

Psoriatic Lifestyle and Nutrition



A positive approach

to psoriasis and

psoriatic arthritis



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What are the aims of this leaflet?

This leaflet is written to help you understand how healthier lifestyle choices and nutrition affect weight loss, general health and the impact of psoriasis.

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About psoriasis and psoriatic arthritis

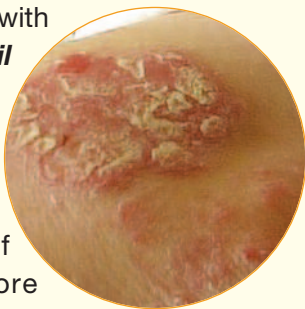
Psoriasis (sor-i'ah-sis) is a long-term (chronic) scaling disease of the skin that affects about 2% of the UK population. It usually appears as red, raised, scaly patches known as plaques. Any part of the skin surface may be involved but the plaques most commonly appear on the elbows, knees and scalp. It can be itchy but is not usually painful. It is not contagious; you cannot catch it from another person.

Around 30% of people with psoriasis may develop an associated psoriatic arthritis, which causes pain, inflammation and swelling in the joints and tendons, accompanied by stiffness, particularly in the mornings.

Nail changes, including pitting and ridging, are

present in 40-50% of people with psoriasis. See our leaflet ***Nail Psoriasis***.

There does not seem to be any link between the severity of the psoriasis affecting the skin and the severity of psoriatic arthritis. For more detailed information on each condition, please see our leaflets ***What is Psoriasis?*** and ***What is Psoriatic Arthritis?***

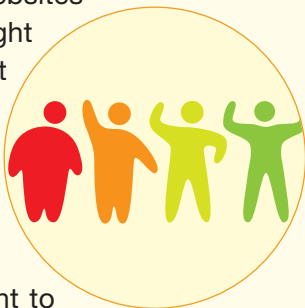


Maintaining a healthy weight

If you have psoriasis or psoriatic arthritis and you are overweight, the benefits of weight loss are clear: reduced inflammation, less severe skin disease and joint pain, improved mobility and a dramatically lower risk of heart disease, diabetes, cancer and liver disease. But what is the best way to go about losing weight?

There are hundreds of websites devoted to dieting and weight loss to choose from – and that is part of the problem. Almost without exception, any diet that makes promises about rapid weight loss is bogus and should be avoided.

The truth is that if you want to lose weight you need to reduce your calorie intake and increase your calorie expenditure through physical activity. However, calorie counting can be tedious. It is healthier to focus on the overall balance of your diet. This is because healthy diets tend to be lower in calories anyway and because there are many food and nutrient combinations that can be beneficial, independently of any associated weight loss.



Below you will find the key elements of a lifestyle programme that may help you to reduce weight and improve both your psoriasis-related conditions and your long-term health.



A Mediterranean diet

The traditional Mediterranean diet (MD) is a healthy diet based on vegetables, fruit, pulses (eg beans, lentils and chickpeas) cereals, nuts, seeds and fish. It has been shown to promote long-term weight management and reduce inflammation. The main features are listed below.

- Base your meals and snacks on plant-based foods, such as vegetables, fruit, pulses, nuts, seeds and wholegrains such as oats, quinoa, barley, wholegrain breads, pasta and cereals
- Replace butter with healthy fats such as olive oil and rapeseed oil (and spreads made from them) but still use sparingly
- Enjoy fish and poultry at least twice a week. Include oily fish such as salmon, mackerel and sardines
- Eat less red meat (keep portions small and lean) and opt for low-fat dairy products
- Limit your intake of highly processed fast foods and ready meals, which can be high in salt and saturated fat
- Use herbs and spices instead of salt to flavour foods.

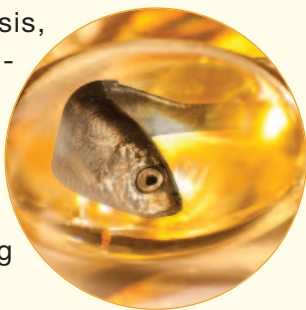


If you need to lose weight, aiming for no more than 1-2lb (0.5-1kg) weight loss per week is realistic.

Take care with portion sizes, plan meals and snacks ahead, be active and check your weight weekly as a guide. Research also shows it's a good idea to monitor what you eat and drink each day by keeping a diary. It helps you to stop, think, choose and stay more in control of your eating.

Fish oil

There is evidence from a number of studies that fish oils that are rich in omega-3 fats have a beneficial effect on psoriasis, probably through their anti-inflammatory actions. Any diet should therefore regularly contain oily fish such as salmon, sardines, pilchards, herring, mackerel and trout, eg two 140g portions a week.



If you are not a big fan of oily fish, consider taking a daily fish oil (EPA/DHA omega-3) supplement. Ask your local pharmacy for guidance.

NB check with your doctor first if you are on blood-thinning medication.

Vitamin D

Vitamin D deficiency associated with psoriasis has been reported. However, research into whether vitamin D supplements help psoriasis is mixed. Vitamin D is needed for bone and general health but is found in only a few foods, eg oily fish, fortified foods. Most comes from the action of sunlight on skin. The Department of Health now advises everyone to consider a 10mcg (microgram) daily supplement, especially during winter and autumn.

Physical activity

There is abundant evidence of the benefits of exercise in relation to general health. Physical activity promotes weight loss, reduces inflammation, corrects metabolic syndrome and improves psoriasis. So it's very important to take regular exercise to maintain a healthy weight and to help manage your psoriasis.

