

Call for evidence on Cardiovascular Health Checks

EADV Submission

The European Academy of Dermatology and Venereology (EADV) welcomes the proposed Council Recommendation on cardiovascular health checks. **Chronic inflammatory skin diseases (CISDs) are well-established risk factors for cardiovascular disease (CVD).** EADV urges the Commission to ensure that these conditions are appropriately reflected in both the final Recommendation and the future screening protocol.

EADV recommends including CISD in the future screening protocol diagnosis as a formal CVD screening trigger alongside hypertension, diabetes and obesity, supporting integrated rapid-access clinics that provide dermatology expertise.

Chronic inflammatory skin conditions, including psoriasis, atopic dermatitis, hidradenitis suppurativa, acne and rosacea, [affect over 40% of Europeans](#). The link to CVD is driven by shared mechanisms of [systemic inflammation](#). Patients with psoriasis are [up to 50% more likely to develop CVD](#) as psoriasis is a risk-modifier for coronary artery disease. In particular, women with psoriasis have a [higher risk of ischaemic stroke than men](#), and women are [more likely](#) to develop atopic dermatitis during the premenstrual period and pregnancy. [Atopic dermatitis](#) is associated with increased risk of myocardial infarction, stroke and heart failure. Acne, affecting up to 85% of adolescents, is linked to [hyperlipidaemia and metabolic dysregulation](#). Hidradenitis suppurativa patients show significantly [increased incidence of myocardial infarction](#) and cerebrovascular accident, and vitiligo patients have [higher rates of metabolic syndrome](#) and subclinical atherosclerosis. [Systemic dermatological therapies](#) including biologics and Janus kinase (JAK) inhibitors can further alter cardiovascular risk, underscoring the need for integrated monitoring.

Crucially, **early and effective treatment of inflammatory skin diseases reduces CVD risk**, while delays in treatment increase cardiometabolic complications. Dermatologists are also often the first clinicians to [recognise cutaneous manifestations of cardiac disease](#), making them an underutilised entry point into cardiovascular screening.

EADV calls on the Recommendation to stress that a CISD diagnosis systematically triggers a cardiovascular risk assessment. A valuable case study is the [Manchester Psoriasis Rapid Access Clinic](#), that provides testing for CVD risk factors to patients with psoriasis and other skin diseases. The Clinic found that over a third of patients had untreated hypertension and half had high cholesterol.

The recognition of skin diseases as a global public health priority through the [2025 World Health Assembly Resolution](#) adds further weight to this call. The Resolution explicitly acknowledges the systemic consequences of skin diseases, urging for a coordinated action across health programmes. The proposed Council Recommendation on cardiovascular health checks is a concrete opportunity to translate this global commitment into EU policy: by including chronic inflammatory skin disease diagnosis as a trigger for cardiovascular risk assessment, the EU would be acting in line with the latest international public health consensus while extending the reach of health checks across Europe.

Chronic inflammatory skin diseases are not cosmetic conditions, they carry measurable cardiovascular consequences for hundreds of millions of Europeans. Integrating their diagnosis into CVD health checks is a practical, evidence-based step the Council Recommendation should explicitly include.