Psoriasis Australia
Support Education Awareness

Psoriasis + DIABETES 2

A GUIDE FOR LIVING WITH PSORIATIC DISEASE IN AUSTRALIA

Proudly supported by

ucb Inspired by patients. Driven by science.

Psoriasis Australia is the leading Australian not-for-profit patient organisation at the forefront of raising awareness and understanding of Psoriatic Disease (Psoriasis – PSO and Psoriatic Arthritis – PSA) with the medical profession and wider Australian public.

About Psoriasis Australia

Psoriasis Australia aims to:

- Educate patients, families and the general community about psoriatic disease and its treatments
- Provide support patients and their families
- Distribute new information and research results
- Encourage research into new treatments and potential cures.

To support these aims, Psoriasis Australia fundraises at the local level and maintains contact with government departments, health authorities, pharmaceutical companies and psoriasis support groups worldwide.

We welcome your involvement with Psoriasis Australia and encourage you to make contact for further information.

For more information, please visit **www.psoriasisaustralia.org.au**

CONTENTS

JUST BEEN DIAGNOSED

Finding out you've got psoriasis and diabetes can be a bit of a shock — and it's completely normal to feel worried, confused, or even a little overwhelmed. The good news is, you're definitely not alone. Both conditions are common and can be well managed with the right care and support.

Psoriatic disease can affect your skin and sometimes your joints, while diabetes changes how your body uses sugar for energy. It might sound like a lot to take in right now, but with good support and regular check-ups, you can absolutely live a full, healthy, and active life.

This guide has been created to help you understand more about psoriatic disease and diabetes, the health checks you'll need, and the practical steps you can take to manage both. It's also packed with tips, support options, and ways to help you stay on top of your health and wellbeing.

Remember — you don't have to do this on your own. There's a whole healthcare team ready to support you every step of the way.

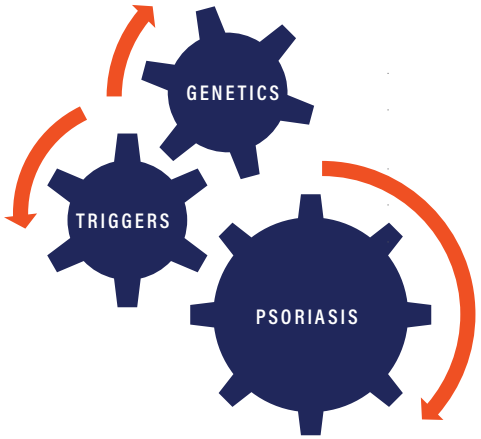
WHAT IS PSORIASIS?

Psoriasis is a common autoimmune condition, with as many as one in 1.6 million Australians living with the condition.

The most common form of psoriasis causes raised, inflamed, scaly, red skin lesions, known as plaques. It is non-contagious, so it cannot be caught from someone else.

WHAT CAUSES PSORIASIS?

Psoriasis is an autoimmune disease – it is caused by overactivity of the immune system in the skin.



Immune cells accumulate and produce a range of chemicals, which act as if they are fighting infection or healing a wound. Skins cells multiply at an abnormally fast rate, forming psoriasis plaques.

Up to half of people with psoriasis have a family history of the condition, and inherited factors are known to be important.[2] However, even if a person is genetically predisposed to the condition, psoriasis may not appear. A trigger is required for it to develop.

HOW MAY PSORIASIS AFFECT MY SKIN?

These triggers or risk factors include:

- Smoking
- Alcohol consumption
- Infections
- Physical trauma
- Injury to site
- Certain medications
- Emotional stress

Plaque psoriasis lesions are usually:

- Dry
- Raised slightly above the skin
- Red
- Covered with silvery scales

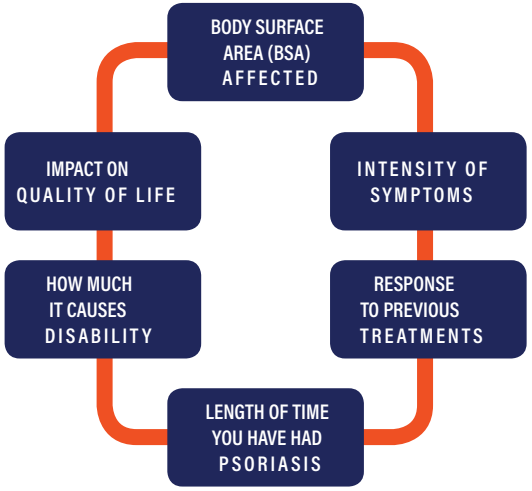
They may also be:

- Itchy
- Inflamed
- Painful
- Cracked
- Bleeding

There may be just a few lesions or there may be many. They can be found anywhere on the body.

