

For all patients with psoriasis (PsO), including those on systemic therapies such as biologics and immunosuppressants, routine primary care follow-up in coordination with specialists is important for monitoring potential side effects and ensuring overall health.

Here are key components of follow-up care:

1. Cardiovascular risk screening and monitoring

PsO is associated with increased risk for cardiometabolic disease. Consider screening more frequently for patients with moderate-to-severe psoriasis.

Lipid levels

- Monitoring for elevated lipids is recommended every 4–6 years for adults aged 20–79

Glucose levels

- Monitoring for elevated blood glucose (HbA1c) is recommended every three years in adults aged 40–70 who are overweight or obese
- Screening for elevated blood glucose is recommended beginning at age 45 for adults without risk factors

Blood pressure monitoring

- Adults aged 40 years and older or those at increased risk should be screened annually
- Adults aged 18–39 years with blood pressure <130/85 mmHg and no risk factors should be screened every 3–5 years
- Encourage hypertensive patients to obtain a blood pressure screening device and monitor pressure regularly

2. Alcohol monitoring and counseling

Alcohol consumption is a modifiable risk factor in PsO, with various studies showing links between the level of alcohol intake and PsO severity, treatment response, and the risk of developing comorbid conditions including arthritis, liver disease, heart disease, and cancer.

- Assess alcohol consumption and counsel regarding alcohol use at least annually

3. Smoking cessation counseling

All patients should be screened for smoking status.

- Patients who currently smoke should be engaged in and/or referred for smoking cessation counseling and medication therapy

4. Infection monitoring and vaccines

Routine assessments for infections

- Patients on biologics or immunosuppressants may be more prone to infections. Providers should check for signs of respiratory infections, urinary tract infections, and other common infections

Vaccination status

- Immunosuppressed patients should be up to date on non-live vaccines but should generally avoid live vaccines unless recommended by a specialist
 - Recommended vaccines for adults are available from the Centers for Disease Control and Prevention (CDC) <https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html>
 - Administer recommended vaccines to adults with PsO before initiation of systemic immune suppression, when possible, following CDC and Advisory Committee on Immunization Practices (ACIP) guidelines
- Interruption of systemic therapies is generally not necessary for patients receiving non-live vaccines. Live-attenuated virus vaccines are contraindicated in immune-suppressed patients

5. Screening for tuberculosis (TB) and hepatitis

Screening for latent TB

- Some systemic therapies can reactivate latent TB. The need for TB screening (eg, purified protein derivative [PPD] or interferon-gamma release assay [IGRA] tests) is treatment dependent, and prescribers should refer to the prescribing information for further guidance

Hepatitis B and C screening

- Regular liver function tests and hepatitis screening may be recommended as biologics can increase the risk of reactivation of hepatitis

6. Blood monitoring

Regular complete blood count (CBC)

- Some immunosuppressive medications are associated with cytopenias such as neutropenia and anemia, and therefore require routine blood testing. Recommendations for frequency of monitoring can be found in the joint American Academy of Dermatology (AAD) and National Psoriasis Foundation (NPF) guidelines

Liver and kidney function tests

- Regular liver enzyme and kidney function tests should be conducted as PsO can be associated with inflammation of the liver and fibrosis. Some liver function tests may be considered biannually or more often in patients at increased risk of reactivation of viral hepatitis

7. Cancer screening

Patients with psoriasis may have an increased risk of certain cancers, including nonmelanoma skin cancers and lymphomas. A proactive approach to age-appropriate cancer screening should occur, with referral to appropriate specialists if a patient displays signs or symptoms concerning for an underlying malignancy.

- Suggested cancer screenings are available from the CDC <https://www.cdc.gov/cancer/prevention/screening.html>

8. Ophthalmologic screening

The chronic systemic inflammation in PsO can cause ocular involvement and uveitis. Ocular manifestations in PsO can be varied and can affect any part of the eye.

- Patients exhibiting concerning ocular signs or symptoms should be referred to an ophthalmologist for further evaluation

9. Mental health monitoring

Depression and anxiety occur in higher rates in patients with PsO and are associated with negative impacts on global quality of life.

- Patients should be assessed for signs and symptoms of mental health conditions
- Patients should be assessed for need for counseling/support. Mental health referral is recommended for patients who screen positive

10. Medication adherence and access

Medication nonadherence may lead to poor disease outcomes. Screen for medication nonadherence and provide support such as education, assistance with reminder systems or organizational strategies (eg, pill boxes), or support with medication access.

- Patients may benefit from referral to social workers, patient navigators, or pharmacists who can assist with medication- or insurance-related issues
- The NPF has a navigation center that can assist with access and support adherence