Psoriasis and Male Infertility: A Complex Relationship

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Introduction

- Psoriasis is a chronic inflammatory skin disease affecting 2% of the global population.
- It presents as red, scaly plaques on the skin due to accelerated turnover of keratinocytes.
- Elevated pro-inflammatory cytokines (e.g., TNF-alpha, IL-17) indicate systemic inflammation.
- Psoriasis is associated with joint and cardiovascular issues, making it a multisystemic disease.

Male Infertility and Psoriasis

- Male infertility affects 15-20% of couples worldwide.
- Causes include pre-testicular (hormonal), testicular (structural), and post-testicular factors.
- Systemic inflammation, like that in psoriasis, can impair spermatogenesis.
- Elevated cytokines (IL-6, IL-17, TNF-alpha) in seminal fluid correlate with reduced fertility.

Study Goals

- Investigate the relationship between psoriasis and male infertility.
- Identify comorbidities associated with both conditions.
- Explore temporal patterns and potential causal pathways.
- Provide insights for personalized treatment strategies.

Data and Methods

- Data Source: CLALIT Health Services Israeli database (2002–2022).
- Cohort: 280,450 patients equally divided between psoriasis and control groups.
- Key Features:
 - Date of birth, sex, psoriasis diagnosis date.
 - 122 comorbidities, including infertility.
- Ensure anonymity and balanced gender distribution (50% male, 50% female).

Age Distribution

- Overall: Mean age = 43 years (range: 0-103), SD = 21.
- By Gender:
 - Males: Mean = 43.5, SD = 20.6
 - Females: Mean = 42.5, SD = 21.3
- **Infertility:** Concentrated in men aged 30–50, mean age = 40.95.

Age Distribution

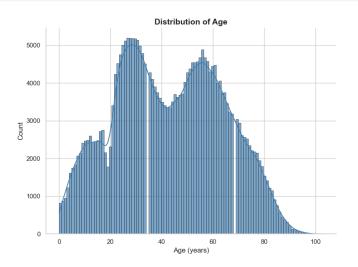


Figure: Age Distribution with, potentially, two modes.

Age Distribution

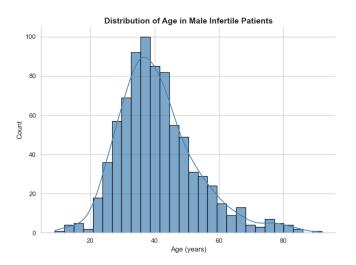


Figure: Age Distribution in Male Infertile patients.

Comorbidity Analysis: Psoriasis vs. Control

- Prevalence Differences between Psoriasis and Control Groups.
- Statistical tests (Chi-squared, Wilson score) identified significant comorbidities.
- Key Findings:
 - Hyperlipidemia (46.1% vs. 42.4%, $p < 10^{-86}$).
 - Obesity (27.5% vs. 22.5%, $p < 10^{-208}$).
 - Diabetes (18.4% vs. 16.3%, $p < 10^{-22}$).
 - Hypertension (29.3% vs. 26.5%, $p < 10^{-61}$).

Comorbidity Analysis: Psoriasis vs. Control

Hyperingishme	Comorbidity	Psoriasis Prevalence (%)	Psoriasis CI (%)	Control Prevalence (%)	Control CI (%)	Chi2	p-value	dof
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Dementia Jahimhers 245/877 27.5.2871 3.31467 32.2.44 54.0001 4.05055-10 1.05055-								1
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Control Antry Disease 2,81911 125, 277 2,93316 128, 243 22,4497 2,1860275-6-06 128, 128 128,								1
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Officer 244727 207,222 189779 192,207 80876 362271+-03 Ober Hemitologie Dis (voic Lino Del Falmen) 244272 107,222 18000 177,30 221500 301640-03 Ober Hemitologie Dis (voic Lino Del Falmen) 193,930 109,200 17,900 17,100 150150 7,8100-03 Odu 151950 164,1511 12,4107 11,03 300277 307,000-03								- 1
Joint Replacement 2.44271 (2.07, 2.22) 1.840040 (177, 191) 3.221569 1.88094-08 Other Hematotogic Dis (excl. two Del Asemis) 1.975397 (190, 2.06) 1.134084 (173, 191, 327) 1.558466 6.551446-0-48 Other Semantic Control (excl. two Del Asemis) 1.513985 (145, 158) 1.244578 (114, 139) 3.0002378 6.737200-10								1
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Gout 1.513995 [1.45, 1.58] 1.241576 [1.18, 1.30] 38.092378 6.747320e-10								1
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Figure: Table of differences in Comorbidity Prevalence, Psoriasis versus Control. Statistically significant intervals at 5% alpha error.



