

## ORIGINAL ARTICLE / ОРИГИНАЛНИ РАД

# Association of body mass index with clinical variants of psoriasis

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**SUMMARY**

**Introduction/Aim** Psoriasis is a common, chronic, immune-mediated, inflammatory and proliferative skin disease in which both genetic and environmental influences have a role in its pathogenesis. The relationship between psoriasis and obesity is probably bidirectional.

The aim of this study was to evaluate the association between psoriasis and obesity, whether a quantitative graduation of overweight using Body Mass Index (BMI) shows direct correlation with various clinical variants of psoriasis, disease duration and having positive family history of psoriasis.

**Methods** This prospective, observational descriptive cross-sectional study included 120 psoriatic patients who were referred to Clinic of Dermatovenereology at the University Clinical Centre of Vojvodina. Clinical variants of psoriasis were determined. Age, gender, duration of the disease, BMI and family history of psoriasis were measured and compared.

**Results** In total, 53.3% males and 46.7% females were included in this study. The mean age was  $49.5 \pm 15.5$  years. The most present clinical variants of psoriasis were psoriasis vulgaris (55%) and psoriatic arthritis (30%). Most of the patients (42.5%) were overweight, 23.3% were obese, and 1.7% were morbidly obese. The mean BMI was high ( $27.7 \pm 5.2$ ). Mean duration of the disease was  $15.6 \pm 14.9$  years. Positive family history of psoriasis was found in 33 (27.5%) patients.

**Conclusion** There was no correlation between the BMI and gender of the patients, psoriasis clinical variants, duration of the disease and positive family history of psoriasis. The slight positive correlation was found between BMI and age of psoriatic patients. That requires further studies that include physical activities questionnaire, considering that lack of physical activities in older patients might be an explanation.

**Keywords:** psoriasis; body mass index; BMI

**INTRODUCTION**

Psoriasis is a common, chronic, immune-mediated, inflammatory, and proliferative skin disease in which both genetic and environmental influences have a role in its pathogenesis [1]. It affects approximately 125 million people worldwide [2], and usually occurs with bimodal age distribution, with peaks in the third and sixth decade. Between 60% and 90% of patients have a family history of the disease [3, 4]. Psoriasis is systemic inflammatory disease accompanied with various comorbidities and exert major impact on both physical and emotional quality of life that is comparable with other major illnesses [5] as with that of cardiovascular and cancer patients [3]. About one third of psoriasis patients develop psoriatic arthritis (PsA), chronic inflammatory arthropathy associated with skin and nail psoriasis, belonging to the spondyloarthritis spectrum [6]. Nineteen percent of the psoriasis patients with arthritis suffer from operational inabilities that impact their quality of life greatly [3].

Obesity is defined as increase in body fat that exceeds the normal level. Usual tool used for estimation of body fat is Body Mass Index (BMI) and represents weight-to-height ratio. It is defined as the weight in kilograms divided by the square of the height in meters ( $\text{kg}/\text{m}^2$ ) [1, 7].

In adults,  $\text{BMI} \geq 25$  is defined as overweight, and  $\text{BMI} \geq 30$  as obesity. It has become one of the leading health issues of the 21 century [8, 9]. The relationship between psoriasis and obesity is bidirectional. The question is – which comes first [3, 10, 11]?

Obesity may exacerbate the clinical manifestation of psoriasis or trigger the disease and present in early adulthood may promote the risk of developing PsA [1, 12]. It has been associated with a decreased response to systemic and biologic therapies [10, 11]. Both psoriasis and obesity could cause metabolic alterations that could be the main and triggering effects [13, 14, 15]. Chronic subclinical inflammation plays the major role in obesity and psoriasis, explained as “proinflammatory state” [16]. Adipose tissue is a large endocrine and secretory organ that produces adipokines and pro-inflammatory cytokines. In obesity, adipocytes are in a state of upregulation of pro-inflammatory adipokines, leptin and resistin, and stimulation of pro-inflammatory cytokine production by macrophages, and downregulation of anti-inflammatory adipokines [16]. Numerous studies revealed higher prevalence of obesity in psoriatic patients than in general population. There is two-fold increased risk for psoriasis in obese patients comparing to normal weight

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subjects [10, 17]. A meta-analysis of 16 observational studies found a pooled odds ratio to be 1.66 for the correlation between psoriasis and obesity [5, 18]. Several studies have been reported the association between psoriasis and obesity measuring BMI [1, 10, 19]. In several cross-sectional studies has been noted that increased BMI coincides with a greater degree of psoriasis disease severity [5, 20, 21, 22]. Also, a positive correlation between the increased BMI and the severity of psoriasis expressed as psoriasis area and severity score has been determined [13, 21].

