

**IFPA**

GLOBAL LEADER IN FIGHTING  
PSORIATIC DISEASE

# **AAD 2025**

**Conference Report**

## Brief

From March 7-11, 2025, IFPA participated in the American Academy of Dermatology (AAD) Annual Meeting in Orlando, Florida. IFPA delegation led by IFPA Board President Ingvar Ágúst Ingvarsson, Silvia Fernandez Barrio, Helen Crawford, Masanori Okuse, Kathleen Gallant and secretariat's scientific team. The congress served as an opportunity to participate in key lectures and engage with key stakeholders and collaboration partners. A key highlight was joint breakfast meeting with IFPA partners and sponsor, Global Psoriasis Atlas project meetings and round-table sessions alongside International Psoriasis Council and Advisory Board session with participation of IFPA members to discuss issues that affect people living with psoriatic disease in their respective countries. Throughout the event the team actively promoted IFPA's 2025 activities including the World Psoriasis Day 2025 theme 'Comorbidities' and the IFPA Conference 2027. Beyond networking events, IFPA engaged with industry partner laying ground to strengthen support for key initiatives during the year and advance the advocacy projects. IFPA participated in various networking events including the member National Psoriasis Foundation gala, International Psoriasis Council (IPC) symposium and networking session.



### **IFPA Present at AAD 2025.**

The American Academy of Dermatology (AAD) Annual Meeting 2025 was held from March 7–11, 2025, at the Orange County Convention Centre in Orlando, Florida. This premier event brought together dermatology professionals from around the world to explore the latest advancements in dermatologic care through scientific sessions, hands-on workshops, and networking opportunities. The conference featured a keynote presentation along with a Member Welcome Reception at Universal CityWalk and multiple lectures where IFPA was represented. Below is a summary of the talks.



*Image: IFPA Board and National Psoriasis Foundation (NPF) CEO at the NPF annual dinner gala. Image from Leah*

**1. Global Day Symposium: IPC Meeting**

The IPC Meeting at AAD 2025 covered key insights on psoriasis and its comorbidities. Dr. Bruce Strober opened the session, followed by discussions on psoriasis therapy’s impact on depression (Dr. April Armstrong, Dr. Mio Nakamura), cardiovascular disease (Dr. Álvaro González-Cantero, Dr. Bryan Guevara), and obesity (Dr. Jennifer Soung, Dr. Jaqueline Barboza da Silva), each with case presentations and panel discussions. A debate on preventing psoriatic arthritis in psoriasis patients featured Drs. Shikha Singla and Joe Merola, exploring early intervention strategies. Dr. Kenneth Gordon closed the meeting, highlighting the importance of ongoing research and multidisciplinary care.

The first topic of the IPC symposium focused on the connection between psoriatic disease (PsD) and depression. PsD and depression share biological mechanisms, primarily through common molecular pathways of inflammation. Additionally, visible skin lesions significantly impact mental health. Treatment with biologics not only improves skin symptoms but may also alleviate depression and anxiety. Patients with psoriasis and depression are 33% more likely to attempt suicide and have a 20% higher risk of suicide. Younger patients are particularly susceptible due to shared cytokines and systemic inflammation, including IL-17, TNF-alpha, and IL-23. Neuroimmune factors also play a role, as IL-6 affects tryptophan metabolism and contributes to hyperactivation of the hypothalamic-pituitary-adrenal (HPA) axis, a key factor in depression development.



The second topic addressed the relationship between PsD and cardiovascular diseases (CVDs). Patients with PsD have a six-year shorter life expectancy compared to those without the condition, with CVDs being the leading cause of mortality. PsD not only increases the risk of CVDs but is also exacerbated by them. Managing PsD can help reduce cardiovascular risk. However, atherosclerosis alone is not an ideal study endpoint for assessing cardiovascular impact. Future research on PsD should consider multiple factors when evaluating CVD risk.

