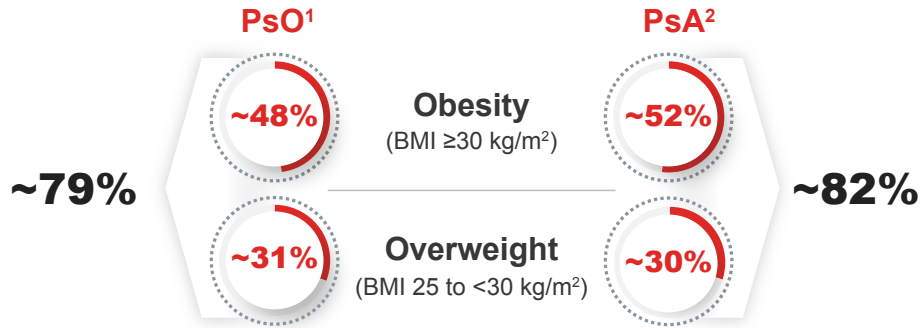


# Understanding Obesity in Psoriatic Diseases

## US Prevalence Among Patients with



Patients with **PsO and comorbid obesity** are more likely to experience involvement in **challenging body areas**:



**Palms and soles<sup>3</sup>**



**Nails<sup>4</sup>**

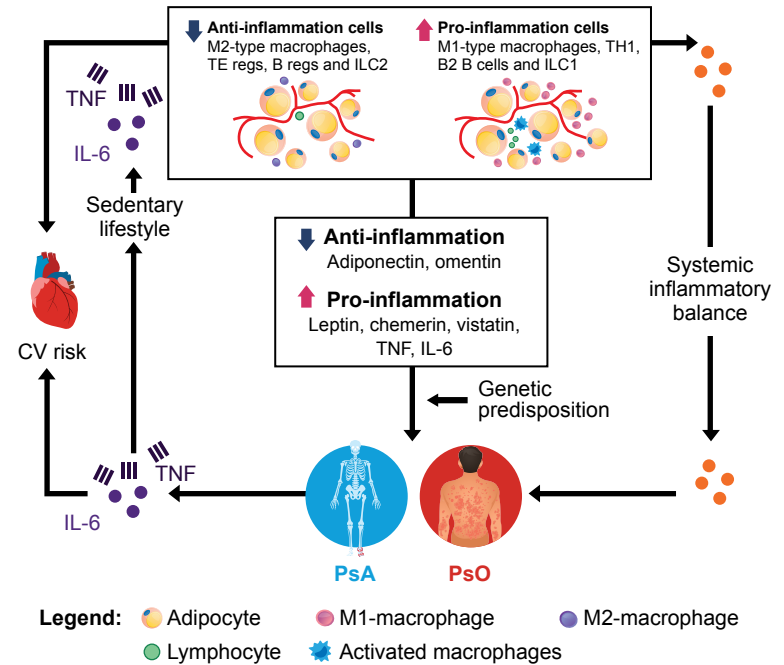


**Intertriginous areas<sup>5,6</sup>**



In patients with PsA, **obesity** is associated with **higher nail psoriasis disease<sup>7</sup>**

## Role of Adipose Tissue in Psoriatic Diseases<sup>22</sup>



## Guideline Recommendations

### AAD/NPF<sup>23</sup>

- **Inform** patients about metabolic risk and PsO
- **Advise** healthy lifestyle
- **Ensure** engagement with PCP for screening
- **Communicate** with PCP for coordinated care

### ACR/NPF, EULAR and GRAPPA<sup>12,24,25</sup>

- **Recommend** weight loss for patients with overweight/obesity<sup>b</sup>
- **Encourage** maintenance of healthy weight to help minimize disease impact

## Patients with psoriatic disease with comorbid obesity experience:

- Effects on quality of life<sup>8-11</sup>
- Reduced functional ability<sup>10-12</sup>
- Greater psoriasis severity and disease activity<sup>7,11-18</sup>
- Decreased response to therapy<sup>12,13,15-19</sup>

### One study found that...

**PsO patients with obesity are 21% less likely to achieve PASI 90 when treated with a biologic<sup>20</sup>**

**PsA patients with obesity are 2.5 to 3-fold less likely to be in remission/LDA<sup>21,a</sup>**

<sup>a</sup>Remission/LDA was defined as Very Low Disease Activity (VLDA)/minimal disease activity (MDA) or Disease Activity in Psoriatic Arthritis (DAPSA) ≤4/≤14. <sup>b</sup>Conditional recommendation based on low-quality evidence. <sup>21</sup> AAD=American Academy of Dermatology; ACR=American College of Rheumatology; BMI=body mass index; B regs=regulatory B cells; CV=cardiovascular; EULAR=European Alliance of Associations for Rheumatology; GRAPPA=Group for Research and Assessment of Psoriasis and Psoriatic Arthritis; IL-6=interleukin-6; ILC=innate lymphoid cells; LDA=low disease activity; NPF=National Psoriasis Foundation; PASI=psoriasis area disease severity index; PCP=primary care provider; PROs=patient-reported outcomes; PsA=psoriatic arthritis; PsO=psoriasis; TE regs=regulatory T cells; TH1=T helper cells; TNF=tumor necrosis factor; US=United States.

1. Armstrong A, et al. *Maui Derm Hawaii*. Maui, HI, USA: January 25-29, 2026. 2. Curtis J, et al. *Rheumatology Winter Clinical Symposium*, Maui, HI, USA: February 11-14, 2026. 3. Rathod A, et al. *Indian Dermatol Online J*. 2022;13(5):606-610. 4. Czarniecka A, et al. *Medicina (Kaunas)*. 2023;59(11):2006. 5. Omland SH, et al. *Clin Dermatol*. 2015;33(4):456-461. 6. Khosravi H, et al. *J Drugs Dermatol*. 2017;16(8):760-766. 7. Galarza-Delgado DA, et al. *Int J Dermatol*. 2024;63(1):e1-e2. 8. Rosen CF, et al. *Rheumatology (Oxford)*. 2012;51(3):571-576. 9. Pavlova NT, et al. *Skin Health Dis*. 2021;1(2):e33. 10. Gok K, et al. *Rheumatol Int*. 2022;42(4):659-668. 11. Paroutoglou K, et al. *Curr Obes Rep*. 2020;9(3):165-178. 12. Coates LC, et al. *Nat Rev Rheumatol*. 2022;18(8):465-479. 13. Klingberg E, et al. *Arthritis Res Ther*. 2019;21(1):17. 14. Hirt PA, et al. *J Am Acad Dermatol*. 2019;81(5):1037-1057. 15. Eder L, et al. *Ann Rheum Dis*. 2015;74(5):813-817. 16. Versini M, et al. *Autoimmun Rev*. 2014;13(9):981-1000. 17. Setty AR, et al. *Arch Intern Med*. 2007;167(15):1670-1675. 18. Galindez E, Carmona L. *Reumatol Clin*. 2016;12(6):307-312. 19. Osman A, et al. *Psoriasis (Auckl)*. 2024;14:1-10. 20. Piro F, et al. *Clin Drug Investig*. 2021;41(10):917-925. 21. Leung YY, et al. *RMD Open*. 2023;9(3):e003157. 22. Porta S, et al. *Front Immunol*. 2021;11:590749. 23. Elmets CA, et al. *J Am Acad Dermatol*. 2019;80(4):1073-1113. 24. Singh JA, et al. *Arthritis Rheumatol*. 2019;71(1):5-32. 25. Gossec L, et al. *Ann Rheum Dis*. 2024;83(6):706-719.