The main objective of this study was to determine the relation between BMI and psoriasis clinical variants, duration of psoriasis and positive family history for psoriasis in psoriasis patients.

## METHODS

This prospective, observational descriptive cross-sectional study included 120 adult psoriasis patients, according to the order of referral to the Clinic of Dermatovenereology at the University Clinical Centre of Vojvodina in Novi Sad, Serbia, between January 2019 and February 2020. Exclusion criteria included the history of diabetes or hypothyroidism, or refusal to take part in the study and sign the informed consent. The study was approved by the institutional ethics committee. Patient clinical and demographic data were recorded in a checklist. All measurements were performed under fasting condition in the morning using a scale and a measuring type. To determine waist circumference measuring tape was placed at the uppermost part of the hip bone around the abdomen without causing compression on the skin. BMI ( $\text{kg}/\text{m}^2$ ) classification in five categories was used, according to World Health Organization classification [7]: underweight (BMI  $< 18.50 \text{ kg}/\text{m}^2$ ), normal range (BMI  $18.50\text{--}24.99 \text{ kg}/\text{m}^2$ ), overweight (BMI  $\geq 25 \text{ kg}/\text{m}^2$ ), obese (BMI  $\geq 30 \text{ kg}/\text{m}^2$ ), morbidly obese (BMI  $\geq 40 \text{ kg}/\text{m}^2$ ).

## Statistical analysis

SPSS Statistics for Windows, Version 23.0. (IBM Corp., Armonk, NY, USA) was used.  $\chi^2$  test was used for comparison of categorical data, t-test for comparison of continuous data and Pearson's correlation test for correlation analysis. The degree of correlation was measured by a Pearson's correlation coefficient and degree of correlation was interpreted according to the recommendation of the British Journal of Medicine [23].

## RESULTS

Of 120 adult psoriasis patients included in this study 64 were males (54.3%) and 56 females (46.7%). The mean age was  $49.5 \pm 15.5$  years. Age distribution of patients is presented in Figure 1.

Psoriasis clinical variants: Plaque psoriasis (vulgaris) (PV) was the most frequent clinical variant in total sample,

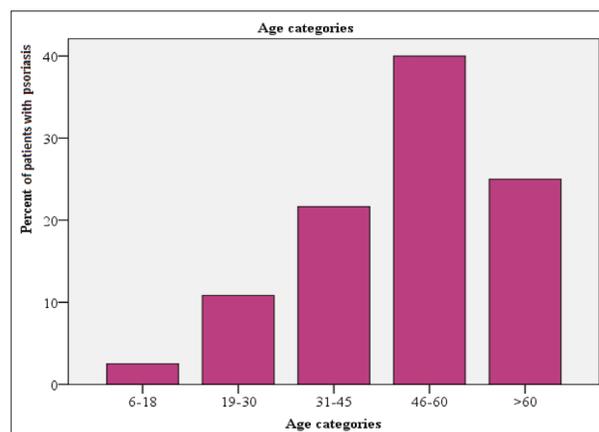


Figure 1. Percentage of psoriasis patients in each age category

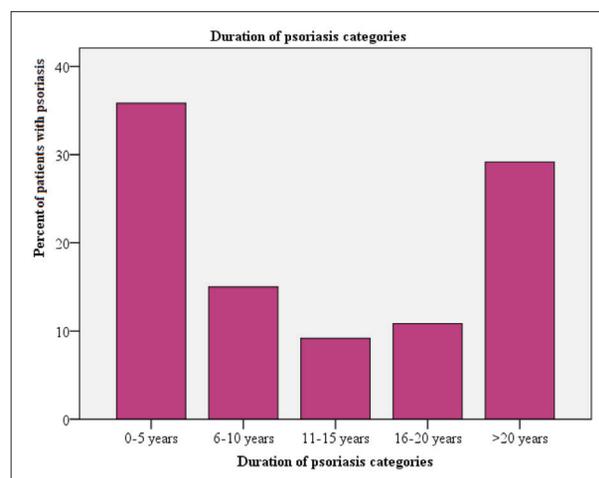


Figure 2. Percentage of psoriasis patients in each category of psoriasis duration

in 66 (55%) patients, and PsA was diagnosed in 36 (30%) patients. 10 (8.3%) patients presented with guttate psoriasis, three (2.5%) patients presented with palmo-plantar psoriasis, two (1.7%) patients with erythrodermic psoriasis, two (1.7%) patients with scalp psoriasis as the only manifestation of psoriasis, and one patient (0.8%) with generalized pustular psoriasis.

