Psoriasis and Obesity



Patients With More Severe PsO Are More Likely to Have Obesity vs. Patients With Mild PsO¹



A High BMI is Associated With^{2,3}

Increased risk of developing Ps0

Greater disease severity

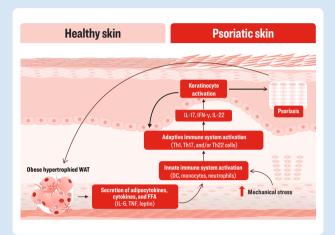
Obesity and Psoriatic Disease Are Inflammatory States With Overlapping Comorbidities

Comorbidities

Cardiovascular disease⁴⁻⁶
Type 2 diabetes⁴⁻⁶
Psychiatric disorders^{5,7,8}
Kidney disease⁵⁻⁷
Hepatic disease^{4,5}
Malignancies⁵⁻⁷

Note: Additional comorbidities may exist beyond those listed here.

Bidirectional Relationship Between Chronic Inflammation in PsO and Obesity⁹⁻¹²



Patients With Comorbid Obesity Are More Likely to Have¹³⁻¹⁶











High-impact area involvement^{d,16-18}



Impaired QoL^{e,19}

Delphi Expert Consensus on the Impact of Obesity on PsO Therapies¹⁴



Obesity decreases the efficacy of both biologic and conventional oral PsO therapies, and may also increase the risk of side effects with conventional oral therapies



Weight control is an important aspect of PsO management



Dermatology providers should be encouraged to take ownership of weight management





*Odds ratio; *Obesity defined as BMI ≥30 kg/m²; *Obesity definition ranged from BMI ≥30 kg/m² to <35 kg/m²; *Definition of obesity varied between studies; *Obesity defined as BMI ≥28 kg/m².

BMI=Body Mass Index; DC=Dendritic Cells; FFA=Free Fatty Acid; IFN=Interferon; IL=Interfeukin; PsA=Psoriatic Arthritis; PsO=Psoriasis; QoL=Quality of Life; Th=T Helper; TNF=Tumor Necrosis Factor; WAT=White Adipose Tissue.

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