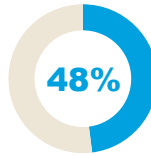
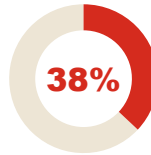


Understanding Obesity in Psoriatic Diseases

Prevalence of Disease



of patients with PsA have comorbid obesity¹



of patients with PsO have comorbid obesity¹

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



Palms and soles²



Nails³



Intertriginous areas^{4,5}



In patients with PsA, **obesity** is associated with **higher nail psoriasis disease**⁶

Patients with psoriatic disease with comorbid obesity experience:

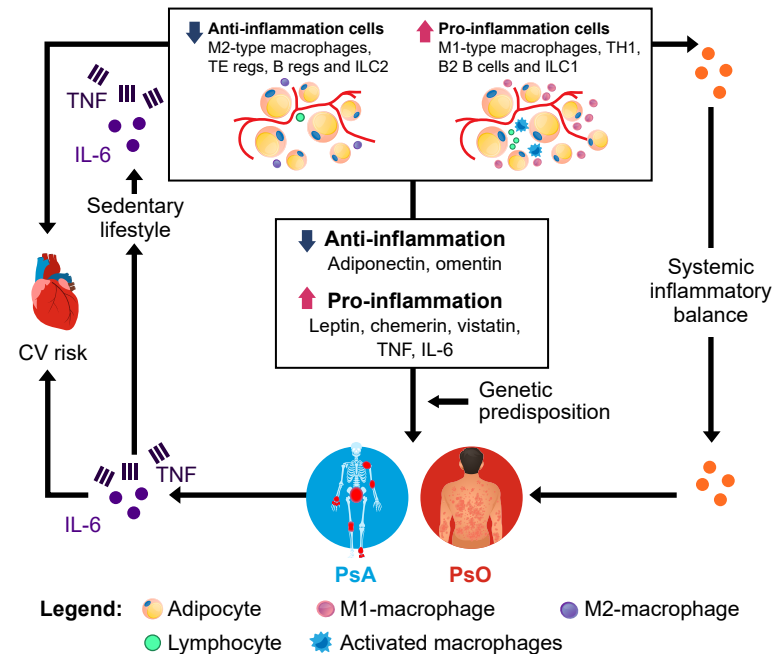
- Effects on quality of life⁷⁻¹⁰
- Reduced functional ability⁹⁻¹¹
- Greater psoriasis severity and disease activity^{6,10-17}
- Decreased response to therapy^{11,12,14-18}

One study found that...

PsO patients with obesity are 21% less likely to achieve PASI 90 when treated with a biologic¹⁹

PsA patients with obesity are 2.5 to 3-fold less likely to be in remission/LDA^{20,a}

Role of Adipose Tissue in Psoriatic Diseases²¹



Guideline Recommendations

AAD-NPF²²

- Monitor obesity status
- Refer to primary care
- Counsel on healthy lifestyle

ACR-NPF²³

- Counsel on weight loss^b

^aRemission/LDA was defined as Very Low Disease Activity (VLDA)/minimal disease activity (MDA) or Disease Activity in Psoriatic Arthritis (DAPSA) $\leq 4/\leq 14$. ^bConditional recommendation based on low-quality evidence. AAD=American Academy of Dermatology, ACR=American College of Rheumatology, CV=Cardiovascular, IL-6=Interleukin-6, LDA=Low Disease Activity, NPF=National Psoriasis Foundation, PASI=Psoriasis Area Disease Severity Index, PROs=Patient-Reported Outcomes, PsA=Psoriatic Arthritis, PsO=Psoriasis, TNF=Tumor Necrosis Factor.
1. CDC NHANES Questionnaires, Datasets, and Related Documentation. <https://www.cdc.gov/nchs/nhanes/Default.aspx> (2009-2020). Accessed January 30, 2024. 2. Rathod A, et al. *Indian Dermatol Online J.* 2022;13(5):606-610. 3. Czarnacka A, et al. *Medicina (Kaunas).* 2023;59(11):2006. 4. Omland SH, et al. *Clin Dermatol.* 2015;33(4):456-461. 5. Khosravi H, et al. *J Drugs Dermatol.* 2017;16(8):760-766. 6. Galarza-Delgado DA, et al. *Int J Dermatol.* 2024;63(1):e1-e2. 7. Rosen CF, et al. *Rheumatology (Oxford).* 2012;51(3):571-576. 8. Pavlova NT, et al. *Skin Health Dis.* 2021;1(2):e33. 9. Gok K, et al. *Rheumatol Int.* 2022;42(4):659-668. 10. Paroutoglou K, et al. *Curr Obes Rep.* 2020;9(3):165-178. 11. Coates LC, et al. *Nat Rev Rheumatol.* 2022;18(8):465-479. 12. Klingberg E, et al. *Arthritis Res Ther.* 2019;21(1):17. 13. Hirt PA, et al. *J Am Acad Dermatol.* 2019;81(5):1037-1057. 14. Eder L, et al. *Ann Rheum Dis.* 2015;74(5):813-817. 15. Versini M, et al. *Autoimmun Rev.* 2014;13(9):981-1000. 16. Setty AR, et al. *Arch Intern Med.* 2007;167(15):1670-1675. 17. Galindez E, Carmona L. *Reumatol Clin.* 2016;12(6):307-312. 18. Osman A, et al. *Psoriasis (Auckl).* 2024;14:1-10. 19. Pirro F, et al. *Clin Drug Investig.* 2021;41(10):917-925. 20. Leung YY, et al. *RMD Open.* 2023;9(3):e003157. 21. Porta S, et al. *Front Immunol.* 2021;11:590749. 22. Elmets CA, et al. *J Am Acad Dermatol.* 2019;80(4):1073-1113. 23. Singh JA, et al. *Arthritis Care Res (Hoboken).* 2019;71(1):2-29.

