- One retrospective study of 121,280 patients with RA or psoriasis wanted to determine if certain medications were associated with a lower risk for incidence diabetes.  
- TNF inhibitors and hydroxychloroquine use were associated with lower diabetes risk

- A larger study of 224 PsA patients  
  o 120 on TNF inhibitors  
  o 104 on DMARDs  
- Trend of reduction of intima-media thickness while on TNF inhibitors  
- Trend of increase of intima-media thickness while on DMARDs

- In those without initial calcified atherosclerotic plaques, 13 of 16 had significant IMT decrease (P = .0002)  
- In those with calcified atherosclerotic plaques, 3 of 16 patients had non-significant IMT increase

- TNF inhibitors reduced aortic stiffness

- Compared to the topical group (reference), TNF inhibitor therapy was associated with a 50% reduction in MI risk.

- Methotrexate was associated with reduced risk of MACE compared to other therapies.  
- There was no protective effect seen with cyclosporine or retinoids.  
- When all biologics were grouped together, there was a comparable but non-significant protective effect.  
- When biologics are further examined based on mechanism of action, TNF inhibitors were associated with reduced event rates.

- The group treated with TNF inhibitors + MTX was associated with a clinically and statistically significant decrease in CRP compared to baseline. This was not seen in the MTX group.

- HDL isolated from patients with psoriasis showed a significantly impaired capability to mobilize cholesterol from macrophages
- Psoriasis therapy recovered HDL composition and function, but there was no effect on HDL levels.

- 18 patients (14 adalimumab, 4 ustekinumab)
- All patients at baseline had systolic dysfunction and diastolic dysfunction
- Patients had improvement in systolic dysfunction and diastolic dysfunction after 3 months of biologic

- The National Psoriasis Foundation recommends that every 2 years, blood pressure, pulse, and BMI measurements should be checked.
- Every 5 years or every 2 years if patient has additional risk factors, fasting blood glucose and lipid levels should be checked.