Comorbidities in Psoriasis

Managing Obesity in Patients With Psoriasis

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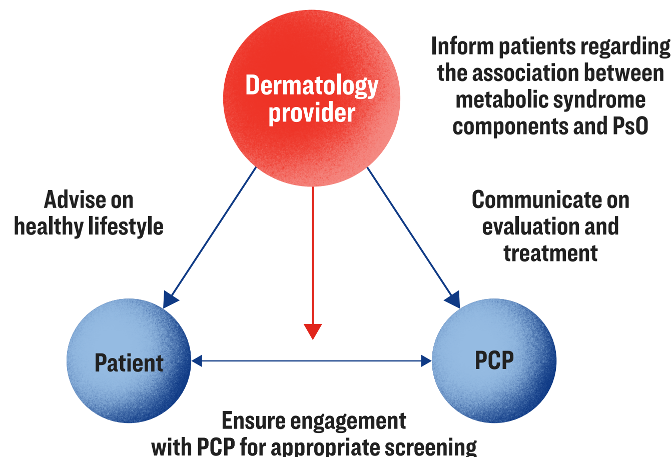
Obesity is a Risk Factor for PsO[1]

Dermatology Providers Should Take Shared Ownership of Weight-Loss Management[1]

- In the US, up to 37% of patients with PsO have comorbid obesity and up to 39% are overweight[a,b,2]
- Obesity commonly coexists with PsO and contributes to both its **onset** and **severity**[3]
- Patients with PsO and obesity are at **increased risk** of diabetes, metabolic syndrome, and CVD[1]
- Obesity **decreases the efficacy** of PsO therapies[1]

AAD/NPF Recommendations for Dermatology Providers[4]



Obesity Coding Matters

- Accurate coding and documentation of obesity in PsO helps address barriers to treatment[9,10]
- Supports optimal patient care and may facilitate provision of weight management interventions[11]

Discussing Weight Management With Patients[12,13]

ASK	for permission to discuss weight and explore readiness to change
ASSESS	obesity-related risks and potential root causes of weight gain
ADVISE	on health risks and treatment options
AGREE	on health outcomes and behavioral goals
ASSIST	in accessing appropriate resources and providers, and arranging follow-up appointments

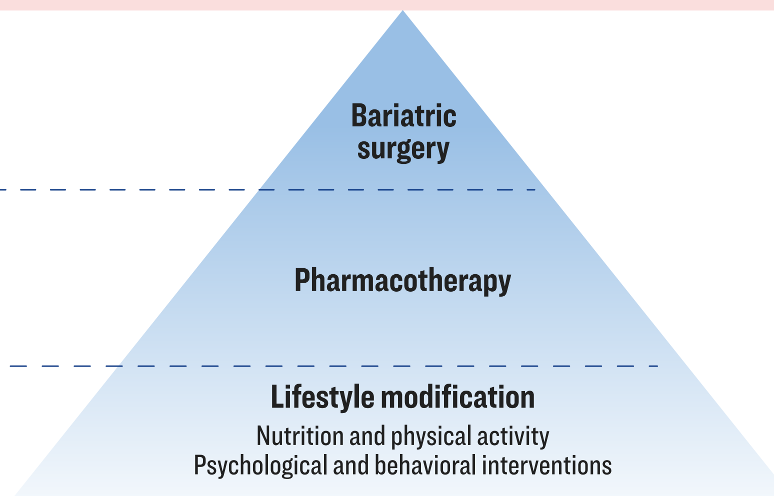
Three Major Approaches to Overweight/Obesity Management[5]

BMI

Bariatric surgery[6]
- BMI ≥30 kg/m² with T2D or other comorbid conditions
- BMI ≥35 kg/m²

Pharmacotherapy[7]
- BMI ≥27 kg/m² with adiposity related comorbidities
- BMI ≥30 kg/m²

Lifestyle modification[8]
- Foundation of all weight management approaches



[a]Obesity defined as BMI ≥30 kg/m²; [b]Overweight defined as BMI 25 kg/m² to <30 kg/m².
AAD=American Academy of Dermatology; BMI=Body Mass Index; CVD=Cardiovascular Disease; HCP=Healthcare Professional; NPF=National Psoriasis Foundation; PCP=Primary Care Provider; PsO=Psoriasis; T2D=Type 2 Diabetes.

