

Diet is increasingly recognised as an important factor that may influence disease activity and patient quality of life. Recent studies show that specific dietary patterns can impact inflammation pathways central to psoriatic arthritis (PsA). Anti-inflammatory diets, such as the Mediterranean diet rich in whole grains, fruits, vegetables, nuts, and olive oil, have been associated with reduced disease activity and improved quality of life in PsA patients. This diet's benefits may stem from healthy fats like oleic acid and antioxidant compounds that reduce inflammatory markers such as cytokines and C-reactive protein (CRP).



Low-calorie diets: potential risks

Interestingly, genetic research suggests that very low-calorie diets might slightly increase the risk of developing PsA. This counterintuitive finding highlights that excessive calorie restriction can lead to nutrient deficiencies that disrupt immune regulation, potentially triggering inflammation in the skin and joints.

Plant-based diets and symptom improvement

Whole food plant-based diets (WFPBD) that exclude added salt, oil, and sugar have shown promise. Case reports describe patients achieving remission and reducing medication reliance after adopting WFPBDs, likely due to their antioxidant richness and ability to improve gut microbiome health. Vegan and low-fat diets following fasting protocols also show benefits in symptom reduction and lowered medication needs.

Weight loss and disease activity

Weight management remains a key factor; studies show that losing at least 5% of body weight improves chances of reaching minimal disease activity in PsA. Hypocaloric diets (low-calorie) that promote safe weight loss, supplemented with essential nutrients, may safely reduce joint inflammation and improve function.

Current limitations and future directions

Most dietary studies in PsA are small or observational, with heterogeneous methodologies. More large-scale randomised controlled trials are needed to establish clear guidelines. Nonetheless, evidence supports adopting balanced diets emphasising anti-inflammatory foods, weight control, and nutrient adequacy to support the skin and bones involved in PsA.

PAPAA has become more interested recently in the role of weight loss as a treatment; see the article in Pso Pscience on page 19, which looks at GLP-1 agonists, the so-called “skinny jabs”, and psoriasis.

Reference:

Yu Y, et al. Causal Relationships Between Popular Diets (Low-Calorie, Vegetarian, and Gluten-Free Diets) and Inflammatory Skin Diseases: A Mendelian Randomization Study. Clin Cosmet Invest Dermatol. 2025;18:2605-2615.