Your healthcare professional will need to estimate the severity of your psoriasis in order to decide the most appropriate management strategy for you.

Classification of your psoriasis severity should take into account...



HOW ARE PSORIASIS AND DIABETES LINKED?

Psoriasis is a long-term skin condition that causes red, scaly patches. It's caused by inflammation in the body. This same inflammation can also raise your risk of developing type 2 diabetes.

People with psoriasis are about 46% more likely to get type 2 diabetes than people without psoriasis. This risk is even higher for those with more severe psoriasis.

You can still be at risk even if you're not overweight or don't have other common diabetes risk factors—because inflammation may be playing a key role.

WHY INFLAMMATION MATTERS

Psoriasis is more than a skin condition—it affects your whole body. Inflammation from psoriasis can:

- Make it harder for your body to use insulin
- Lead to higher blood sugar
- Affect organs like your liver and pancreas

This is why psoriasis and type 2 diabetes often go hand in hand.

SHARED RISK FACTORS

Some things make both psoriasis and diabetes more likely:

Genes

Some people are born with genes that increase their risk of both conditions. If others in your family have psoriasis or diabetes, your risk may be higher.

Obesity

- Extra body weight increases inflammation.
- Psoriasis is more common and more severe in people who are overweight.
- Obesity also increases your chance of getting type 2 diabetes.

Losing even a small amount of weight can improve both psoriasis and blood sugar.

Poor Diet

- Eating too much sugar, fat, and processed foods can cause weight gain and increase inflammation.
- A healthy diet can reduce psoriasis flares and improve blood sugar control.

Lack of Exercise

- Not moving enough can raise blood sugar and make joints stiffer.
- Exercise can lower diabetes risk and help manage psoriatic arthritis.

Smoking

- Smoking can make psoriasis worse.
- It also raises the risk of getting type 2 diabetes by damaging your blood vessels and insulin function.

WHAT IS DIABETES?

Diabetes is a condition characterized by elevated levels of glucose in the blood. This occurs when the body fails to produce sufficient insulin or cannot utilize the insulin it does produce effectively. Over time, this can lead to serious consequences for your health, affecting blood vessels, nerves, and more.

Insulin, a hormone produced by the pancreas, plays a crucial role in transporting glucose from the bloodstream into your cells for energy. When there isn't enough insulin, or if the body develops resistance to it, blood sugar levels can increase, resulting in a state known as hyperglycemia.

Types of diabetes:

Type 1 diabetes is where very little, or no insulin is produced by the body. This type of diabetes commonly develops in children and adolescents. It is unknown what causes type 1 diabetes. People living with type 1 diabetes require insulin injections and careful monitoring of the levels of glucose in the blood.

Type 2 diabetes is the most common type of diabetes, accounting for around 90% of all diabetes cases. In type 2 diabetes, the body loses the ability to use the insulin that is produced. It is more common in older adults, but its prevalence is increasing in younger generations due to unhealthy diet and insufficient physical activity. Lifestyle interventions are critical in the management of type 2 diabetes, and medications and insulin injections are frequently prescribed.

Gestational diabetes appears during pregnancy and generally disappears after it. Gestational diabetes can be damaging to the mother and the fetus.

PEOPLE WITH PSORIASIS ARE ABOUT 46% MORE LIKELY TO GET TYPE 2 DIABETES THAN PEOPLE WITHOUT PSORIASIS. THIS RISK IS EVEN HIGHER FOR THOSE WITH MORE SEVERE PSORIASIS.

What causes type 2 diabetes?

Type 2 diabetes often carries a heavy stigma, with many believing it stems solely from excessive sugar consumption or being overweight.

