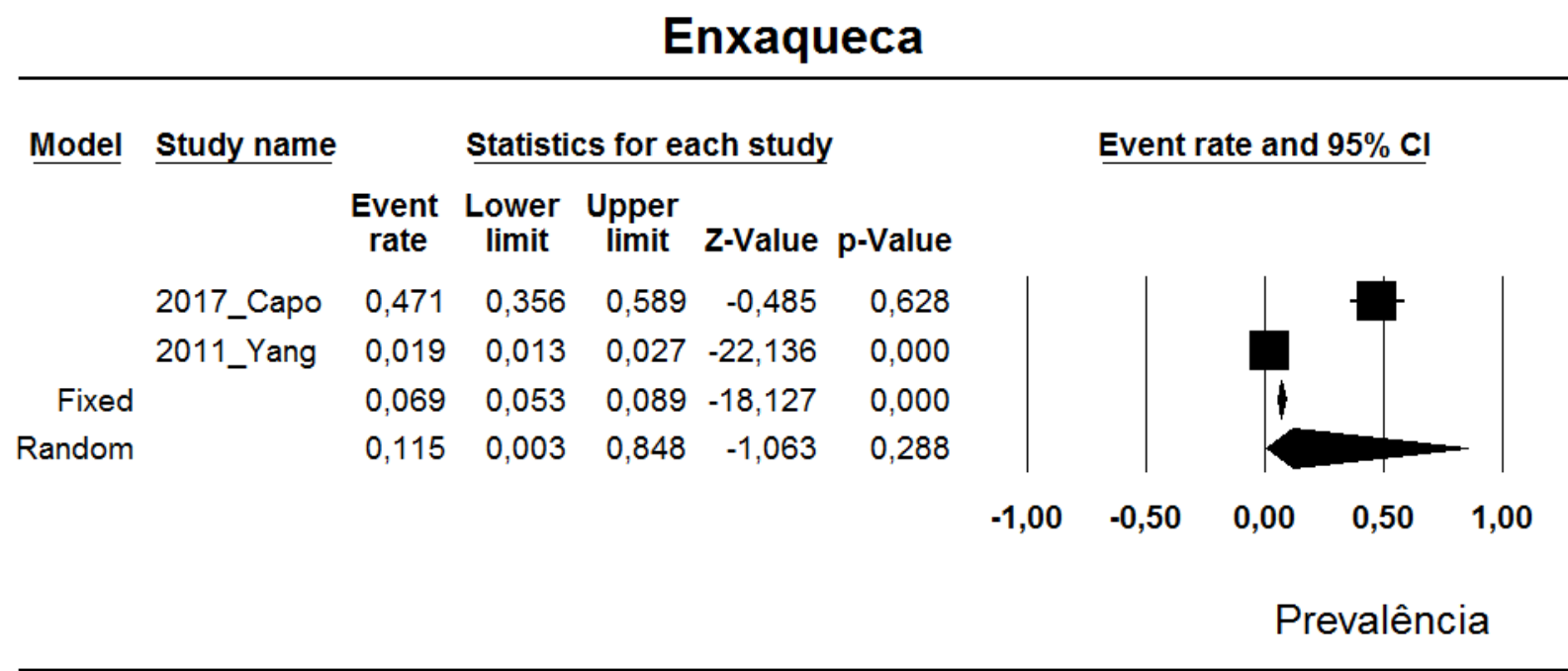
DOENÇA INFLAMATÓRIA INTESTINAL

A prevalência de doença inflamatória intestinal em pacientes com psoríase no efeito randômico é de 0,9% (IC 95%: 0,6–1,3; Figura 12).



ENXAQUECA

A prevalência de enxaqueca em pacientes com psoríase no efeito randômico é de 15,5% (IC 95%: 0,3–84,8; Figura 13).



OUTRAS COMORBIDADES

Outras comorbidades prevalentes em pacientes com psoríase foram alexitimia; outras doenças dermatológicas, como dermatite seborreica, acne, rosácea; hipertensão pulmonar; e doença celíaca.

Estudo	N	Comorbidade	Prevalência
2016_Sampogna	670	Alexitimia	24.8
2014_Vanaclocha	528	Dermatite seborreica	8
2017_Zander	2781	Rosácea	3.4
2017_Zander	2781	Acne	2.1
2017_Choi	13936	Hipertensão	1.6

2008_Birkenfeld	12502	Doença celíaca	0.29
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RECOMENDAÇÕES:

Dentre as possíveis comorbidades associadas a psoríase destacam-se as psiquiátricas, como depressão e ansiedade, e as doenças associadas a síndrome metabólica, como obesidade, doença hepática gordurosa não alcoólica, diabetes, hipertensão arterial e dislipidemia.

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ANEXO I

1. Pergunta estruturada

P – psoríase em placa, moderada a grave
I –
C –
O – comorbidades, enxaqueca, doença inflamatória intestinal, insuficiência coronariana, diabetes mellitus, hipertensão arterial sistêmica, dislipidemia, obesidade, doença hepática gordurosa não alcoólica, hepatopatia crônica, asma ou DPOC, tentativa de suicídio, ansiedade, depressão

2. Duvidas clínicas

Quais as principais comorbidades associadas aos pacientes portadores de psoríase em placa, moderada a grave?

3. Estratégia de Busca de Evidência

A busca realizada através do PubMed-Medline:

((Psoriasis) AND (comorbidity OR comorbidities) AND (obesity OR overweight OR hypertension OR cardiovascular disease OR dyslipidemia OR non-alcoholic fatty liver disease OR NAFLD OR stroke OR cerebrovascular disorder OR myocardial infarction OR diabetes mellitus OR plurimetabolic syndrome OR hepatitis C OR Crohn disease OR inflammatory bowel disease OR celiac disease OR depression OR depressive disorder OR mental disorder OR mood disorder OR Alexithymia OR affective symptoms))

4. Critérios de exclusão dos trabalhos selecionados

Os principais motivos de exclusão foram: estudos de força de evidência fraca (41); estudos não relacionados ao PICO ou artigos de revisão (749); artigos em outras línguas que não português, inglês ou espanhol (3), estudos em que os desfechos não puderam ser extraídos (6).

5. Avaliação crítica e força da evidência

A evidência recuperada foi selecionada a partir da avaliação crítica utilizando instrumentos (escores) discriminatórios: JADAD⁷⁵ e GRADE⁷⁶ para Ensaios Clínicos Randomizados e New Castle Ottawa scale⁷⁷ para estudos observacionais. Após definir os estudos potenciais para sustento das recomendações, estes foram graduados pela força da evidência e grau de recomendação segundo a classificação de Oxford⁷⁸, incluindo a evidência disponível de maior força.

6. Recomendação

Será elaborada considerando a evidência descrita e terá a sua força estimada (Oxford⁷⁸/GRADE⁷⁶) em 1b e 1c (graus A) ou forte, e em 2a, 2b e 2c (graus B) ou moderada ou fraca ou muito fraca. Será considerada a evidência de maior força.

7. Conflito de interesse

Não há nenhum conflito de interesse relacionado a esta revisão a ser declarado por nenhum dos autores.

8. Declaração final

O Projeto Diretrizes, iniciativa da Associação Médica Brasileira em conjunto com as Sociedades de Especialidades, tem por objetivo conciliar informações da área médica a fim de padronizar condutas que auxiliem o raciocínio e a tomada de decisão do médico. As informações contidas neste projeto devem ser submetidas à avaliação e à crítica do médico, responsável pela conduta a ser seguida, frente à realidade e ao estado clínico de cada paciente.



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