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A bi-annual review digest of research associated with psoriasis and psoriatic arthritis

Welcome to this issue of *Pso Pscience* from PAPAA!

Over the past two-decades there has been a revolution in our understanding of psoriasis and psoriatic arthritis, both in terms of basic immunology, disease mechanisms and therapeutics.

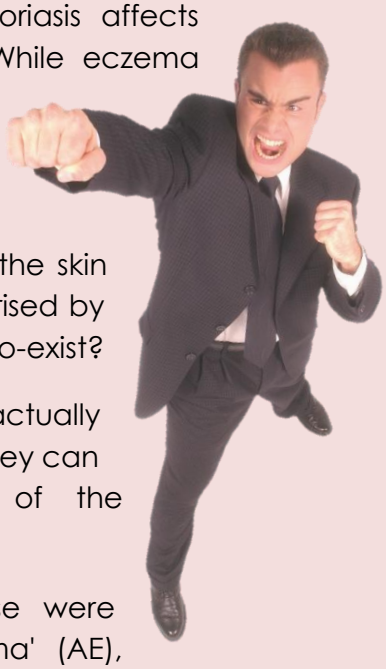
This newsletter is designed to provide a summary of recently published research.

Of course, it's never a good time to have psoriasis or psoriatic arthritis, but if you have to have it, has never been a better time!

Dr David Ashton MD PhD

Can atopic eczema and psoriasis coexist?

Eczema is significantly more common than psoriasis, affecting up to 10–20% of the population, particularly children. Psoriasis affects approximately 2–3% of the global population. While eczema (specifically atopic dermatitis) is more common, both conditions are chronic, immune-mediated inflammatory skin diseases whose symptoms – rashes and itching – overlap. Eczema however does tend to be much itchier than psoriasis and the skin lesions more superficial, whilst psoriasis is characterised by thick, scaly plaques. But can these two conditions co-exist?



Previous studies have reported that they are actually mutually exclusive, whilst others have shown that they can co-exist. However, no systematic appraisal of the relationship has been carried out, until now.

In this study, Ovid MEDLINE and Ovid Embase were searched around the key terms 'atopic eczema' (AE), 'psoriasis' and 'co-existence'. In all, researchers identified 31 studies and 20,523 individuals with psoriasis and 1,405,911 with AE. Eight studies reported the prevalence of AE in those with psoriasis and values ranged from 0.17% to 20%: the overall prevalence was 2%. Seven studies reported the prevalence of psoriasis in those with AE and values ranged from 0.3% to 12.6%; the overall prevalence was 2%.

Comment:

This study provides evidence that, whilst unusual, psoriasis and eczema can indeed co-exist in the same individual. Clinicians need to be aware of this possibility, especially since the two conditions are often confused and their treatments are different.

Reference:

Cunliffe A, Gran S, Ali U, et al. Can atopic eczema and psoriasis coexist? A systematic review and meta-analysis. Skin Health Dis. 2021;1(2):e29.

New research on diet and psoriasis

With the bewildering number of new drugs now available for the treatment of psoriasis, it becomes all-too-easy to forget the simpler lifestyle adjustments that can make a real difference. This study from King's College, London is not only a timely reminder of how important dietary factors are in the management of psoriasis, but offers new insights into how dietary patterns may be related to psoriasis severity in non-Mediterranean populations.

The research analysed survey data from 257 adults with psoriasis who had completed an online questionnaire. Several specific food frequency questionnaires were used, each of which evaluated adherence to different components of the diet, including the Mediterranean Diet Score, the Dietary Approaches to Stop Hypertension (DASH) score, and the Healthy Plant-based Diet Index. In essence, the DASH diet, the Mediterranean diet and plant-based diets all emphasise whole foods, fruits, vegetables, and lean proteins while minimising processed foods. DASH focuses on low-fat dairy and strict sodium reduction to lower blood pressure, the Mediterranean diet emphasizes healthy fats (e.g. olive oil) for heart health, and plant-based diets prioritize plants while minimising or eliminating meat and other animal products. Psoriasis severity was self-assessed using a validated questionnaire.

Key findings from the study indicate that individuals with very low adherence to the DASH diet index and the Healthy Plant-based Diet Index were significantly more likely to report higher psoriasis severity. Further analysis of the different components of the DASH diet showed that the higher the red and processed meat intake, the more severe the psoriasis, even when body mass index (BMI) was considered. Fruits, nuts and legume intakes were also associated with less severe psoriasis, but this relationship was not independent of BMI.

