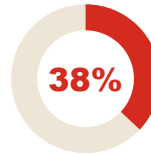


Understanding Obesity in Psoriatic Diseases

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:

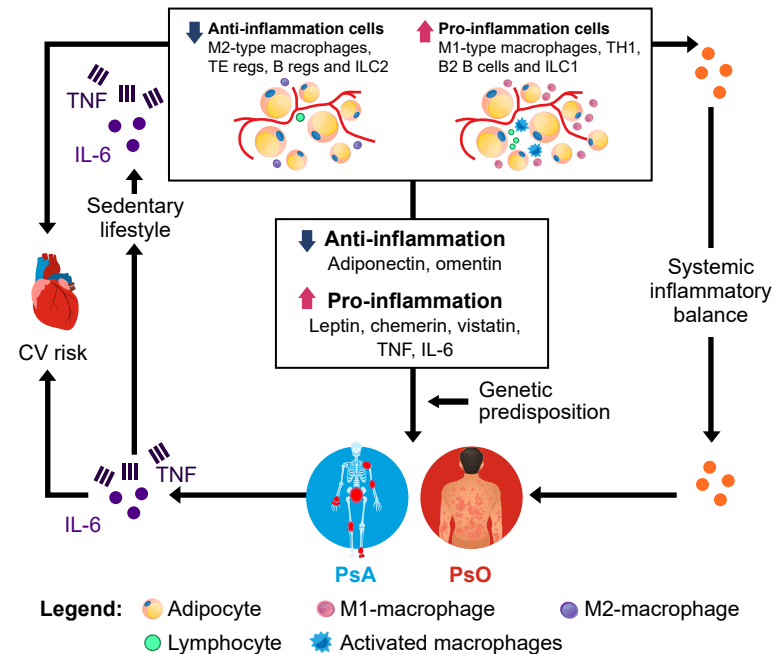
- Effects on quality of life⁷⁻¹⁰
- Reduced functional ability⁹⁻¹¹
- Greater psoriasis severity and disease activity^{6,10-17}
- Decreased response to therapy^{11,12,14-18}

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.
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