While these factors can indeed heighten your risk, it's important to recognize that type 2 diabetes is a multifaceted condition, not solely caused by these elements.

You are at an increased risk of type 2 diabetes if:

- you have psoriatic disease
- you're over the age of 40 and White
- you're living with obesity or overweight
- you have a high waist measurement
- you have a family history of type 2 diabetes
- you have a history of high blood pressure, heart attack or strokes, gestational diabetes, or certain mental health conditions
- you take certain medications such as steroids.

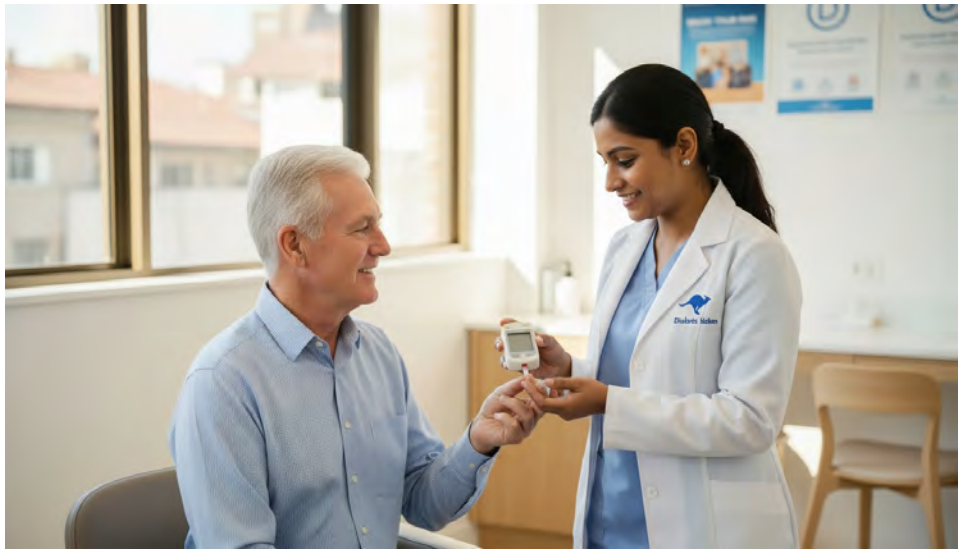
WHAT ARE THE SYMPTOMS OF TYPE 2 DIABETES?

The symptoms of type 2 diabetes can include:

- being thirsty and drinking more than usual
- going to the toilet (to pass urine) more often
- feeling tired and low on energy
- having sores or cuts that will not heal
- having blurred vision
- having frequent fungal or bacterial infections including skin infections, urinary tract infections and thrush
- having pain or tingling in the legs or feet.

These symptoms can creep up on you gradually and might not be noticeable for quite a while. In fact, there are individuals who may not experience any symptoms at all! Often, the initial indication of diabetes could manifest as a complication related to the condition, like a foot ulcer, heart attack, or even issues with vision.

If you experience any of the above symptoms, please talk to your doctor. Early diagnosis and intervention can have a big impact on the management of type 2 diabetes.



SCREENING: WHY IT MATTERS

Many people with psoriasis don't know they are at risk for diabetes. That's why regular screening is so important.

Screening means doing simple blood tests to check for diabetes early. These include:

- Fasting blood test (no food for 8 hours)
- Random blood test (can be done anytime)
- HbA1c test (average blood sugar over 2–3 months)
- Oral glucose tolerance test (test how your body handles sugar)

Ask your GP about getting tested—especially if you have moderate to severe psoriasis, are overweight, or have a family history of diabetes.

Many of these tests are bulk billed under Medicare.

BENEFITS OF EARLY DETECTION

Finding out early if you have diabetes means:

- You can start managing it before complications happen.
- Your psoriasis may improve with better blood sugar control.
- Your doctor can choose safer treatments for your skin and sugar levels.
- You avoid higher healthcare costs later.

COPING WITH YOUR DIAGNOSIS

How are you coping with your diagnosis? If it's taken you by surprise, remember that you're not alone in this journey. It's natural to feel inundated with all the information that comes your way. However, there's no rush to learn everything at once. Give yourself the time you require to learn about type 2 diabetes and figure out the steps you may need to take for effective management.

