



Psoriatic Lifestyle and Nutrition



This information is produced by the Psoriasis and Psoriatic Arthritis Alliance

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What are the aims of this leaflet?

This leaflet is written to help you understand how healthier lifestyle choices, including nutrition, can help you achieve a healthy weight, improve your general health and reduce the impact of psoriatic conditions on your daily life.

About psoriasis and psoriatic arthritis

Psoriasis (sor-i'ah-sis) is a long-term (chronic) scaling disease of the skin that affects around 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 go on to develop 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 psoriatic-related conditions and your long-term health.

A Mediterranean diet

The traditional Mediterranean diet (MD) is a healthy diet based on vegetables, fruit, pulses (e.g. 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 ultra-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, a healthy and potentially achievable rate is around half to one kg (1 to 2 pounds) per week.

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, e.g. 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.

Remember: Check with your healthcare provider if you are on blood-thinning medication, as there could be a potential interaction with omega-3 fatty acids.

Vitamin D

Vitamin D deficiency associated with psoriatic conditions has been reported. However, research into whether vitamin D supplements help is mixed. Vitamin D is needed for bone and general health but is found in only a few foods, e.g. 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.

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 will help psoriasis unless the person also has coeliac disease. Talk to your healthcare provider for more information.

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 psoriatic conditions. So, it's very important to take regular exercise to maintain and help manage a healthy weight.

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 visible 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, making 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 or fitness instructors.
- 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

Smoking and drinking alcohol can both make psoriasis symptoms worse and may reduce the effectiveness of treatments. Many people with psoriasis use these substances to cope with stress or low mood, but research suggests that cutting back or quitting can help improve skin symptoms and overall health. Smoking is also linked to an increased risk of developing psoriatic arthritis. If you're thinking about making changes to your smoking or drinking habits, your healthcare provider can offer support and advice.

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.

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.
- Try to add in some light resistance or weight training.
- Moderate your alcohol consumption.
- Quit smoking.

Conclusion

Psoriatic disease is a chronic, relapsing condition characterised by inflammation, which can be made worse by being overweight, this 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 you encounter any difficulties, talk to your healthcare provider who can provide support and advice.

Useful links

For general health information and access to services in the UK, there are several helpful resources available, including official NHS websites and other trusted sources. These links provide valuable information to help you navigate the healthcare system, access services, and make informed decisions about your health and well-being www.papaa.org/links

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 dietitian in March 2017.
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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.

Quality and accuracy

To learn more about how this material was developed and produced and the criteria we use to deliver quality support and information, go to our website and read the PAPAA Pledge: www.papaa.org/pledge

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