O
ver the last several years, dermatologists have
developed an increasing awareness of the
complex immunologic mechanisms underly-
ing 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 al¹ 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 preva-
lence of obesity in the UPI population group was
higher than the general Utah population group
(34% vs 18%; P<.001) and higher than the non-
psoriatic 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 individu-
als 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 popula-
tion group than in the obese population of the Utah
population group (25% vs 9%; P<.001).¹

In another study, Fortes et al² evaluated the asso-
ociation 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 inten-
sity 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 psoria-
sis 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.

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The author reports no conflict of interest.