Conclusion:

These findings remind us that paying close attention to diet – especially with regard to animal products and over-processed foods containing large amounts of salt, fat and sugar – is an important tool in the management of psoriasis. It can make a significant contribution to reducing disease severity and may allow lower doses of medication to be used, thus reducing the frequency and severity of drug-associated side-effects. Ideally, all patients with psoriasis should have access to a dietician able to give advice regarding the optimal diet

Reference:

Zanesco S, Maruthappu T, Griffiths C.E.M et al. Associations between diet quality indices and psoriasis severity: results from the Asking People with Psoriasis about Lifestyle and Eating (APPLE) cross-sectional study. British Journal of Nutrition, 2025; 1 DOI: 10.1017/S0007114525000340T

Psoriasis and gender

It is well known that whilst the prevalence of psoriasis is about equal between men and women, men typically experience more severe disease, which may lead to differences in approaches to treatment and clinical outcomes. The aim of this study was to investigate gender differences in treatment patterns among psoriasis patients, with a particular focus on how these differences vary according to the time of onset.

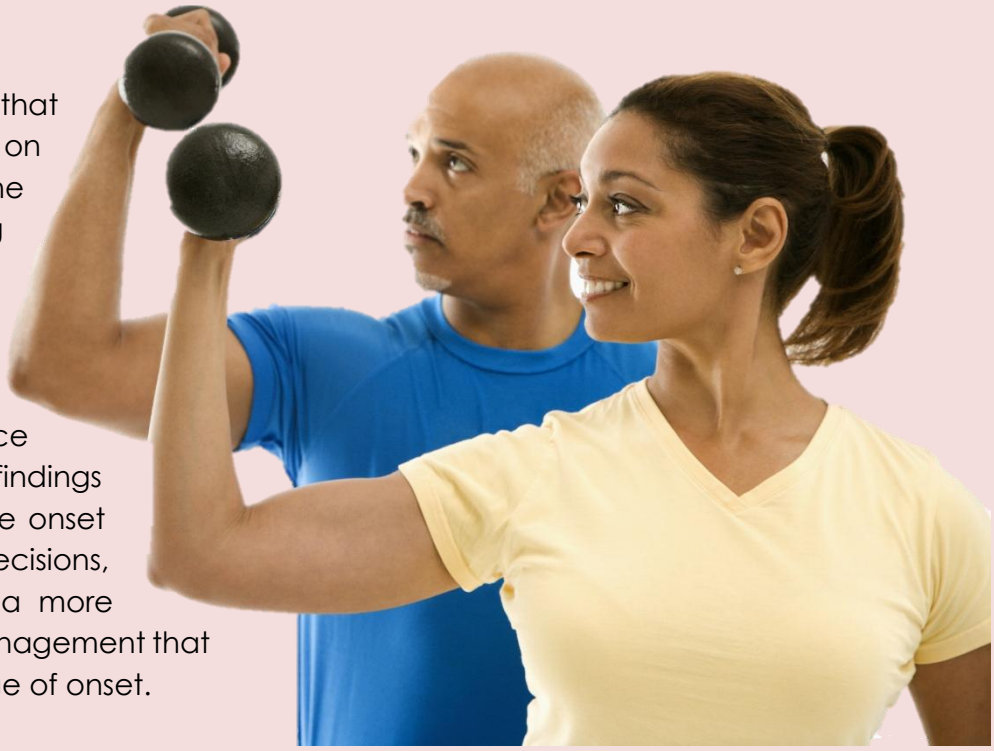
Researchers utilised electronic health records (EHRs) obtained between 1998-2022 from Clalit Health Services (CHS) in Israel. Patients with psoriasis were classified as either early-onset (diagnosed before age 40) or late-onset (diagnosed at age 40 or older). Current medication was recorded for each participant, along with information regarding physical activity patterns, smoking and body mass index (BMI).

A total of 3999 patients met the inclusion criteria, of whom, 2613 (65.3%) were male and 1386 (34.7%) were female, indicating a higher proportion of male patients.