Longitudinal Analysis: Psoriasis First

- Evaluated comorbidities developing after psoriasis diagnosis.
- Statistical tests (Chi-squared, Wilson score) identified significant comorbidities.
- Key Findings:
 - Hyperlipidemia: 15.7% vs. 0.23%, *p* < 0.00001.
 - Obesity: 11.3% vs. 0.21%, *p* < 0.00001.
 - Hypertension: 6.1% vs. 0.14%, p < 0.00001.
 - Depression: 2.1% vs. 0.03%, p < 0.00001.

Pre-Existing Comorbidities as Predictors

- Evaluated comorbidities developing before psoriasis diagnosis.
- Certain conditions increase the likelihood of developing psoriasis.
- Presence of Bilateral Effect of certain comorbidities, thus increasing likelihood of Psoriasis development and being aggravated by Psoriasis Onset in feedback Loop.

• Key Predictors:

- Smoking: OR = 255x, p < 0.00001.
- Hyperlipidemia: OR = 247x, p < 0.00001.
- Obesity: OR = 310x, p < 0.00001.
- Hypertension: OR = 209x, p < 0.00001.

Pre-Existing Comorbidities as Predictors

	Comorbidity	Psoriasis Pressience (%)	Pagriasis CI (%)	Control Prevalence (%)	Control CI (%)	CHIZ	p-value	det
13	Smoking	30.632357	[30.29, 30.98]	0.115603	(0.06, 0.16)	11683.996962	0.0000000+00	- 1
8	Hyperlipidemia	24.703660	[24.38, 25.03]	0.102391	[0.07, 0.16]	8843,710998	0.0000000+00	1
7	Obesky	15.466621	[15.20, 15.74]	0.052047	[0.03, 0.09]	5204.731206	0.0000000+00	- 1
33	Arthropathy	14.553287	[14.29, 14.82]	0.062756	(0.04, 0.10)	4551.099129	0.0000000+00	1
22	Hypertension	12.534759	[12.29, 12.78]	0.066669	[0.04, 0.16]	4104.107295	0.0000000+00	1
25	Asthma	7,068451	[6.66, 7.26]	0.006606	[2:00, 0:02]	2244.239251	0.0000000+00	-
5	Diabetes	6.822078	[8.64, 7.01]	0.046644	[0.03, 0.08]	2129.199493	0.0000000+00	1
27	Reflux Ecophagisis / Gestritis / Doudenitis	4.000556	[4.73, 5.05]	0.003131	[0.01, 0.05]	1513.262270	0.0000000+00	
4	Hypethyroidism	4,699814	(4.54, 4.85)	0.026424	(0.01, 0.05)	1449,648677	0.0000000+00	1
19	IHD	3.976644	[3.63, 4.12]	0.026424	[0.01, 0.06]	1219.927728	12777716-266	
2	Malignancy	3.694152	[3.56, 3.84]	0.026424	(0.01, 0.05)	1126,719761	5.147071e-247	- 1
51	other kidney Disease	3,656602	[3.52, 3.60]	0.016615	[0.01, 0.04]	1122,195408	5.025576e-246	- 1
11	Degression	3.390030	[3.26, 3.63]	0.019818	(0.01, 0.04)	1035.839994	2.913139e-227	1
15	Outeoporosis	2.950711	[2.03, 3.00]	0.016515	[0.01, 0.04]	090.210552	2.2059410-197	1
15	Other Neurological Disease	2,723068	[2.60, 2.85]	0.013212	(0.01, 0.03)	829.067954	2.597037e-182	1
12	Aculaty	2,715864	[2.60, 2.84]	0.013212	[0.01, 0.03]	829.792525	9.072390e-192	1
95	Peptic Ulcer	2.257697	[2.15, 2.37]	0.009909	[0.00, 0.03]	605.631140	3.984296e-151	- 1
9	Prostatic Hypertrophy	2.766628	[2.06, 2.28]	0.006609	[0.00, 0.01]	667.288700	5.804416e-145	1
