



Psoriatic disease and non-communicable diseases

Identifying and managing health conditions that often occur alongside psoriatic disease can help slow disease progression and improve treatment effectiveness.⁴ A holistic approach to these related conditions allows healthcare providers to enhance long-term health outcomes and reduce overall healthcare costs.⁵

People with psoriatic disease have an increased risk of developing other NCDs:^{1,2}



62%

higher risk of a serious **heart attack** or stroke if their disease is severe



2x

greater chance of developing **type 2 diabetes**



\$2,184 more in **medical costs³**



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People with psoriatic disease have an increased risk of developing other non-communicable diseases (NCDs)

Living with psoriatic disease heightens the risk for serious NCDs such as cardiovascular disease, diabetes and obesity.⁶ One-third of people with joint symptoms of psoriatic disease in Brazil, Argentina, Mexico and Colombia were found to have hypertension, type 2 diabetes, metabolic syndrome, dyslipidemia or obesity.⁷

Addressing comorbidities in psoriatic disease

Psoriatic disease with comorbidities leads to higher medical costs and hospitalization rates, highlighting the importance of holistic management to improve health outcomes and reduce healthcare expenses.^{8,3}

Advocating for change

In 2014, the World Health Assembly resolution on psoriasis (WHA 67.9) recognized that people with psoriatic disease are at higher risk for serious conditions such as cardiovascular disease, diabetes and obesity.⁶ The resolution was instrumental in advocating for the rights of people with psoriatic disease.⁶ It provided the impetus for national advocacy, resulting in several countries acknowledging the unmet needs of people living with psoriatic disease.

Key advocacy asks

Addressing comorbidities in psoriatic disease is essential to improve individual health outcomes and reduce the overall burden on healthcare systems. Policymakers, healthcare providers and patient advocacy groups must work together to:



Enhance screening and awareness

Increase awareness of the links between psoriatic and NCDs.

Develop training programs for healthcare providers on managing psoriatic disease with comorbidities.

Implement routine screenings for comorbidities.



Promote integrated models of care

Encourage collaboration between specialists.

Improve coordination between healthcare providers.

Tailor treatment plans to account for individual comorbid conditions.



Advocate for greater recognition of psoriatic disease and NCDs

Support national policies recognizing the healthcare needs of people living with psoriatic disease.

Drive national and global initiatives that ensure comprehensive care for people with psoriatic disease.

Partner with patient organizations and global health bodies to maintain momentum for change.

1. Global Psoriasis Coalition and IFPA. *Inside Psoriatic Disease: Cardiovascular Disease*. 2020.
2. Global Psoriasis Coalition and IFPA. *Inside Psoriatic Disease: Diabetes*. 2020. https://cms.ifpa-pso.com/tools/Inside-Psoriatic-Disease_Diabetes.pdf
3. Kimball AB, Guérin A, Tsaneva M, et al. Economic burden of comorbidities in patients with psoriasis is substantial. *Journal of the European Academy of Dermatology and Venereology : JEADV*. Feb 2011;25(2):157-63. doi:10.1111/j.1468-3083.2010.03730.x
4. Vega-Morales D, Garza-Alpírez A, Martínez-Guerra MF, Montoya-Montes AE. Prevalence of comorbidities and use of medication in psoriatic arthritis patients: findings from a Mexican cohort. *10.1016/j.rcreu.2024.03.007. Revista Colombiana de Reumatología*. doi:10.1016/j.rcreu.2024.03.007
5. Campanholo CB, Maharaj AB, Corp N, et al. Management of Psoriatic Arthritis in Patients With Comorbidities: An Updated Literature Review Informing the 2021 GRAPPA Treatment Recommendations. *The Journal of Rheumatology*. 2023;50(3):426-432. doi:10.3899/jrheum.220310
6. World Health Organization (WHO). *SEA/RC67/24-Key issues arising out of the Sixty-seventh World Health Assembly and the 134th and 135th sessions of the WHO Executive Board*. 2014. https://apps.who.int/gb/ebwha/pdf_files/wha67/a67_r9-en.pdf
7. Bautista-Molano W, Ibatá L, Martínez S, Chacón A. Burden of Disease in Psoriatic Arthritis in Latin America: a Systematic Literature Review. *Clin Rheumatol*. Feb 2024;43(2):677-693. doi:10.1007/s10067-023-06838-8
8. Stern RS. Inpatient hospital care for psoriasis: a vanishing practice in the United States. *J Am Acad Dermatol*. Sep 2003;49(3):445-50. doi:10.1067/s0190-9622(03)00858-2