Duration of psoriasis was categorized in five-year intervals. Shortest duration of psoriasis, between 0–5 years was in 43 patients (35.8%); 18 (15%) patients were in the group in which the duration of psoriasis ranged from 6–10 years; 11 (9.2%) patients were in the third group where the duration was from 11–15 years; 13 (10.8%) patients were in the fourth group in which the duration of psoriasis was from 16–20 years and 35 (29.2%) patients had psoriasis over 20 years (fifth group) (Figure 2).

## Body mass index in psoriasis patients – differences between gender, psoriasis clinical types and duration of psoriasis

In total sample of 120 patients, 51 (42.5%) of patients were overweight, 28 (23.3%) were obese and 2 (1.7%) were morbidly obese. The mean BMI was high ( $27.7 \pm 5.2$ ). The mean BMI in men was  $28.4 \text{ kg}/\text{m}^2$  (SD 4.72, std error

**Table 1.** Frequency of different categories of body mass index in male and female patients with psoriasis

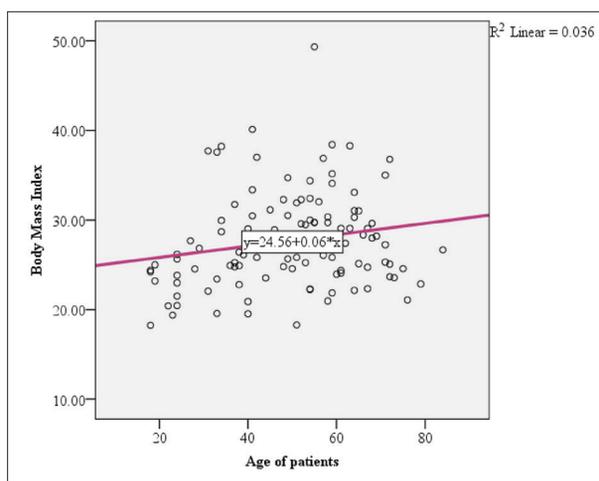
Parameters		Body mass index category					Total	p
		< 18.5	18.5–24.99	> 24.99	> 29.99	> 39.99		
Sex	m	n	0	16	30	17	1	64
		%	0	25	46.9	26.6	1.6	100
	f	n	2	21	21	11	1	56
		%	3.6	37.5	37.5	19.6	1.8	100
Total		n	2	37	51	28	2	120
		%	1.7	30.8	42.5	23.3	1.7	100

**Table 2.** Body mass index in patient with various psoriasis clinical variants

Types	n	Mean	Standard deviation	Minimum	Maximum	p
Psoriasis vulgaris	66	27	4.4	18.3	37	
Guttate psoriasis	10	26.5	5.5	20.4	38.2	
Palmoplantar psoriasis	3	28.2	6.1	22.8	34.7	
Pustular psoriasis	1	34.1	.	34	34	
Erythrodermic psoriasis	2	25.7	1.6	24.6	26.8	0.456
Scalp psoriasis	2	25.6	8.9	19.4	31.9	
Psoriatic arthritis	36	29.4	6	20.5	49.3	
Total	120	27.7	5.1	18.2	49.3	

**Table 3.** Correlation of body mass index and duration of psoriasis

Parameters		Body Mass Index category					Total	p	
		< 18.5	18.5–24.99	> 24.99	> 29.99	> 39.99			
Duration of psoriasis categories	0–5 years	n	1	16	18	8	0	43	
		%	2.3	37.2	41.9	18.6	0	100	
	6–10 years	n	1	8	5	3	1	18	
		%	5.6	44.4	27.8	16.7	5.6	100	
	11–15 years	n	0	3	4	4	0	11	
		%	0	27.3	36.4	36.4	0	100	
	16–20 years	n	0	2	4	7	0	13	
		%	0	15.4	30.8	53.8	0	100	
	> 20 years	n	0	8	20	6	1	35	
		%	0	22.9	57.1	17.1	2.9	100	
	Total		n	2	37	51	28	2	120
			%	1.7	30.8	42.5	23.3	1.7	100



**Figure 3.** Correlation between body mass index and the age of patients

of mean 0.59) and in women 26.89 kg/m<sup>2</sup> (SD 5.54, std error of mean 0.74) and this difference is not statistically significant (t-test, p = 0.109). Neither the difference in frequencies of patient in each of BMI categories between man and women were statistically significant ( $\chi^2$  test, p = 0.283) (Table 1).

