Managing Obesity in Patients With Psoriatic Arthritis

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Why Obesity Management Matters in PsA Care

In the US, ~52% of PsA patients have obesity and ~30% have overweight, meaning over 80% face weight-related factors that may worsen outcomes.[1]

Excess adiposity can increase inflammation and reduce treatment response, making weight management an important modifiable component of PsA care.[2]

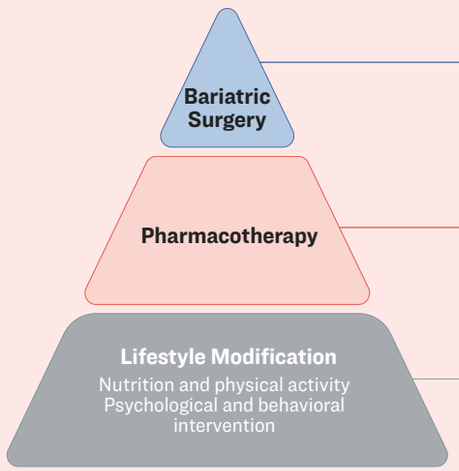
Guideline Recommendations for Obesity Management in Active PsA

EULAR
Comorbidities, including obesity, should be considered in the management of PsA[3]

GRAPPA
Maintenance of a healthy weight may improve disease activity and minimize disease impact[4]

ACR/NPF
Weight loss is recommended for patients with PsA and overweight or obesity[5]

Treatment Strategies



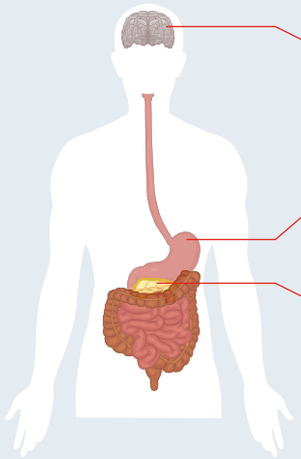
Bariatric Surgery[6]
↑ BMI ≥35 kg/m²
Regardless of comorbidities

Pharmacotherapy[7]
↑ BMI ≥27 kg/m²
Adiposity-related comorbidities
↑ BMI ≥30 kg/m²

Lifestyle Modification[8]
Foundation of all weight management approaches

Common Adverse Reactions of Obesity Management Therapies

Lipase inhibitor[a,9,10]	Anorectic/ anticonvulsant[b,10,11]	Opioid antagonist/ antidepressant[c,10,12]	Incretin receptor agonist[d,10,13,14]
• Oily spotting • Flatus with discharge • Fecal urgency • Fatty/oily stool • Oily evacuation • Increased defecation • Fecal incontinence	In adults: • Paresthesia • Dizziness • Dysgeusia • Insomnia • Constipation • Dry mouth	• Nausea • Constipation • Headache • Vomiting • Dizziness • Insomnia • Dry mouth • Diarrhea	• Nausea • Diarrhea • Vomiting • Constipation • Abdominal pain



Central Nervous System
↓ Food Intake[11-13] ↓ Body Weight[9,11-13,15] ↑ Satiety[11,13,16]

Stomach and Small Intestine
↓ Absorption of dietary fats[9] Delayed gastric emptying[13,15]

Pancreas
↑ Insulin secretion (Glucose-dependent)[13,15]
↓ Glucagon secretion (Glucose-dependent)[13,15]

Initial Approval in US

1999 — 2012 — 2014 — 2014

Note: Not a comprehensive list of all physiological actions of the listed therapies, and not all actions have been studied in humans. [a]Adverse reactions occurring at ≥5% and at least 2 times that of placebo. [b]Adverse reactions occurring at ≥5% and at least 1.5 times that of placebo. [c]Adverse reactions occurring at ≥5%. [d]Adverse reactions typically occurring at a rate of >10%.

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ACR=American College of Rheumatology; BMI=body mass index; EULAR=European Alliance of Associations for Rheumatology; GRAPPA=Group for Research and Assessment of Psoriasis and Psoriatic Arthritis; NPF=National Psoriasis Foundation; PsA=psoriatic arthritis; US=United States.

1. Curtis J, et al. Rheumatology Winter Clinical Symposium, Maui, HI, USA; February 11-14, 2026. 2. Atzeni F, et al. *Front Med (Lausanne).* 2021;8:735150. 3. Gossec L, et al. *Ann Rheum Dis.* 2024;83(6):706-719. 4. Coates LC, et al. *Nat Rev Rheumatol.* 2022;18(8):465-479. 5. Singh JA, et al. *Arthritis Rheumatol.* 2019;71(1):5-32. 6.Eisenberg D, et al. *Surg Obes Relat Dis.* 2022;18(12):1345-1356. 7. Pedersen SD, et al. *CMAJ.* 2025;197(27):E797-E809. 8. Garvey WT, et al. *Endocr Pract.* 2016;22(7):842-884 9. Xenical® [USPI]. San Francisco, CA, USA: Genentech USA Inc., 2022. 10. Haslam D. *Int J Clin Pract.* 2016;70(3):206-217. 11. Qsymia® [USPI]. Campbell, CA, USA: VIVUS LLC, 2025. 12. Contrave® [USPI]. Deerfield, IL, USA: Takeda Pharmaceuticals America Inc., 2025. 13. Inzucchi SE, et al. *Diabetes Care.* 2015;38(1):140-149. 14. Chetty AK, et al. *Endocr Pract.* 2024;30(3):292-303. 15. Samms RJ, et al. *Trends Endocrinol Metab.* 2020;31(6):410-421. 16. Suprenza® [USPI]. Cranford, NJ, USA: Akrimax Pharmaceuticals, LLC, 2013.

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