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## **Beyond the scales: Time to prioritise treatment of obesity in Psoriatic Disease.**

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Dear Editor,

Overweight and obesity are significant global health problems associated to 1.6 million premature deaths every year from non-communicable diseases such as type 2 diabetes, cancers, infections, heart disease and stroke [1]. In psoriatic disease (PsD), increased adiposity affects many parts of the body, including the joints and skin. Notably, excess weight increases the incidence of psoriasis and psoriatic arthritis (PsA), increases disease activity, and reduces treatment response [2]. Excess weight also increases the risk of cardiometabolic comorbidities, including type 2 diabetes and cardiovascular disease, contributing to difficult to manage and treatment refractory disease [3]. Weight loss is key for obesity and related comorbidities, with accumulating, albeit still limited, evidence of benefit for PsD. However, achieving weight loss through lifestyle alone is challenging. Even if successful, most eventually regain lost weight within a few years through a combination of physiological changes instigated by weight loss and widespread availability of highly palatable, ultra-processed foods [4]. Highly effective bariatric surgery is limited by accessibility and patient acceptability and its effect on psoriasis and PsA disease outcomes have not been adequately studied. Novel drug approaches, such as glucagon-like peptide-1 receptor agonists (GLP-1RAs) and other incretin mimetics, offer alternatives for efficacious weight loss with favourable tolerability [5]. To date, despite increasing interest over recent years, research on the mechanisms, impact, efficacy and safety of incretin mimetics as adjunctive therapy in PsD remains scarce.

Aiming at gathering dermatology and rheumatology experts' opinions on the impact of overweight in PsD and the use of GLP-1RA, we designed an electronic survey using Jisc Online Surveys, distributed via institutional emails and at national and international conferences (ca 4000 potential respondents), between April and September 2025. A total of 190 replies were received from clinicians in rheumatology/dermatology, mostly consultants (130/190) with greater representation in rheumatology (69%) than dermatology (31%) and those working in academic centres/teaching hospitals (64%) [Table 1]. Respondents agreed excess adiposity increased inflammatory drive (87%), was associated with poor csDMARD (73%) / ts/bDMARD response (75%) and increased cardiometabolic comorbidity risk (93%). Despite this, dermatology colleagues reported measuring BMI less frequently than rheumatologists (BMI every visit: 12% vs 31% respectively). Most (92%) clinicians reported attempting to address obesity in practice primarily through advice/signposting; common reported barriers included lack of time, expertise, and local specialist services. Regarding specific interventions, dermatology colleagues appeared keener to prescribe GLP-1RAs across, which may be due to reported greater knowledge of this topic versus rheumatology counterparts (insufficient

knowledge: 8% vs 38%; respectively). Only 4 respondents reported directly prescribing GLP-1RA. Opinions around low-calorie diets appeared more favourable overall than drug options and balanced between groups (Table 1).

Although a limited sample size and likely influenced by reporting, leading question and framing bias, these data highlight both excitement about incretin mimetics and caution about their use in PsD without sufficient evidence, particularly among rheumatologists. This may reflect the higher number, although limited and small in size, of GLP-1RA studies in psoriasis versus PsA [6], with trials currently underway, such as TOGETHER-PsA (ClinicalTrials.gov NCT06588296). Evidence is mounting that weight loss in those with overweight/obesity improves disease activity and probability of response to TNF inhibitors [2]. Aside from their efficacy in weight reduction, GLP-1RA have demonstrated improvements in cardiometabolic comorbidities outside rheumatological disease [5]. These drugs may therefore offer an alternative to reduce systemic inflammation, treat pain and fatigue, and reduce comorbidities when used alongside traditional immunomodulatory therapies, improving overall health. Robust clinical trials are needed to assess their impact beyond conventional weight loss strategies as an adjuvant, or even alternative, strategy in PsD [2], including their potential effect in modification of co-morbidities or even PsA interception and prevention.

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JCW has received speaker fees/honoraria from Novartis.

PSH declares no conflicts of interest.