Albeit one pustular psoriasis patient has higher BMI than all other patients, due to small number of patients in pustular, erythrodermic and scalp psoriasis groups, these differences did not reach the statistical significance in this study. Also, BMI of patients with PsA was higher than BMI of patients with plaque psoriasis, but this did not reach statistical significance also (t-test, p = 0.456) (Table 2).

The BMI was not correlating with duration of psoriasis (p-value 0.059) (Table 3), and with age of the patients (p-value was 0.038) (Figure 3).

Correlation between BMI and patient age was low, and no correlation of BMI with duration of psoriasis could have been demonstrated (Table 4).

Positive family history of psoriasis was found in 33 (27.5%) patients. Mean BMI was similar in both groups, with and without positive family history of psoriasis, and BMI was not correlating with positive family history of psoriasis (t = -0.255, p = 0.799) (Table 5).

**DISCUSSION**

High BMI as an indicator of obesity has a negative impact on manifestation and severity of psoriasis. Obesity at an early age increases the risk of developing PsA. Prevention and early treatment of obesity may decrease the risk of PsA development and help in psoriasis management [1].

In our study, the observed higher BMI in patients with PSA confirmed results from the literature [1].

The mean BMI was high (27.7 ± 5.2), similar to prospective hospital based cross-sectional study that was

**Table 4.** Correlation of body mass index and the age of patients and the duration of psoriasis

	Correlation		Body mass index
	Pearson correlation	Sig. (2-tailed)	
Age of patients	Pearson correlation		0.190*
	Sig. (2-tailed)		0.038
Duration of psoriasis	Pearson correlation		0.059
	Sig. (2-tailed)		0.525

**Table 5.** Body mass index in patients with and without family history of psoriasis

Parameters	Family history of psoriasis	n	Mean	Standard Deviation	Standard Error Mean
Body Mass Index	No	87	27.6241	5.28947	0.56709
	Yes	33	27.8936	4.85408	0.84499

conducted by Elobeid HE, et al. [1] in Sudan in which the mean BMI was 25.34, as well as in retrospective case control study in Japan conducted by Naito and Imafuku [24] in which the mean BMI was  $22.22 \pm 3.98$  kg/m<sup>2</sup>.

No significant statistical difference was found regarding BMI and gender of the patients. The mean BMI in men was 28.40 kg/m<sup>2</sup> and 26.89 kg/m<sup>2</sup> in women similar as in study that was conducted in Japan in which the mean BMI in male psoriatic patients was  $22.33 \pm 3.78$  kg/m<sup>2</sup>, and  $22.09 \pm 4.17$  kg/m<sup>2</sup> in women with the difference that in the Japanese study patients were not overweight [24]. Different results were obtained in study conducted in Sudan in which the BMI of more than half of the patients with high BMI (54%) was higher in female patients [1].

In our study, the slight positive correlation between BMI and age of psoriatic patients was found which was opposite comparing to results obtained in study that was conducted in Sudan in which the BMI was not correlating with the age of the patients [1]. In a Japanese study, female psoriatic patients aged 20–39 years had significantly higher BMI compared to controls represented by patients with other dermatological diseases, and in contrast male psoriatic patients were 40 years and older and had a mean BMI higher than control groups [24].

In our study, the most prevalent clinical variant was PV in 66 (55%) patients, 36 (30%) of patients had PsA, followed by 10 (8.3%) patients presented with guttate psoriasis.

The results were slightly different in study conducted in India by Appukkuttan et al. [25] where the most common clinical variant was PV (86.1%), followed by pustular psoriasis (3.7%), psoriasis with pustulation (2.8%), and guttate psoriasis (1.85%).

There was no association between BMI and psoriasis clinical variants. The mean BMI was highest in the group of patients with PsA (29.4), following BMI in group with PV (27.0), and group with guttate psoriasis (26.5).

