Table II. Relative risk of selected conditions for individuals with HS versus those without HS

Diagnosis	ICD-9 codes	HS group (n = 3645), n (%)	Control group (n = 36 450), n (%)	Relative risk (95% CI)	*P* value
Any type of alopecia areata	704.01	47 (1.29)	213 (0.58)	1.99 (1.61-3.03)	<.001
Alopecia capitis totalis/universalis	704.09	28 (0.77)	129 (0.35)	2.17 (1.44-3.27)	<.001
Lichen planopilaris	697.0	33 (0.91)	214 (0.59)	1.54 (1.07-2.23)	.021
Hypothyroidism	244.9	751 (20.6)	6425 (17.63)	1.17 (1.08-1.27)	<.001
Down syndrome	758.0	47 (1.29)	41 (0.11)	11.46 (7.53-17.45)	<.001

CI, Confidence interval; *ICD-9*, International Classification of Diseases, 9th revision.

factor α, interleukin 17, interferons, chemokine ligands 9 and 10, granzyme B, and others.[4,5] The similarities in the gene expression profiles of patients with HS and AA may explain why AA is more common in patients with HS. The results of this study encourage more research to investigate the molecular, genetic, and environmental factors contributing to this increased risk relationship between AA and HS. Clinicians should also be aware of the increased risk of AA in people with HS.

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Publication productivity of authors of psoriasis clinical practice guidelines with and without ties to industry

To the Editor: A recent Journal of the American Academy of Dermatology article explored whether excluding experts with ties to industry might limit the expertise of clinical practice guideline (CPG) panels.[1] The study compared publication productivity, a surrogate for expertise, between authors of CPGs with and without industry ties.[1] Authors of CPGs without industry ties reportedly had comparable levels of publication productivity as authors with industry ties.[1] This result seemed surprising. We expected that for at least psoriasis, a condition for which treatments (a priority of CPG development) have evolved rapidly, authors with industry ties would have greater expertise (with their greater participation in industry-funded clinical trials of new drugs). We tested this hypothesis using the publication productivity method.

Psoriasis CPGs from the American Academy of Dermatology, National Psoriasis Foundation, and British Association of Dermatology were analyzed, and all listed authors were categorized as either authors with or without self-reported industry ties. For members of the American Academy of Dermatology and National Psoriasis Foundation CPGs, the ties to industry were also assessed by using the OpenPaymentsData.cms.gov website. Publication productivity was determined by calculating an author's h-index and g-index using Harzing's Publish or Perish software for the year in which the CPG was published and for years 1945-2018, excluding guideline publications from

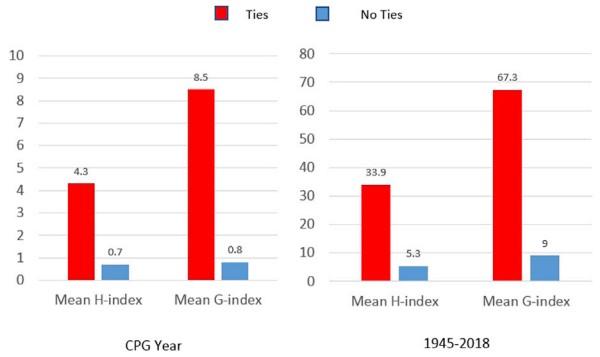

Fig 1. Publication productivity. The publication productivity as measured by the mean h-index and g-index of authors with and without ties to industry were compared. The comparison was made for the year in which the CPG was published and separately for all years combined (1945-2018). Authors with ties had higher mean h- and g-indices for both the CPG publication year and all years (1945-2018) than authors without ties. *CPG*, Clinical practice guideline.

calculations.[2] The h-index relies on an author's quantity of Medline-referenced publications and citations whereas the g-index relies more on the author's most cited publication. H-indices from Web of Science were also utilized. Publication productivity was compared by using Mann-Whitney *U* tests. The overall number of papers and percentage of papers on psoriasis that were published during the CPG year were calculated for each group of authors.

In total, 55 authors contributed to 3 psoriasis CPGs; the 42 authors with industry ties had higher mean h- and g-indices during CPG publication year than the 13 authors without ties ($P < .0002$, Fig 1). Authors with ties had higher cumulative mean h- and g-indices for all years ($P < .00001$, Fig 1) and published a greater number of papers and a greater percentage of articles on psoriasis (15 papers/author, 74.2%) than authors without ties (1 paper/author, 58.3%). Similar findings were obtained using h-indices from Web of Science.

Authors of psoriasis CPGs with ties had considerably greater publication productivity than authors without ties, conflicting with Hart et al's previous study. The discrepant findings could be due to our focusing on psoriasis CPGs, as psoriasis has been an area with considerable development of new drugs, this development is linked to clinical trials with many associated publications. A strength of our study is the evaluation of all authors rather than just a sample of them; moreover, the effect size was so large that statistically significant differences were seen. Other metrics of expertise, including academic rank or years post residency, could be used. If, as mentioned in the previous analysis, publication number was a true surrogate measure of expertise important for guideline development, excluding authors with industry ties might have the potential to reduce the level of expertise of CPG panels.

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Benzodiazepine receptor agonists and subsequent risk of psoriasis: A 5-year follow-up cohort study

To the Editor: Benzodiazepine receptor agonists (BZRAs), including diazepam, flurazepam, and zolpidem, are commonly used for insomnia, anxiety,