Editorial

Lifestyle Issues and Psoriasis

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Over the last several years, dermatologists have developed an increasing awareness of the complex immunologic mechanisms underlying psoriasis. This information has been critical in the development of a new class of biologic therapies. Recently, however, new information is shedding light on how basic lifestyle issues may impact the nature of the disease and the way we approach it.[1,2]

Herron et al[1] evaluated the impact of obesity and smoking on psoriasis in a cross-sectional study performed at the University of Utah Department of Dermatology clinics. The authors compared a series of patients with psoriasis enrolled in the prospective Utah Psoriasis Initiative (UPI) with 3 population databases: the Behavioral Risk Factor Surveillance System of the Utah population, the 1998 patient-member survey from the National Psoriasis Foundation, and 500 adults without psoriasis attending the researchers' clinics.

The investigators determined that the prevalence of obesity in the UPI population group was higher than the general Utah population group (34% vs 18%; $P<.001$) and higher than the nonpsoriatic population group in their clinics.[1] They also found that the onset of obesity appeared to follow the onset of psoriasis; therefore, obesity was the consequence of psoriasis and not a risk factor for onset of disease. Most patients had a normal body mass index at age 18 years and at onset of psoriasis, but 71% of patients became overweight or obese at some point after acquiring psoriasis. Obese individuals were more likely than nonobese individuals to have severe psoriasis (defined as >20% body surface area involvement). The prevalence of smoking in the UPI population group was higher than the Utah population group (37% vs 13%; $P<.001$) and higher than the nonpsoriatic population group (37% vs 25%; $P<.001$). There was a higher prevalence of smokers in the obese population of the UPI population group than in the obese population of the Utah population group (25% vs 9%; $P<.001$).[1]

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In another study, Fortes et al[2] evaluated the association between different components of smoking history and the clinical severity of psoriasis. The researchers performed a hospital-based cross-sectional study of 818 adults with psoriasis. After adjusting for potential confounders, they found that a high intensity of smoking (>20 cigarettes daily) compared with a lower level of smoking (≤10 cigarettes daily) was associated with a more than 2-fold increased risk of clinically more severe psoriasis (odds ratio, 2.2; 95% confidence interval, 1.2–4.1). The authors concluded that smoking is associated with severity of psoriasis and emphasized the importance of smoking cessation in individuals with psoriasis.[2]

These studies bring to mind one of my most severe psoriasis patients. I treated him for several years with multiple therapies with limited success. He was overweight and despondent about his psoriasis and weight. Finally, after initiating therapy with infliximab, he had a dramatic response and now is nearly clear of his psoriasis. I now get further good news on some occasions when he goes for his regular infusion of infliximab. The infusion center calls to tell me that I must lower his dose; he has lost 20 lb and now requires less medication. His quality of life and mood have drastically improved.

Lifestyle counseling now must become a major approach to our treatment for psoriasis. We must emphasize the importance of smoking cessation, diet, and exercise in appropriate patients. These steps will likely contribute to the improvement of psoriasis and also will improve every other aspect of the patient's general health.

REFERENCES

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