A joint panel debate focused on the prevention of psoriatic arthritis (PsA) in patients with psoriasis. The discussion highlighted the strong link between obesity and psoriatic disease, noting that individuals with psoriasis tend to exercise less frequently and with lower intensity. Sessions emphasized the role of lifestyle interventions, with multiple studies showing their benefits in managing psoriasis. Research on GLP-1 agonists, such as liraglutide, has demonstrated a significant reduction in the Psoriasis Area and Severity Index (PASI). Effective patient communication was also highlighted, stressing the importance of seeking permission before discussing weight management. Ongoing studies are now exploring the effects of semaglutide, as well as investigations into ixekizumab and tirzepatide, for psoriasis and PsA.

**2. Other Highlights**

The Role of Nutrition in Skin Diseases presentation shed light on the impact of a balanced diet on skin and general health. Bad eating habits can result in malnutrition and deficiencies in vitamins and other important nutrients, which can lead to a range of skin problems, such

as acne, and exacerbate the skin presentations of psoriatic disease. Research has shown how nutrition plays a key role in inflammation, skin barrier function, and overall well-being. For those living with psoriatic disease, a holistic approach that includes healthy dietary choices can help manage symptoms and improve quality of life. This, in turn, can contribute to keeping the risk of developing comorbidities, such as obesity, diabetes, and hypertension, low.

### **3. Psoriasis Session update**

Disease control and prevention remained a key focus of the psoriasis sessions. Discussions underscored the importance of early intervention, comprehensive monitoring, and ongoing research to improve outcomes for individuals living with psoriatic disease. Key takeaways include:

- There is strong consensus on the importance of early treatment to improve disease outcomes and reduce the risk of comorbidities.
- Achieving at least a 10% reduction in body weight significantly improves symptoms. New weight-loss treatment options, in combination with healthy lifestyle changes, enable people with psoriatic disease to lose such an extreme amount of weight.
- The relationship between psoriatic disease and cardiovascular disease is bidirectional, with inflammation serving as the key link. Despite extensive research, fewer than 30% of primary care physicians recognize the increased cardiovascular risk associated with psoriatic disease.
- Treating psoriasis remains challenging due to its highly variable clinical presentations, particularly in assessing the risk of psoriatic arthritis and other comorbidities. Strong prevention strategies are crucial.
- Several discussions focused on emerging therapies, treatment strategies, and updated guidelines.
- A delayed diagnosis of psoriatic arthritis—even by just six months—can have severe consequences for joint health.
- Even after achieving skin clearance, joint screening remains essential, as skin improvement does not always indicate the resolution of underlying inflammation.

IFPA's theme this year is comorbidities, with a cardiovascular report on psoriasis due for publication. The session on the AAD-NPF guidelines for clinical practice aimed at reducing cardiovascular disease risk in patients with psoriasis included a lecture by Dr. Joel Gelfand. He presented an update and highlighted that while certain biomarkers are currently being used in clinical trials, they have not yet been implemented in real-world practice. The AAD guidelines emphasize the importance of educating patients about cardiovascular disease. Dr. Gelfand provided an example illustrating cardiovascular risk and highlighted the need for discussions on initiating moderate-intensity statins in patients with borderline risk. The guidelines offer recommendations on when to start statin therapy based on individual risk factors.

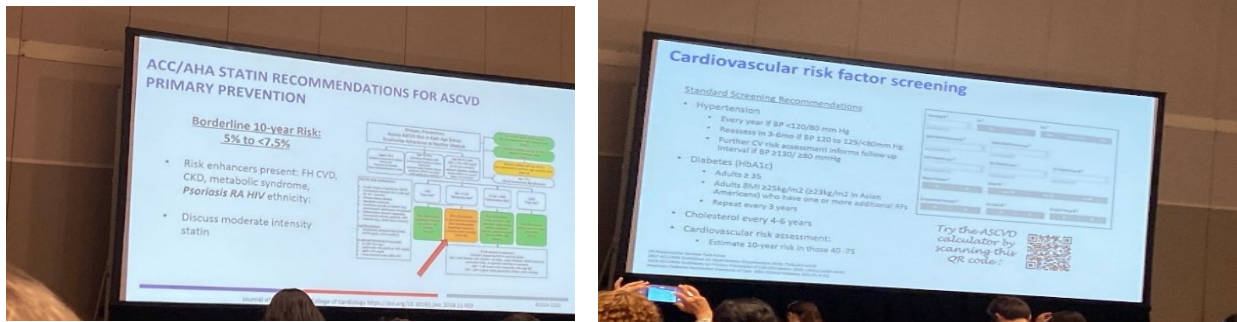


Image: An example of cardiovascular risk screening tool used at hospital and to the left current guidelines recommended for primary prevention of Cardiovascular risk :Source Speaker Prof. Joel Gelfand

