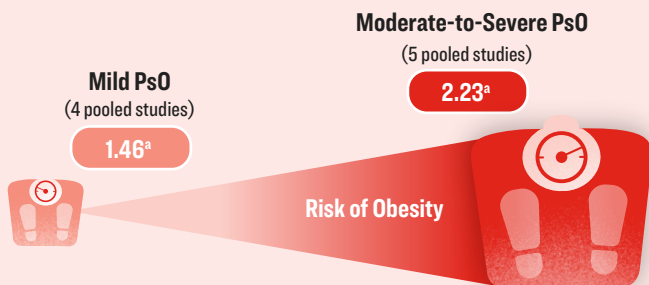
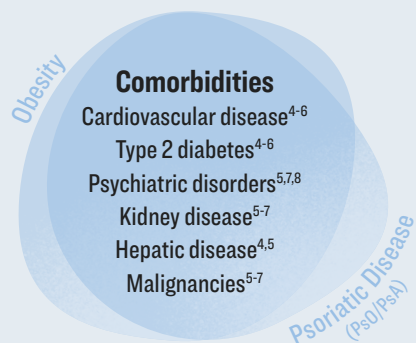
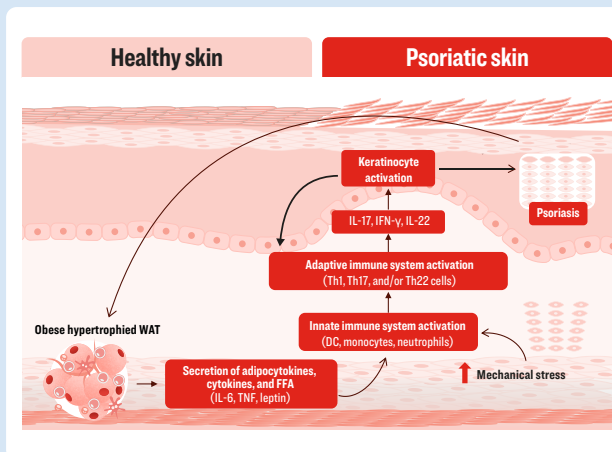
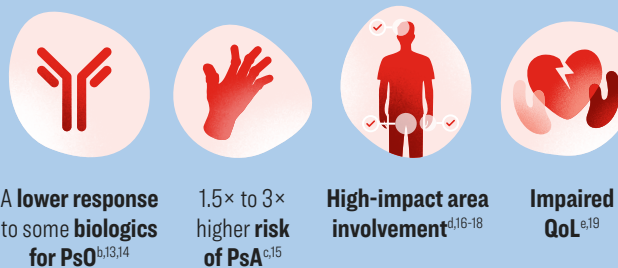


Patients With More Severe PsO Are More Likely
to Have Obesity vs. Patients With Mild PsO¹Note: Included studies defining obesity as BMI ≥ 30 kg/m².A High BMI is Associated With^{2,3}Increased risk
of developing PsOGreater
disease severity
in PsOObesity and Psoriatic Disease Are Inflammatory
States With Overlapping Comorbidities

Note: Additional comorbidities may exist beyond those listed here.

Shared inflammatory pathways associated
with psoriasis and obesity⁹⁻¹²Patients With Comorbid Obesity
Are More Likely to Have¹³⁻¹⁶Delphi Expert Consensus on the
Impact of Obesity on PsO Therapies¹⁴

Obesity decreases the efficacy of biologic PsO therapies, and may decrease the efficacy of conventional oral PsO therapies while also increasing the risk of side effects with conventional oral therapies

Weight control is an important
aspect of PsO managementDermatology providers should be
encouraged to take ownership of
weight management*Odds ratio; ^bObesity defined as BMI ≥ 30 kg/m²; ^cObesity definition ranged from BMI ≥ 30 kg/m² to <35 kg/m²; ^dDefinition of obesity varied between studies; ^eObesity defined as BMI ≥ 28 kg/m².

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

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