DMG declares grant funding and speaker fees from AbbVie, BMS, Celgene, J&J, Lilly, Moonlake, Novartis, Pfizer and UCB.

JEF declares no conflicts of interest.

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JW declares no conflicts of interest.

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**Table 1: Survey results**

| Survey questions                                          | Survey answers                     | Overall    | Rheumatology | Dermatology |
|-----------------------------------------------------------|------------------------------------|------------|--------------|-------------|
| Number of respondents                                     | N/A                                | 190 (100%) | 131 (69%)    | 59 (31%)    |
| Professional role                                         | Consultant                         | 130 (68%)  | 90 (69%)     | 40 (68%)    |
|                                                           | Registrar                          | 22 (12%)   | 14 (11%)     | 8 (14%)     |
|                                                           | Research fellow                    | 4 (2%)     | 3 (2%)       | 1 (2%)      |
|                                                           | Nurse specialist                   | 14 (7%)    | 9 (7%)       | 5 (8%)      |
|                                                           | Other*                             | 20 (11%)   | 15 (11%)     | 5 (8%)      |
| UK/work location                                          | N/A                                | 150 (79%)  | 100 (76%)    | 50 (85%)    |
| Work setting                                              | Academic unit / teaching hospital  | 122 (64%)  | 86 (66%)     | 36 (61%)    |
|                                                           | District general hospital          | 70 (37%)   | 51 (39%)     | 19 (32%)    |
|                                                           | Private practice                   | 14 (7%)    | 10 (8%)      | 4 (7%)      |
| Number of PsA/PsO patients seen annually                  | Less than 50                       | 8 (4%)     | 5 (4%)       | 3 (5%)      |
|                                                           | 50–100                             | 11 (6%)    | 8 (6%)       | 3 (5%)      |
|                                                           | 100–300                            | 34 (18%)   | 22 (17%)     | 12 (20%)    |
|                                                           | 300–600                            | 41 (22%)   | 32 (24%)     | 9 (15%)     |
|                                                           | More than 600                      | 62 (33%)   | 40 (31%)     | 22 (37%)    |
|                                                           | Not sure / don't know              | 34 (18%)   | 24 (18%)     | 10 (17%)    |
| Frequency of weight and BMI measurement                   | Weight and BMI at every visit      | 47 (25%)   | 40 (31%)     | 7 (12%)     |
|                                                           | Weight and BMI at some visits      | 43 (23%)   | 26 (20%)     | 17 (29%)    |
|                                                           | Weight and BMI at first visit only | 19 (10%)   | 11 (8%)      | 8 (14%)     |
|                                                           | Only weight at every visit         | 35 (18%)   | 31 (24%)     | 4 (7%)      |
|                                                           | Only weight at some visits         | 23 (12%)   | 14 (11%)     | 9 (15%)     |
|                                                           | Only weight at first visit only    | 2 (1%)     | 1 (1%)       | 1 (2%)      |
|                                                           | None of the above                  | 15 (8%)    | 5 (4%)       | 10 (17%)    |
|                                                           | Other                              | 6 (3%)     | 3 (2%)       | 3 (5%)      |
| Estimated mean % of patient population within certain BMI | BMI 23–27                          | 20%        | 21%          | 16%         |
|                                                           | BMI 27–30                          | 30%        | 31%          | 29%         |
|                                                           | BMI ≥30                            | 30%        | 29%          | 33%         |
| Impact of excess adiposity                                | Poor response to csDMARDs          | 138 (73%)  | 96 (73%)     | 42 (71%)    |

