

Co-Managing Psoriasis and Obesity: A Quick Guide to Using GLP-1 Receptor Agonists

Recent research has shown that cardiometabolic outcomes can impact psoriatic disease and response to therapy.¹

Approved GLP-1 Receptor Agonists for Weight Management

Therapy	MOA	Dosing	Mean Weight Loss ²
Liraglutide³ (Saxenda) 12 yrs +	GLP-1 RA	•Initiation: 0.6 mg qd for 1 week •Maintenance: 3 mg qd	6-8%
Semaglutide⁴ (Wegovy) 12 yrs +	GLP-1 RA	•Initiation: 0.25 mg qw for 4 weeks •Maintenance: 2.4 or 1.7 mg qw	Up to 15-17%
Tirzepatide⁵ (Zepbound) 18 yrs +	Dual GIP/ GLP-1 RA	•Initiation: 2.5 mg qw for 4 weeks •Maintenance: 5, 10, or 15 mg qw	Up to 21%

Consider if your patients with inflammatory skin diseases may be eligible for GLP-1-targeted therapy^{6,7}

Cardiovascular disease

Obesity or
Overweight

Obstructive
sleep apnea

High blood
pressure

Type 2
diabetes
mellitus

Dyslipidemia

PCOS



Before you prescribe therapy⁸:

- Check baseline HgA1c, BMP, lipids, and BMI
- Ensure patients do **not** have MEN syndrome or history of MTC
- Coordinate ophthalmology evaluation prior to and during treatment
- Tell patients to follow anesthesiologist guidance prior to sedative procedures



When initiating a GLP-1-targeted therapy, counsel patients on what to expect⁹

- Access programs for patients with psoriasis and obesity
- Appropriate administration
- Potential side effects and how to address them
- Adequate nutrition and exercise

The potential role of GLP-1-targeted therapies in managing inflammatory skin diseases is an area of active investigation¹⁰⁻¹²

Psoriatic disease • Hidradenitis suppurativa • Hailey-Hailey disease • Atopic dermatitis

BMI, Body Mass Index; BMP, basic metabolic panel; GIP, gastric inhibitory polypeptide; GLP-1, glucagon-like peptide-1; HgA1c, glycated hemoglobin; MEN, multiple endocrine neoplasia; MOA, mechanism of action; MTC, medullary thyroid cancer; PCOS, polycystic ovarian syndrome; qd, once daily; qw, once weekly; RA, receptor agonist

References

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