



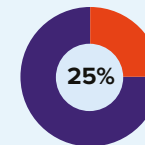
Psoriatic Disease and Comorbidities

WHAT IS PSORIATIC DISEASE

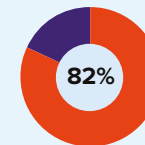
Psoriatic disease is a systemic condition affecting multiple body sites, predominately the skin, the joints, or both. Psoriatic disease is:

- **Chronic:** Psoriatic disease cannot be cured, and the disease can periodically relapse.
- **Noncommunicable:** Psoriatic disease is not contagious.
- **Painful:** Chronic inflammation leads to pain, especially joint and back pain.
- **Disfiguring:** Psoriatic disease, especially in its severe forms, can cause permanent disfigurement.
- **Disabling:** If left untreated or if treated inadequately, the chronic joint inflammation can lead to permanent disability.
- **Inflammatory:** Psoriatic disease is an immune-mediated disease where chronic inflammation causes damage in multiple body sites and may contribute to depression.

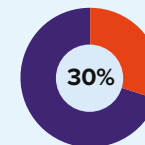
PEOPLE LIVING WITH PSORIATIC DISEASE



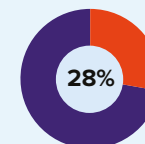
struggle with **depression**



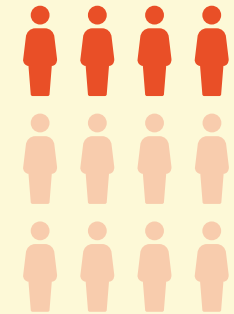
experience **stigma** and discrimination



are not satisfied with current **treatment options**



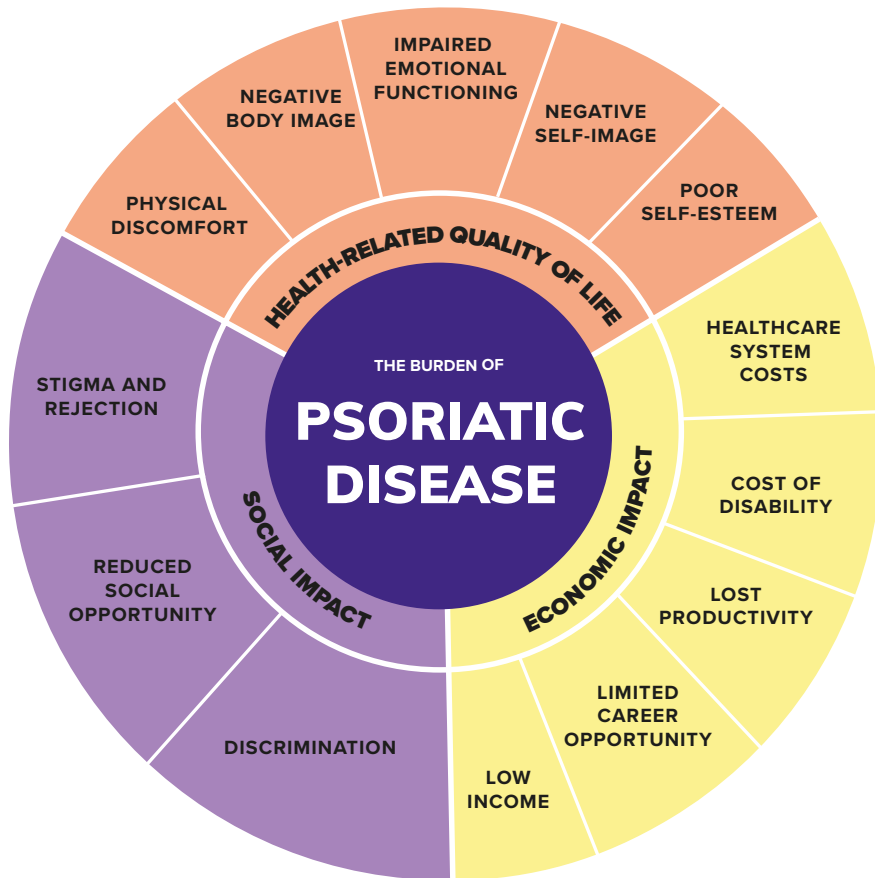
say their psoriasis prevented them from **working or studying**