#### 4. Speaker Highlights

Dr. Richard Langley highlighted the importance of early treatment for psoriasis, emphasizing that it may reduce CLCI, lower cardiovascular mortality, and improve disease progression. While many physicians express concerns about potential side effects, he stressed the importance of weighing these against the risks of not treating patients with moderate-to-severe psoriasis.

Dr. Mona Shahriari discussed real-world therapy selection for psoriasis, focusing on several head-to-head (H2H) studies of biologics. She noted that IL-23 inhibitors demonstrate a longer survival rate compared to other classes of biologics.

Dr. Jeffrey Cohen addressed hard-to-treat psoriasis, including inverse, nail, palmoplantar, and genital psoriasis. He recommended systemic therapies for genital psoriasis while noting that newer topical treatments, may also be effective. He emphasized the need to differentiate nail psoriasis from other conditions, as topical treatments have low efficacy and require long-term use due to the slow growth of nails.

Dr. Anthony Fernandez in this talk, several important aspects of psoriatic disease were covered:

- Between 60-85% of people with psoriatic arthritis had a previous psoriasis diagnosis. The delay of onset between psoriasis and psoriatic arthritis is between 3-12 years. This is the window of opportunity to prevent the future development of psoriatic arthritis.
- It is challenging to have a definite answer whether advanced psoriasis treatment can prevent the onset of psoriatic arthritis among people with mild and moderate psoriasis. More prospective clinical trials are needed to clarify the disease mechanisms.
- Residual TH-17 cells remaining in the skin after treatment seem to be responsible for the relapse, therefore hitting hard and early in treatment is an effective strategy to achieve long term remission.
- A new formulation for advanced treatment with nanobodies is being investigated. These are smaller than conventional antibodies with higher stability and can have multiple targets.

Several talks, led by IPC president Dr. Bruce Strober on the treatment of psoriasis in pregnant patients, and by Drs. Nicole Smith and Katharina Shaw titled "Managing

Autoimmune and Inflammatory Skin Disorders in Pregnant and Breastfeeding Patients," addressed this special focus on pregnancy—an essential topic for many individuals living with chronic diseases who must navigate complex treatment decisions. The sessions provided an in-depth overview of treatments deemed safe or unsafe during pregnancy and breastfeeding. A particularly insightful discussion featured five case studies of women with autoimmune and inflammatory skin disorders who wished to conceive, highlighting how treatment plans were carefully tailored to their needs.

There were key opinion leaders in the field of psoriatic disease who were present to participate in the meeting. The late-breaking presentations and abstracts were as follows: Dr. Andrew Blauvelt shared insights on biologic therapies during a late-breaking session, Dr. Mark Lebwohl discussed advancements in psoriasis research, and Dr. Alice Gottlieb presented updates on clinical trials during a plenary session on Day 3.

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## 5.. Key Takeaways from AAD

### Importance of treating Psoriasis Early

- The importance of treating psoriasis early.
- Treating psoriasis early interrupts the cumulative impact on quality of life.
- There is a concerted effort on the impact on the development and progression of comorbidities.
- Prevention and early intervention impact the course/progression of the disease.
- There is a need to focus on disease control and management among certain groups, including pediatrics, pregnant, and breastfeeding patients.

Report by Science Team

Contact: [info@ifpa-pso.com](mailto:info@ifpa-pso.com)

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Slottsbacken 8  
111 30 Stockholm,  
SWEDEN



[ifpa-pso.com](http://ifpa-pso.com)  
[info@ifpa-pso.com](mailto:info@ifpa-pso.com)



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