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Common Adverse Reactions

Lipase inhibitor[a,14,15]	Anorectic[b,15,16]	Opioid antagonist/antidepressant[c,15,17]	Incretin receptor agonist[d,15,18,19]
• 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
1999	2012	2014	2014

Initial approval in US

Patients Prefer HCPs to Initiate Weight Counseling[21]

Collaborate with patients[22]

- Involve the patient in BMI calculations[23]
- Realistic weight-loss goals should be personalized[21]

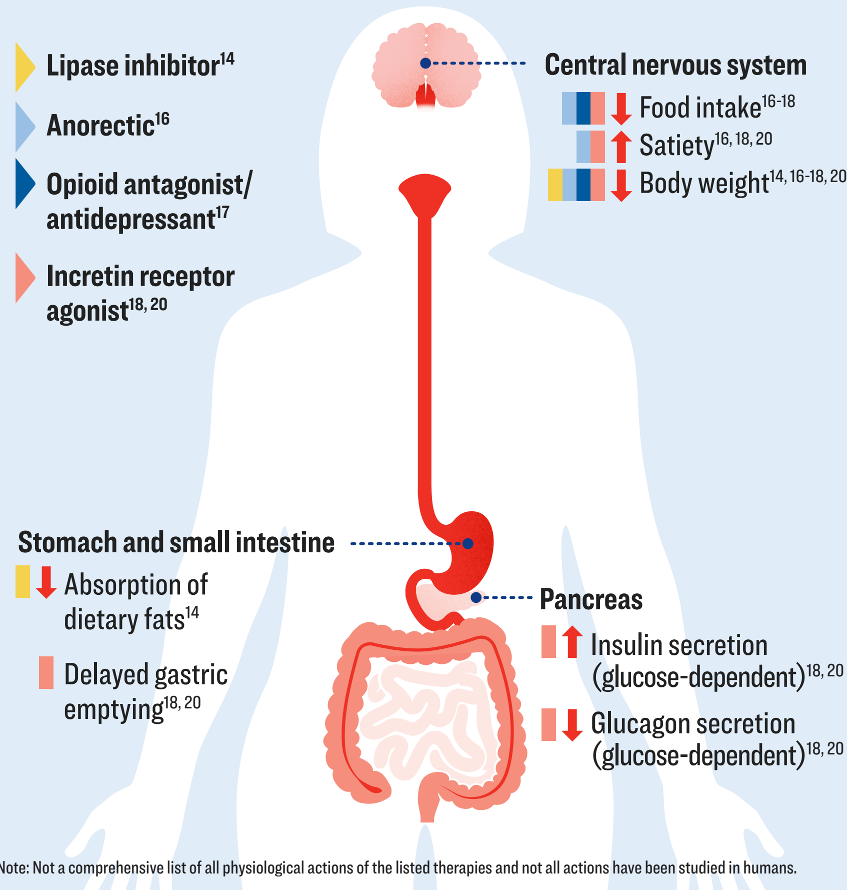
Use nonjudgmental language[12,22]

- Neutral terms, such as weight, unhealthy weight, high BMI are preferred to terms, such as fat, obesity, and obese[24]

Empower patients[22]

- Reframe weight as a medical issue, not a personal failure[25]
- Messaging should consistently prioritize overall health improvement[21]

Obesity Management Therapies
Primary Physiological Actions



Note: Not a comprehensive list of all physiological actions of the listed therapies and not all actions have been studied in humans.

Explore the other infographics in the *Comorbidities in Psoriasis* series

[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%. BMI=Body Mass Index; HCP=Healthcare Professional; US=United States.

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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 Suppl 3:1-203. 9. https://hcmsus.com/blog/icd-10-for-morbid-obesity (Accessed October 13, 2025).
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