|                                                                                     |                                               |           |           |           |
|-------------------------------------------------------------------------------------|-----------------------------------------------|-----------|-----------|-----------|
|                                                                                     | Poor response to ts/bDMARDs                   | 142 (75%) | 100 (76%) | 42 (71%)  |
|                                                                                     | Poor treatment tolerance                      | 71 (37%)  | 51 (39%)  | 20 (34%)  |
|                                                                                     | Higher inflammatory drive or disease activity | 166 (87%) | 111 (85%) | 55 (93%)  |
|                                                                                     | Increased risk of PsO to PsA progression      | 86 (45%)  | 60 (46%)  | 26 (44%)  |
|                                                                                     | Higher cardiometabolic comorbidity risk       | 177 (93%) | 120 (92%) | 57 (97%)  |
|                                                                                     | No impact                                     | 1 (1%)    | 0 (0%)    | 1 (2%)    |
|                                                                                     | Other                                         | 10 (5%)   | 9 (7%)    | 1 (2%)    |
| BMI threshold for weight intervention                                               | BMI $\geq 23$                                 | 7 (4%)    | 4 (3%)    | 3 (5%)    |
|                                                                                     | BMI $\geq 25$                                 | 37 (19%)  | 24 (18%)  | 13 (22%)  |
|                                                                                     | BMI $\geq 27$                                 | 50 (26%)  | 34 (26%)  | 16 (27%)  |
|                                                                                     | BMI $\geq 30$                                 | 65 (34%)  | 45 (34%)  | 20 (34%)  |
|                                                                                     | Insufficient knowledge                        | 28 (15%)  | 21 (16%)  | 7 (12%)   |
|                                                                                     | Other / comment                               | 3 (2%)    | 3 (2%)    | 0 (0%)    |
| Importance of overweight/obesity in PsO/PsA                                         | Not important                                 | 2 (1%)    | 1 (1%)    | 1 (2%)    |
|                                                                                     | Somewhat important                            | 9 (5%)    | 7 (5%)    | 2 (3%)    |
|                                                                                     | Important                                     | 34 (18%)  | 26 (20%)  | 8 (14%)   |
|                                                                                     | Very important                                | 89 (47%)  | 61 (47%)  | 28 (47%)  |
|                                                                                     | Extremely important                           | 55 (29%)  | 35 (27%)  | 20 (34%)  |
| Most important comorbidities in PsO (combined very important + extremely important) | Joint involvement including enthesitis        | N/A       | N/A       | 37% + 46% |
|                                                                                     | Cardiovascular disease                        | N/A       | N/A       | 39% + 42% |
|                                                                                     | Overweight/obesity                            | N/A       | N/A       | 47% + 34% |
| Most important comorbidities in PsA (combined very important + extremely important) | Overweight/obesity                            | N/A       | 47% + 27% | N/A       |
|                                                                                     | Skin psoriasis including nail disease         | N/A       | 40% + 32% | N/A       |
|                                                                                     | Cardiovascular disease                        | N/A       | 47% + 24% | N/A       |
| Importance of overweight/obesity in treatment response                              | Not important                                 | 1 (1%)    | 1 (1%)    | 0 (0%)    |
|                                                                                     | Somewhat important                            | 9 (5%)    | 8 (6%)    | 1 (2%)    |
|                                                                                     | Important                                     | 59 (31%)  | 43 (33%)  | 16 (28%)  |
|                                                                                     | Very important                                | 73 (38%)  | 50 (38%)  | 23 (40%)  |
|                                                                                     | Extremely important                           | 47 (25%)  | 29 (22%)  | 18 (31%)  |