1	Antythmia	2.030055	[1.92, 2.14]	0.016615	[0.01, 0.04]	609,752556	1.2063944-124	
7	Clascoma	1,482559	[1.40, 1.58]	0.013212	(0.01, 0.03)	442.355394	3.325253e-56	1
4	COPD	1,301160	[134, 141]	0.009969	[2:00, 0:00]	399.825449	6.010904+69	
:3	s/p CVA	1,260680	[1.16, 1.35]	0.009909	[0.00, 0.03]	376.319130	7.876000e-84	1
6	Retinoparhy	1.257796	[1.16, 1.34]	0.009909	[0.00, 0.03]	375,431511	1,229167e-83	
0	Neuroses	1,234746	[1.16, 1.82]	0.019212	(0.01, 0.03)	366.922409	1.449524+-81	1
ю	Chronic Renal Failure	1.162707	[1.09, 1.25]	0.006666	[2.00, 0.02]	348.570010	8.6450016-78	
n	OncEreal	0.847177	(0.78, 0.92)	0.006606	[9.99, 0.02]	251,722587	1.093712e-56	1
9	Psychoses	0.717507	[244, 078]	0.006666	[2.00, 0.02]	212.046467	4.9125444-48	
13	Congenital Anomalies	0.688891	[0.63, 0.75]	0.003303	[2:00, 0:02]	205,646161	1.224042e-46	- 1
19	DHF	0.668620	[0.61, 0.73]	0.003868	[2.03, 0.02]	199.482290	2709038e-46	
2	Hypertyroidism	0.654113	[0.60, 0.72]	0.003369	[2.00, 0.02]	195.000564	2.474104e-44	1
15	Joint Replacement	0.554689	(0.50, 0.61)	0.003303	[9.99, 0.02]	164,733736	1.045853e-37	
12	Bost	0.692960	(0.43, 0.54)	0.009969	[2.03, 0.03]	142,770999	6.567309e-53	1
и	Rheumatoid Arthritis	0.476997	[0.43, 0.53]	0.003369	[2.00, 0.02]	161,016964	1.5971134-32	
o	Hepatitis B Carrier	0.446641	[0.40, 0.50]	0.003303	[0.00, 0.02]	131,797964	1.655452e-30	1
ю	OneCeles	0.344346	(0.90, 0.99)	0.003368	[2.00, 0.02]	102.668390	1.087478e-23	
11	OncProstate	0.205556	[0.25, 0.33]	0.003363	[2.00, 0.02]	84.020090	4.075529e-20	
1	Familial Meditoranean Pever	0.286716	[9.25, 0.33]	0.003303	[0.00, 0.02]	83.153325	7.502953e-20	
a	Chronic Act/Per Hepatitis	0.262136	[0.22, 0.29]	0.003369	[2.03, 0.03]	72.652999	1.545720e-17	1
o	Cardonyopathy	0.230524	[0.20, 0.27]	0.003303	[0.00, 0.02]	65.093951	4.299332s-16	
3	DroUrineBlader	0.211794	(0.18, 0.28)	0.006806	[2.00, 0.02]	68.099377	2.492052e-14	,
á	HypofHyperparathyroidism	0.105860	[0.16, 0.22]	0.003369	[2.00, 0.02]	\$2,549993	4.195470e-13	
15	OncOther	0.136433	[9.13, 9.17]	0.003303	19.90, 0.021	27,278906	1.023913e-09	
12	Oncluing	0.092210	(0.07, 0.12)	0.003368	[2:03, 0:03]	25.224477	8.573573±-07	
62 55	OneLung	0.090210	[0.07, 0.12]	0.003903	[200,002]	12.041159	8.573573a-07 1.929205a-04	

Figure: Prevalence Differences between Psoriasis versus Control for each Comorbidity. Psoriasis Diagnosis After Comorbidity Diagnosis.

Psoriasis and Infertility: Clustering and Classification

Data Import and Preprocessing:

- Dataset filtered for male patients.
- Categorical conditions binarized.
- Time-based features created (psoriasis vs. infertility diagnosis).