Concerning the distribution of the BMI of psoriasis clinical variants in the study by Elobeid et al. [1], most of the patients had PV among which 23 patients were with normal BMI (28.40%), 21 were overweight (25.93%), 11 were obese (13.58%), five were underweight (6.17%), and two were morbidly obese 2.47%, comparing to our patients with PV among which 23 were with normal BMI (34.84%), 26 were overweight (39.39%), 14 were obese (21.21%), and two patients were underweight (3.03%).

In our study, six patients with PsA had normal BMI (16.66%), 19 were overweight (52.7%), nine were obese (25%), and two (5.55%) patients were morbidly obese (BMI  $\geq$  40).

## REFERENCES

- Elobeid HE, Alfarouk K, Aljarbou AN, Elhassan GO, Muddathir AK, Ramadan ARMA, et al. Correlation between the Body Mass index and Psoriasis in Dermatology and Venereology Teaching Hospital in Khartoum. *AJDV*. 2017;6(2):30–9. [DOI: 10.5923/j.ajdv.20170602.03]
- Drvar DL, Vlahinić T, Maleš Ž, Turčić P, Čević R. A modern approach to the treatment of plaque psoriasis. *Acta Pharm*. 2019;69(4):511–23. [DOI: 10.2478/acph-2019-0047] [PMID: 31639088]
- Sobhan M, Farshchian M. Associations between body mass index and severity of psoriasis. *Clin Cosmet Investig Dermatol*. 2017;10:493–8. [DOI: 10.2147/CCID.S147236] [PMID: 29200884]
- Young M, Aldredge L, Parker P. Psoriasis for the primary care practitioner. *J Am Assoc Nurse Pract*. 2017;29(3):157–78. [DOI: 10.1002/2327-6924.12443] [PMID: 28233460]
- Takeshita J, Grewal S, Langan SM, Mehta NN, Ogdie A, Van Voorhees AS, et al. Psoriasis and comorbid diseases: Epidemiology.

Regarding the correlation of BMI and duration of the disease the results were similar to the results of Sudanese cross-sectional study conducted on 81 psoriatic patients in which the BMI was not correlating with the duration of the disease [1]. The same finding was observed in a study conducted in India [26].

The association between family history of psoriasis and BMI was not found in our study which was different comparing to the results by Bayaraa et al. [27] study conducted in Fukoka, Japan. They surveyed whether patients with familial psoriasis were obese at the onset of psoriasis and found that patients with familial psoriasis had lower BMI than those with no familial psoriasis [27].

Study limitations include the fact that BMI evaluates excess weight rather than excess fat [28], consequently it poorly distinguishes between fat mass and bone or lean mass [29]. Waist circumference is recommended as additional measurement for fat distribution regarding its high correlation with visceral fat [30]. This study was performed at the University hospital, and that can be the reason why patients with mild skin psoriasis are under-represented. Apart from psoriasis, numerous other behavioral and lifestyle factors can contribute to obesity, but these could not have been investigated in detail in the current study.

## CONCLUSION

In the current study, more than a half of psoriasis patients are overweight or obese, which is in accordance with most psoriasis studies. There was no association between the BMI and gender of the patients, psoriasis clinical variants, duration of the disease and positive family history of psoriasis. The slight positive correlation was found between BMI and age of psoriatic patients. That requires further studies that include physical activities questionnaire, considering that the lack of physical activities in older patients might be an explanation.