|                                                                                                          |                                                 |           |           |           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------|-----------|-----------|
| Most important reasons for treatment non-response in PsO (combined very important + extremely important) | Overweight/obesity                              | N/A       | N/A       | 40% + 31% |
|                                                                                                          | Drug intolerance/side effects                   | N/A       | N/A       | 33% + 33% |
|                                                                                                          | Anxiety/depression                              | N/A       | N/A       | 47% + 19% |
| Most important reasons for treatment non-response in PsA (combined very important + extremely important) | Drug intolerance/side effects                   | N/A       | 46% + 21% | N/A       |
|                                                                                                          | Fibromyalgia/centralised pain syndromes         | N/A       | 40% + 21% | N/A       |
|                                                                                                          | Overweight/obesity                              | N/A       | 38% + 22% | N/A       |
| Do you address obesity in practice?                                                                      | Yes                                             | 118 (62%) | 86 (66%)  | 32 (54%)  |
|                                                                                                          | No                                              | 7 (4%)    | 5 (4%)    | 2 (3%)    |
|                                                                                                          | Sometimes / occasionally                        | 61 (32%)  | 36 (27%)  | 25 (42%)  |
|                                                                                                          | Other / comment                                 | 4 (2%)    | 4 (3%)    | 0 (0%)    |
| Actions taken**                                                                                          | Advice/signpost to websites                     | 165 (92%) | 116 (95%) | 49 (86%)  |
|                                                                                                          | Refer to weight management                      | 85 (47%)  | 59 (48%)  | 26 (46%)  |
|                                                                                                          | Refer to endocrinology                          | 18 (10%)  | 15 (12%)  | 3 (5%)    |
|                                                                                                          | Prescribe GLP-1RA / dual agonist                | 4 (2%)    | 3 (2%)    | 1 (2%)    |
|                                                                                                          | Other                                           | 12 (7%)   | 8 (7%)    | 4 (7%)    |
|                                                                                                          | No action                                       | 1 (1%)    | 0 (0%)    | 1 (2%)    |
| Barriers to discussing weight***                                                                         | Lack of time                                    | 5 (71%)   | 3 (60%)   | 2 (100%)  |
|                                                                                                          | Lack of expertise                               | 5 (71%)   | 3 (60%)   | 2 (100%)  |
|                                                                                                          | No local service                                | 4 (57%)   | 2 (40%)   | 2 (100%)  |
|                                                                                                          | PsD not a referable comorbidity                 | 4 (57%)   | 2 (40%)   | 2 (100%)  |
| Opinion on GLP-1 receptor agonists                                                                       | Start early before DMARD if overweight/obesity  | 51 (27%)  | 24 (18%)  | 27 (46%)  |
|                                                                                                          | Start with DMARD/biologic if overweight/obesity | 69 (36%)  | 41 (31%)  | 28 (47%)  |
|                                                                                                          | Start in high-risk PsO if overweight/obesity    | 51 (27%)  | 27 (21%)  | 24 (41%)  |
|                                                                                                          | Available if BMI $\geq 23$ and severe PsO/PsA   | 20 (11%)  | 10 (8%)   | 10 (17%)  |
|                                                                                                          | Insufficient knowledge                          | 55 (29%)  | 50 (38%)  | 5 (8%)    |
|                                                                                                          | Need more evidence                              | 54 (28%)  | 39 (30%)  | 15 (25%)  |
|                                                                                                          | Other                                           | 5 (3%)    | 3 (2%)    | 2 (3%)    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |          |          |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------|----------|----------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | No role                                         | 1 (1%)   | 1 (1%)   | 0 (0%)   |
| Opinion on low-calorie diets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Offer early before DMARD if overweight/obesity  | 99 (52%) | 66 (50%) | 33 (56%) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Offer with DMARD/biologic if overweight/obesity | 88 (46%) | 61 (47%) | 27 (46%) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Offer in high-risk PsO if overweight/obesity    | 67 (35%) | 45 (34%) | 22 (37%) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Insufficient knowledge                          | 48 (25%) | 33 (25%) | 15 (25%) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Other                                           | 8 (4%)   | 6 (5%)   | 2 (3%)   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | No role                                         | 1 (1%)   | 1 (1%)   | 0 (0%)   |
| <p>*Other includes specialty doctors, physiotherapists and pharmacists.<br/> **179 respondents<br/> ***7 respondents<br/> Acronyms: bDMARD – biologic disease-modifying antirheumatic drug; BMI – body mass index; csDMARD – conventional synthetic disease-modifying antirheumatic drug; DMARD – disease-modifying antirheumatic drug; GLP-1 – glucagon-like peptide-1; GLP-1RA – glucagon-like peptide-1 receptor agonists; N/A – not applicable; PsA – psoriatic arthritis; PsD – psoriatic disease; PsO – psoriasis; tsDMARD – targeted synthetic disease-modifying antirheumatic drug; UK – United Kingdom.</p> |                                                 |          |          |          |