The Association Between Obesity and Efficacy of Psoriasis Therapies: *An Expert Consensus Panel*[1]

Objective[1]

Review the literature on the relationship between obesity and pharmacological treatments to guide treatment decisions and optimize the management of PsO

Methodology[1]

- Comprehensive literature search
- Panel of 11 dermatologists with expertise in PsO
- Modified Delphi process used to approve each statement

CONSENSUS STATEMENTS (Not a comprehensive list of all consensus statements)

Strength A Statements — Consistent, good quality, and patient-oriented evidence[1]

- PsO is associated with obesity
- Obesity is an independent risk factor for the development of PsO
- Patients with PsO and obesity have a higher risk of diabetes, metabolic syndrome, and CVD
- Obesity decreases efficacy of PsO treatment with biologics
- Obesity may decrease efficacy and potentiate side effects of conventional oral PsO therapies
- Obesity impacts drug survival for PsO therapies

Strength B Statements — Inconsistent, limited quality, and patient-oriented evidence[1]

- Weight control is an important part of PsO management

Strength C Statements — Consensus, opinion, etc[1]

- Limited data exist for the potential impact of obesity on PDE4i and TYK2i efficacy
- Patients with PsO and obesity may require larger quantities of topical therapies and may experience increased difficulty in applying medications and side effects

The content above does not represent a complete list of all expert consensus statements. For a comprehensive list, please refer to the source referenced.

CLINICAL IMPLICATIONS BASED ON LITERATURE EVIDENCE

Dermatology providers should

- Proactively screen for and manage metabolic comorbidities (eg, in collaboration with other HCPs)[2-4]
- Take ownership of weight-loss management[1]
- Advise patients on the risk of metabolic syndrome[4]
- Incorporate weight management interventions, as needed[1-5]
- Assess BMI and waist circumference annually[2,4]

Dermatology providers may

- Tailor treatment based on patient weight and associated risks[4,5]
- Consider biologic therapies shown to be effective regardless of patient weight[5]

Conclusion[1]

Given the substantial and growing body of evidence on the complex relationship between obesity and PsO, these consensus statements offer practical guidance to help clinicians navigate treatment decisions in the context of obesity

BMI=Body Mass Index; CVD=Cardiovascular Disease; HCP=Healthcare Provider; PDE4i=Phosphodiesterase 4 Inhibitor; PsO=Psoriasis; TYK2i=Tyrosine Kinase 2 Inhibitor.

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3. Dalamaga M, Papadavid E. *Expert Opin Pharmacother*. 2019;20(11):1303-1308. doi: 10.1080/14656566.2019.1603294.
4. Elmets CA, et al. *J Am Acad Dermatol*. 2019;80(4):1073-1113. doi: 10.1016/j.jaad.2018.11.058. 5. Guo L, et al. *J Drugs Dermatol*. 2025;24(1):491722s4-491722s14.

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