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- J Am Acad Dermatol. 2017;76(3):377–90. [DOI: 10.1016/j.jaad.2016.07.064] [PMID: 28212759]
6. Costa L, Caso F, Ramonda R, Del Puente A, Cantarini L, Darda MA, et al. Metabolic syndrome and its relationship with the achievement of minimal disease activity state in psoriatic arthritis patients: an observational study. *Immunol Res.* 2015;61(1–2):147–53. [DOI: 10.1007/s12026-014-8595-z] [PMID: 25395342]
  7. WHO contributors. BMI classification. (Accessed 4 September 2021).
  8. Budu-Aggrey A, Brumpton B, Tyrrell J, Watkins S, Modalsli EH, Celis-Morales C, et al. Evidence of a causal relationship between body mass index and psoriasis: A mendelian randomization study. *PLoS Med.* 2019;16(1):e1002739. [DOI: 10.1371/journal.pmed.1002739] [PMID: 30703100]
  9. The NHS Information Centre. Statistics on Obesity, Physical Activity and Diet: England. 2017. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/613532/obes-phys-acti-diet-eng-2017-rep.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/613532/obes-phys-acti-diet-eng-2017-rep.pdf). [cited 2019 July 9].
  10. Barrea L, Nappi F, Di Somma C, Savanelli MC, Falco A, Balato A, et al. Environmental Risk Factors in Psoriasis: The Point of View of the Nutritionist. *Int J Environ Res Public Health.* 2016;13(5):743. [DOI: 10.3390/ijerph13070743] [PMID: 27455297]
  11. Carrascosa JM, Rocamora V, Fernandez-Torres RM, Jimenez-Puya R, Moreno JC, Coll-Puigserver N, et al. Obesity and psoriasis: inflammatory nature of obesity, relationship between psoriasis and obesity, and therapeutic implications. *Actas Dermosifiliogr.* 2014 Jan–Feb;105(1):31–44. English, Spanish. [DOI: 10.1016/j.ad.2012.08.003] [PMID: 23177976]
  12. Aljohani R. Metabolic Syndrome and Its Components in Psoriatic Arthritis. *Open Access Rheumatol.* 2022;14:7–16. [DOI: 10.2147/OARRR.S347797] [PMID: 35210876]
  13. Kong Y, Zhang S, Wu R, Su X, Peng D, Zhao M, et al. New insights into different adipokines in linking the pathophysiology of obesity and psoriasis. *Lipids Health Dis.* 2019;18(1):171. [DOI: 10.1186/s12944-019-1115-3] [PMID: 31521168]
  14. Rodríguez-Cerdeira C, Cordeiro-Rodríguez M, Carnero-Gregorio M, López-Barcenas A, Martínez-Herrera E, Fabbrocini G, et al. Biomarkers of Inflammation in Obesity-Psoriatic Patients. *Mediators Inflamm.* 2019;7353420. [DOI: 10.1155/2019/7353420] [PMID: 31275060]
  15. Baran A, Flisiak I, Jaroszewicz J, Świdorska M. Serum adiponectin and leptin levels in psoriatic patients according to topical treatment. *J Dermatolog Treat.* 2015;26(2):134–8. [DOI: 10.3109/09546634.2014.915917] [PMID: 24754531]
  16. Wong Y, Nakamizo S, Tan KJ, Kabashima K. An Update on the Role of Adipose Tissues in Psoriasis. *Front Immunol.* 2019;10:1507. [DOI: 10.3389/fimmu.2019.01507] [PMID: 31316526]
  17. Ramírez J, Azuaga-Piñango AB, Celis R, Cañete JD. Update on Cardiovascular Risk and Obesity in Psoriatic Arthritis. *Front Med (Lausanne).* 2021;8:742713. [DOI: 10.3389/fmed.2021.742713] [PMID: 34692732]
  18. Armstrong AW, Harskamp CT, Armstrong EJ. The association between psoriasis and obesity: a systematic review and meta-analysis of observational studies. *Nutr Diabetes.* 2012;2(12):e54. [DOI: 10.1038/nutd.2012.26] [PMID: 23208415]
  19. Dalamaga M, Papadavid E. Can we better strategize our choice of pharmacotherapy for patients with co-morbid psoriasis and obesity? *Expert Opin Pharmacother.* 2019;20(11):1303–8. [DOI: 10.1080/14656566.2019.1603294] [PMID: 31002541]
  20. Norden A, Rekhman S. Risk of psoriasis according to body mass index: A retrospective cohort analysis. *JAAD.* 2021;86(5):1020–6. [DOI: 10.1016/j.jaad.2021.06.012]
  21. Alizadeh N, Azimi S, Hoseinzadeh S. Body mass index and severity of psoriasis: a cross-sectional study. *Iranian Journal of Dermatology.* 2021;24(1):46–52. [DOI: 10.22034/ijd.2020.232580.1107]
  22. Duarte GL, Porto da Silva L. Correlation between psoriasis' severity and waist-to-height ratio. *An Bras Dermatol.* 2014;89(5):846–7. [DOI: 10.1590/abd1806-4841.20142854]
  23. Sedgwick P. Pearson's Correlation Coefficient. *BMJ.* 2012;345:e4483. [DOI: 10.1136/bmj.e4483]
  24. Naito R, Imafuku S. Distinguishing features of body mass index and psoriasis in men and women in Japan: A hospital-based case-control study. *J Dermatol.* 2016;43(12):1406–11. [DOI: 10.1111/1346-8138.13439] [PMID: 27178353]
  25. Appukkuttan AS, Haridasan RK, Jose BA. Histopathological Features and Clinical Variants of Biopsy Confirmed Psoriasis Cases in a Tertiary Care Setting in Kerala. *J Evolution Med Dent.* 2020;9(33):2372–6. [DOI: 10.14260/jemds/2020/514]
  26. Praveenkumar U, Ganguly S, Ray L, Nanda SK, Kuruvila S. Prevalence of Metabolic Syndrome in Psoriasis Patients and its Relation to Disease Duration: A Hospital Based Case-Control Study. *J Clin Diagn Res.* 2016;10(2):WC01–5. [DOI: 10.7860/JCDR/2016/17791.7218] [PMID: 27042565]
  27. Bayaraa B, Arima H, Imafuku S. Body mass index in psoriatic patients with or without familial psoriasis. *J Dermatol.* 2020;47(4):402–4. [DOI: 10.1111/1346-8138.15233] [PMID: 31953878]
  28. Israel E, Hassen K, Markos M, Wolde K, Hawulte B. Central Obesity and Associated Factors Among Urban Adults in Dire Dawa Administrative City, Eastern Ethiopia. *Diabetes Metab Syndr Obes.* 2022;15:601–14. [DOI: 10.2147/DMSO.S348098] [PMID: 35241919]
  29. Bunn J, Eustace D, Miskech T, Manor J, Jiroutek M. Fitness and Fatness: Body Mass Index versus Percent Body Fat. *J Clin Exerc Physiol.* 2019;8(4):131–7. [DOI: 10.31189/2165-6193-8.4.131]
  30. Ross R, Neeland IJ, Yamashita S, Shai I, Seidell J, Magni P, et al. Waist circumference as a vital sign in clinical practice: a Consensus Statement from the IAS and ICCR Working Group on Visceral Obesity. *Nat Rev Endocrinol.* 2020;16(3):177–89. [DOI: 10.1038/s41574-019-0310-7] [PMID: 32020062]