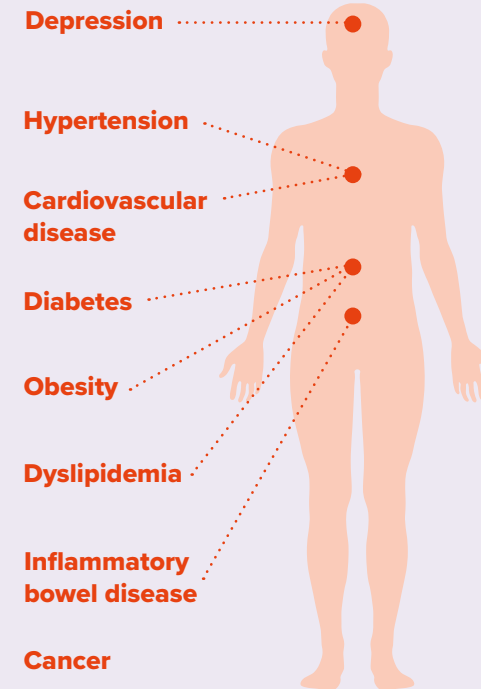
A third of people with skin manifestations of psoriatic disease (psoriasis) will develop a type of inflammatory arthritis affecting joints and tendons (**psoriatic arthritis**). In some people, joint symptoms develop before the skin lesions.

**60
M+**

At least 60 million people live with psoriatic disease worldwide.



People with psoriatic disease have an increased risk of developing other noncommunicable diseases (comorbidities):



REFERENCES

1. Armstrong AW, Bohannon B, Mburu S, et al. Patient Perspectives on Psoriatic Disease Burden: Results from the Global Psoriasis and Beyond Survey. *Dermatology*. 2023;239(4):621-634. doi:10.1159/000528945
2. "Image Matters." Psoriasis. Media Planet, October 2007, pg. 5.
3. Parisi R, Iskandar I Y K, Kontopantelis E, Augustin M, Griffiths C E M, Ashcroft D M et al. National, regional, and worldwide epidemiology of psoriasis: systematic analysis and modelling study *BMJ* 2020; 369 :m1590 doi:10.1136/bmj.m1590



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DIABETES

People with psoriatic disease are **twice as likely** to develop type-2 diabetes. The odds increase with the severity of psoriatic disease.

To reduce the risk of diabetes and improve psoriatic disease:



Reduce
tobacco use



Promote
healthy diet



Promote
physical activity

Benefits of screening and preventing diabetes in people with psoriatic disease

- Proper treatment of diabetes **alleviates the additional burden** of living with multiple chronic conditions while improving psoriatic disease itself
- Diabetes prevention translates to a lower cost for the individual and **less time taken off work** to attend doctors' appointments
- Health systems can **reduce the costs** associated with managing multiple comorbid conditions on top of psoriatic disease

OBESITY

People living with psoriatic disease are **more likely** to have obesity or higher weight compared to people without psoriatic disease. **The odds of having obesity increase with the severity of psoriatic disease.**



Some medications for psoriatic disease are **less effective** if the person has obesity

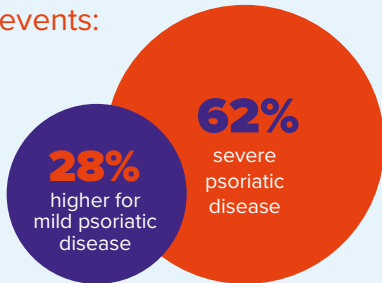
Weight reduction may reduce the severity of psoriatic disease and may cause treatments for psoriatic disease to start working or work better.



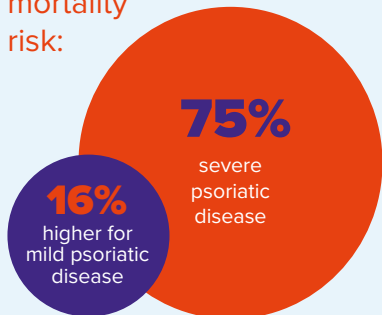
CARDIOVASCULAR DISEASE (CVD)

People living with psoriatic disease are at a **higher risk for developing CVD** than people without psoriatic disease. The risk increases with the increase in severity.