Chi-Squared Test for Feature Importance:

- Significant comorbidities: Hyperthyroidism (p = 1.8e-11), Depression (p = 1.3e-5), Diabetes (p = 4.07e-2).
- Multiple Sclerosis (p = 2.35e-80), Joint Replacement (p = 6.42e-44).

• Clustering Analysis:

- Methods: K-Means, Agglomerative, Gaussian Mixture Model (GMM).
- Best result: GMM with 2 distinct subgroups, Silhouette score = 0.8.

Dimensionality Reduction and Classification Models

Multiple Correspondence Analysis (MCA):

- Reduced categorical feature complexity.
- Best results: 10 components, Silhouette score = 0.85.

Classification Models:

- Random Forest Classifier: AUC-ROC = 0.6088.
- StepMix Model: Accuracy = 48.17%, 4 latent classes, Entropy = 0.51.
- Spectral Clustering: Moderate performance.

• Handling Imbalanced Data:

- Used SMOTE to balance classes.
- Limited improvement in predictive power.

Infertility and Psoriasis: Chronological Inversion

- Analyzed patients developing infertility before psoriasis.
- Key Findings:
 - Significant comorbidities (p < 0.05):
 - Chronic Renal Failure (p = 0.0193).
 - Arthropathy (p = 0.0072).
 - Hyperthyroidism (p = 0.0058).
 - Diabetes (p = 0.0246).

Comorbidome Analysis: Psoriasis and Male Infertility

Logistic Regression:

- Compared fertile vs. infertile males with psoriasis.
- Key findings:
 - Hyperlipidemia: OR < 1, p < 0.001.
 - Hypertension: OR < 1, p < 0.001.

Psoriasis vs. Control:

No significant comorbidities found.

Challenges and Limitations:

- Dataset imbalance (3% infertility prevalence).
- Potential overfitting and limited statistical power.

Refined Comorbidome Analysis: Excluding Missing Diagnosis Dates

Revised Logistic Regression:

- Excluded patients without psoriasis diagnosis dates.
- Sample size reduced to 14,528 male psoriatic patients.

• Key Findings:

- Hyperprolactinemia: OR = 33.59 (CI: 4.23–267.19).
- Peripheral Vascular Disease (PVD): OR = 410.19 (CI: 281–597).

• Limitations:

- Wide confidence intervals due to rare conditions.
- Control group definition remains challenging.

Matched Cohort Analysis: Age-Based Comorbidity Matching

• Matching Criteria:

- Age-based matching for psoriatic infertile vs. control patients.
- Only comorbidities developed before infertility considered.

• Key Findings:

- Sample size: 118 matched patients (59 infertility before psoriasis, 59 controls).
- No statistically significant associations (p < 0.05).

• Limitations:

Small sample size and restricted inclusion criteria.

Conclusions: Key Findings

- No direct causal link between psoriasis and infertility was identified.
- Significant overlap in comorbidities suggests shared risk factors.
- Key Comorbidities:
 - Hyperlipidemia, hyperprolactinemia, and peripheral vascular disease (PVD).
 - Renal failure, arthropathy, and hyperthyroidism were also prominent.
- Infertility can precede psoriasis, highlighting complex chronological patterns.

Conclusions: Psoriasis and Infertility Relationship

- While a causal link is unproven, infertility often precedes psoriasis in some patients.
- Comorbidities like renal failure, arthropathy, and hyperthyroidism may mediate this relationship.
- Shared inflammatory pathways suggest common biological mechanisms.

Conclusions: Clinical Implications

- Early screening for metabolic and vascular issues in psoriatic patients can improve outcomes.
- Infertile males with psoriasis should be evaluated for cardiovascular and endocrine disorders.
- Personalized treatment strategies should address both dermatological and reproductive health.
- Consider anti-inflammatory therapies to mitigate infertility risk in psoriatic patients.

Conclusions: Limitations and Future Directions

• Limitations:

- Dataset imbalance (3% infertility prevalence).
- Limited generalizability due to cohort-specific data.
- Lack of genetic and environmental factor analysis.

• Future Directions:

- Larger, longitudinal studies are needed for causal inference.
- Investigate genetic predispositions and environmental triggers.
- Explore potential therapeutic interventions.
- Conduct multi-center studies for broader applicability.