## Повезаност индекса телесне масе са клиничким варијантама псоријазе

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### САЖЕТАК

**Увод/Циљ** Псоријаза је честа, хронична, имунски посредована, инфламаторна и пролиферативна болест коже у чијој патогенези играју улогу и генетика и утицај средине. Повезаност између псоријазе и гојазности је вероватно двосмерна. Циљ ове студије је да се процени повезаност псоријазе и гојазности, односно да ли квантитативно градирање прекомерне тежине уз помоћ индекса телесне масе (ИТМ) показује директну корелацију са различитим клиничким варијантама псоријазе, трајањем болести и позитивном породичном анамнезом на псоријазу.

**Методе** У ову проспективну, опсервациону дескриптивну студију је укључено 120 болесника са псоријазом упућених на Клинику за кожно-венеричне болести Универзитетског клиничког центра Војводине. Одређене су клиничке варијанте псоријазе. Узети су подаци о годинама, полу, трајању болести, ИТМ, и подаци о породичној анамнези на псоријазу, након чега су урађени обрада и поређење.

**Резултати** Укупно 53,3% мушкараца и 46,7% жена било је укључено у студију. Просек година је био  $49,5 \pm 15,5$ . Најзаступљеније клиничке варијанте су биле вулгарна псоријаза (55%) и псоријатски артритис (30%). Већина болесника (42,5%) била је са прекомерном тежином, 23,3% болесника било је гојазно и 1,7% морбидно гојазно. Просечан ИТМ је био висок ( $27,7 \pm 5,2$ ). Просечна дужина трајања болести је била  $15,6 \pm 14,9$  година. Позитивну породичну анамнезу на псоријазу имала су 33 (27,5%) болесника.

**Закључак** Није утврђена корелација између ИТМ и пола болесника, клиничких варијанти псоријазе, трајања болести и позитивне породичне анамнезе на псоријазу. Дискретна позитивна корелација је утврђена између ИТМ и старости болесника. Такав закључак захтева даља испитивања која би садржала и упитник о физичкој активности, с обзиром на то да мањак физичке активности код старијих болесника може бити објашњење.

**Кључне речи:** псоријаза; индекс телесне масе; ИТМ