Choose forms of physical activity that can be easily incorporated into your daily routine – brisk walking is an effective (and underrated) option which can also have a social element to it. If you go to a gym or health club, suitable options include treadmill walking/jogging, swimming, exercise bicycle, cross-trainer etc. It's a good idea to include some resistance training (which can include weights) if you are able. This will strengthen muscles and ligaments around the large joints and help to 'unload' them.

Unfortunately, many people with psoriasis are reluctant to participate in regular exercise, often because they feel embarrassed about their appearance and are concerned people may stare at them. Exercise can also be difficult in the presence of psoriatic arthritis and sweat and friction can irritate the skin and make psoriasis in areas of friction worse. Here are some simple tips that will help make your regular exercise more enjoyable:



- Aim for a minimum of 30 minutes' moderate physical activity on most days of the week
- Choose activities which are rhythmical and which involve major muscle groups – brisk walking, cycling, treadmill, swimming etc
- Reduce friction by wearing cool, loose clothing (which also helps if you want to keep some areas covered)

- Before you start, apply a little lubricant (petroleum jelly) or talcum powder to areas you think might become irritated
- Start with some gentle walking or jogging and build up gradually
- If you have joint pain, avoid weight-bearing exercise and use a stationary exercise bicycle instead
- Add some *light* resistance or weight training to your routine – ask for help from the gym instructors/trainers
- Take a gentle shower after exercising and avoid rubbing or scratching the skin.

For more information, please see our ***Physiotherapy & Exercise: Psoriatic Arthritis*** leaflet.

Quit smoking and keep alcohol intake to a minimum

Tobacco and alcohol may make psoriasis worse and, because a diagnosis of psoriasis is often associated with depression and low self-esteem, people with psoriasis may use cigarettes and alcohol as coping mechanisms. Because smoking and drinking alcohol often go hand in hand, it is difficult to untangle the relative importance of each in relation to psoriasis. However, it seems safe to say that they may both make psoriasis worse and also make treatment less effective. It is also worth bearing in mind that alcoholic drinks are rich in calories (with zero nutritional value), an additional consideration if you are trying to lose weight.

Therefore, if you have psoriasis you have an additional reason to quit smoking and – at the very least – keep your alcohol intake to a minimum. There are lots of smoking cessation options, so discuss the relative merits of each with your doctor.

The key changes you should consider are summarised in our check list.

Lifestyle change check list

- Aim to keep to a healthier weight and follow a Mediterranean style diet
- If you don't like oily fish, consider a daily fish oil (omega-3) supplement
- Take a 10mcg Vitamin D supplement, especially in autumn and winter
- Do moderate aerobic physical exercise (brisk walking, jogging, cycling, dancing, gardening etc) on most days of the week
- Make sure you add in some light resistance or weight training
- Moderate your alcohol consumption
- Quit smoking.

Conclusion

Psoriasis is a chronic, relapsing condition characterised by inflammation, which can be made worse by being overweight. Being overweight can also lead to a variety of health problems.

Fortunately, almost all of these adverse effects can be improved through modest changes in diet and lifestyle. If you feel ready to make changes, take them step by step. If the going gets tough, seek reliable support. Your



healthcare professionals can point you in the right direction.

Gluten-free diets

Research suggests a link between psoriasis and coeliac disease (an inflammatory condition treated with a gluten-free diet). However, there is currently no clear evidence that following a gluten-free diet may help psoriasis unless the person also has coeliac disease. Talk to your doctor or dietician for more information.

If you have any views or comments about this information or any of the material PAPAA produces you can contact us via the details on the back page or online at www.papaa.org/user-feedback.

Useful contacts:

For information about health matters in general and how to access services in the UK, the following websites provide national and local information.

- NHS Choices (England): www.nhs.uk
- NHS 24 (Scotland): www.nhs24.com
- Health in Wales: www.wales.nhs.uk
- HSCNI Services (Northern Ireland):
<http://online.hscni.net>
- <https://www.nhs.uk/smokefree>
- www.nhs.uk/LiveWell/

These are official sites for the National Health Service and provide links and signposting services to recognised organisations and charities.

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The above list is not exhaustive. For further references used in the production of this and other PAPAA information, contact us or go to: www.papaa.org/resources/references.

About this information

This material was produced by PAPAA. Please be aware that research and development of treatments is ongoing.

For the latest information or any amendments to this material please contact us or visit our website: www.papaa.org. The site contains information on treatments and includes patient experiences and case histories.

Original text written by Dr David Ashton MD PhD, medical and scientific adviser to PAPAA, and honorary senior lecturer in clinical epidemiology at Imperial College School of Medicine, November 2016.

A peer review has been carried out by Lyndel Costain BSc RD, registered dietician in March 2017. A lay and peer review panel has provided key feedback on this leaflet. The panel includes people with or affected by psoriasis and/or psoriatic arthritis.

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- **accurate**
- **evidence-based**
- **impartial**
- **accessible**
- **balanced**
- **well-written.**

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The charity for people with psoriasis and psoriatic arthritis

PAPAA, the single identity of the
Psoriatic Arthropathy Alliance and the
Psoriasis Support Trust.

The organisation is independently funded and is a
principal source of information and educational
material for people with psoriasis and psoriatic
arthritis in the UK.

PAPAA supports both patients and professionals by
providing material that can be trusted (evidence-
based), which has been approved and contains no
bias or agendas.

PAPAA provides positive advice that enables
people to be involved, as they move through
their healthcare journey, in an informed way
which is appropriate for their needs and any
changing circumstances.

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