Results showed that women had an earlier of disease than did the men (37.2 vs 40.1 years). Moreover, in the early onset group, significantly more men received systemic (17.9% vs 6.5%) and biological therapies (3.8% vs 1.6%) and initiated these treatments earlier. These findings are consistent with earlier studies which showed that men tend to have more extensive and severe manifestations of the disease than women. In contrast, no significant gender-based treatment differences were observed in late-onset cases.

Comment:

The major limitation of this study is that it lacked specific information on disease severity or PASI scores, the current standard for guiding treatment decisions. Thus, the claim that men were treated more aggressively in the early onset group because they had more severe disease, is an inference and no more. Nevertheless, these findings indicate that the timing of disease onset may play a role in treatment decisions, emphasising the importance of a more inclusive approach to psoriasis management that considers both gender and the age of onset.

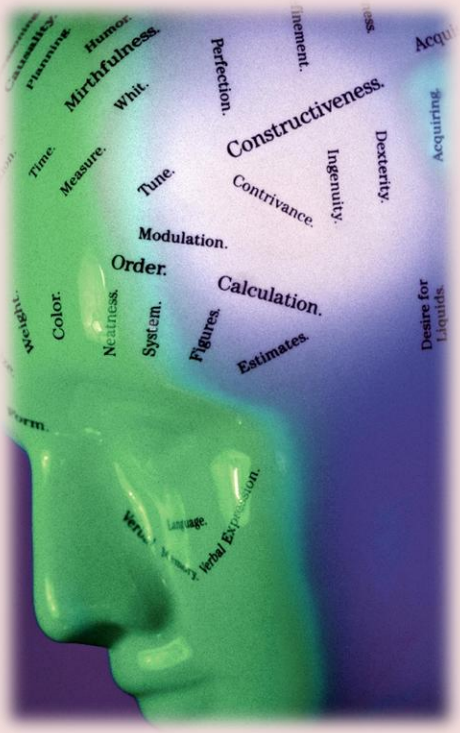


Reference:

Lax T, Stemmer E, Fallach N, et al. Exploring the Impact of Gender and Age of Onset on Psoriasis Treatment Management. J Clin Med. 2025 ;14(12):4090.

Patients with psoriasis have a higher risk of schizophrenia

Schizophrenia belongs to a group of severe mental disorders collectively referred to as psychoses. It is characterised by profound cognitive and social dysfunction, including delusions and auditory hallucinations. In the UK it affects 1 in 100 people at some point during their lifetime. Whilst it is well established that patients with psoriasis have a higher prevalence of anxiety and depression compared with their non-psoriatic counterparts, a possible relationship to schizophrenia has only recently become an issue of interest.



In this comprehensive review of the literature, two investigators independently performed a systematic literature review in MEDLINE and Embase databases, using psoriasis and schizophrenia as key search words. Strict eligibility criteria were applied for inclusion.

The search strategy yielded 294 potentially relevant articles (245 articles from Embase and 49 articles from MEDLINE). Of these, 247 articles underwent title and abstract review. Of these, no fewer than 204 were excluded because they were judged to be of inferior methodology, leaving 43 for full-length review. Of these, a further 38 were excluded, again for methodological reasons, leaving just five for inclusion. However, these five included more than 6 million participants which were then considered in the main analysis.

The pooled results showed that patients with psoriasis have a 41% higher risk of developing schizophrenia compared with subjects without psoriasis. Additional statistical analyses showed that the results of this meta-analysis were robust and were not dependent on just one primary study.

Comment:

These findings are striking. Exactly why patients with psoriasis should have such a high risk of schizophrenia is not well understood. The authors speculate that it may be due to some genetic factors; a genetic marker known to be associated with schizophrenia, can be found on the same region of a chromosome associated with psoriasis. Given their proximity, perhaps both genes are transmitted together thus making it more likely that both conditions will occur in the same individual. But the reality is that we really don't know and much more research will be needed to clarify this important finding.

Reference:

Ungprasert P, Wijarnpreecha K, Cheungpasitporn W. Patients with psoriasis have a higher risk of schizophrenia: A systematic review and meta-analysis of observational studies. J Postgrad Med. 2019; 65:141-145.

PAPAA is a UK patient-centred charity that supports and helps people affected by psoriasis and psoriatic arthritis. For full details about PAPAA and how to contact us go to: https://www.papaa.org/contact-us/