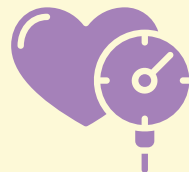
Increased risk for major cardiovascular events:



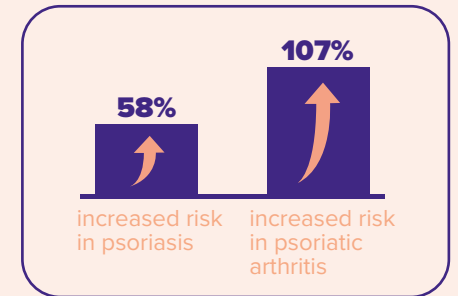
Increase in CVD-caused mortality risk:



People with psoriatic disease are more likely to need multiple anti-hypertensive medication to **control blood pressure.**

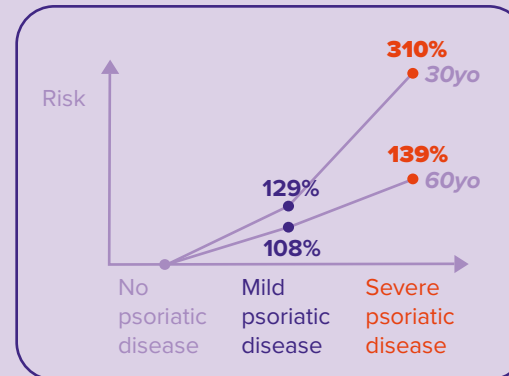


Psoriatic disease is associated with a higher prevalence of **hypertension**, a risk factor for CVD.

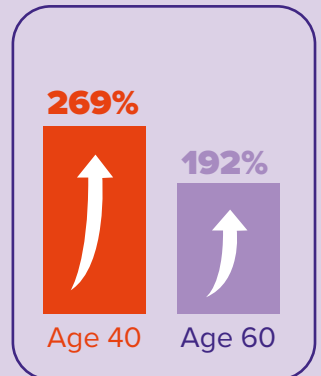


The risk for cardiovascular-related events and death is **higher in younger people.**

Risk for myocardial infarction



Risk for death



Recommendations



Inform people living with psoriatic disease about the importance of **lifestyle changes** such as weight reduction and smoking cessation to prevent diabetes, and support them in implementing these lifestyle changes



Perform **routine screening** for diabetes and CVD in people with psoriatic disease, such as glucose and cholesterol levels, blood pressure



Implement **information programs** on common psoriatic disease comorbidities, including diabetes and CVD, for people living with psoriatic disease



Increase the knowledge and capacity of health care professionals, especially in primary care



Ensure **continuity of care** for psoriatic disease and its comorbid conditions in times of health emergencies



Check out the reports “Inside Psoriatic Disease: Diabetes” and “Inside Psoriatic Disease: Cardiovascular Disease”



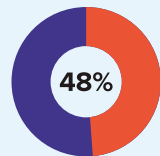
MENTAL HEALTH

1 in 10

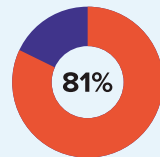
people with psoriatic disease is diagnosed with **depression** worldwide



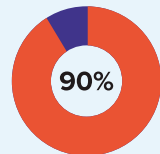
Caregivers are subject to an added burden, as they hold the responsibility to care for the person living with psoriatic disease, however they do not have enough knowledge or information on how to do it, and **often neglect themselves and their own well-being.**



people with psoriatic disease have **anxiety**



report that the disease has an **impact on their relationship**



of **family members** report that psoriatic disease affects their own quality of life and well-being

4 in 5 people have experienced **stigma and discrimination**



Recommendations



Early diagnosis and proper treatment save lives. Having psoriatic disease diagnosed early and well managed makes a great difference for mental health and well-being.



People are more than a collection of symptoms. Medical consultations should include time to talk about mental health.



Invest in mental health. The inclusion of mental health services in health programs for noncommunicable diseases will improve the care for people with psoriatic disease.



Caregiver and family members support and education would reduce the feelings of anxiety and worry, and provide them with tools and strategies for selfcare.



Check out the reports “Inside Psoriatic Disease: Mental Health” and “Inside Psoriatic Disease: Family”.





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