Type 2 diabetes is definitely a serious health issue that requires your attention. You'll likely need to pay closer attention to your diet and make some adjustments to your exercise routine. There's a chance you might have to start on medication as well, which can feel a bit overwhelming at first. However, many individuals living with type 2 diabetes have shared that they eventually adapt to these lifestyle changes and discover a sense of balance in their everyday lives.

Your emotional wellbeing

Everyone has their unique methods for dealing with life's challenges. No matter how you choose to handle things, it's essential to pay attention to your emotions. If you notice that your feelings are getting in the way of effectively managing your psoriatic disease and diabetes, it might be the right moment to reach out for some additional help. Remember, finding the emotional support you need is just as crucial as any other aspect of your treatment plan.

Talk about how you're feeling

Talking about your health issues can be difficult – they may not know much about type 2 diabetes or psoriatic disease and how it affects your daily life.

But most people find they get more support and can cope better once they open up about their psoriatic disease and diabetes. So, try to help family and friends understand how they can help you while you're adjusting to your new way of life.

If you have any worries talk to your healthcare team, and, if needed, ask for specialist support.

If you are experiencing symptoms of depression please talk to your GP or healthcare team.

Connect with others living with diabetes

- Join a group of others with diabetes and psoriatic disease and meet to talk about your experiences.
- Join our online support forums to find tips, advice and emotional support, and be part of a welcoming community.

Manage stress

Managing your stress is important as stress can have a significant impact on your blood sugar levels, as well as on how you handle your diabetes and psoriatic disease. Juggling the challenges of managing diabetes alongside the daily ups and downs of life can be quite overwhelming and stressful in itself.

It's important to prioritize your well-being without stressing over the need to do everything flawlessly. Make sure to carve out some time for yourself to relax and recharge.

There are plenty of myths surrounding diabetes and psoriatic disease that can add to your worries. It's completely normal to fear judgment or feel like you've made mistakes. Just keep in mind that being diagnosed with diabetes is nothing to be embarrassed about.

Treat yourself with kindness and take the time to acknowledge even the smallest victories. You can implement tiny, manageable changes each day without adding unnecessary pressure on yourself.

WHAT YOU CAN DO TO LOWER YOUR RISK - EAT WELL

Living with psoriasis and type 2 diabetes means caring for your skin and your blood sugar — and what you eat can make a real difference to both.

WHY HEALTH EATING MATTERS

Your food choices impact your energy and health; small adjustments can boost your skin, joints, and daily well-being!

- Keeps blood sugar steady — reducing fatigue and long-term complications.
- Supports a healthy weight — which can ease joint and skin inflammation.
- Nourishes your immune system — helping your skin heal and stay calm.

BUILD YOUR PLATE FOR BALANCE

Try to fill your plate like this most days:

- ½ vegetables or salad – colourful and full of anti-inflammatory nutrients
- ¼ lean protein – fish, skinless chicken, eggs, tofu, or legumes
- ¼ whole grains or low-GI carbs – oats, quinoa, brown rice, grainy bread
- Healthy fats – avocado, olive oil, nuts, or seeds in small amounts

FOODS TO GO EASY ON

You should limit your intake of:

- Sugary drinks, sweets, and highly processed snacks
- White bread, pastries, and fried foods
- Red and processed meats
- Alcohol (limit to recommended guidelines or avoid if your doctor suggests)

DON'T FORGET THE BASICS

Healthy eating isn't just about food choices — your daily habits matter too. A few simple routines can make managing psoriasis and diabetes much easier.

- Stay hydrated: water, soda water, or herbal teas
- Eat regularly: small, balanced meals to stabilise energy
- Move more: even a daily walk helps blood sugar and inflammation
- Check labels: look for less salt, sugar, and saturated fat

SCREENING: WHY IT MATTERS

Some foods naturally help calm inflammation in the body — and can benefit both your skin and your blood sugar levels. Try including more of these in your weekly meals:

- Fatty fish (salmon, sardines, tuna) 2–3 times a week
- Fresh fruit — especially berries, citrus, and apples
- Extra virgin olive oil as your main cooking oil
- Herbs and spices like turmeric, ginger, and garlic

TALK WITH YOUR CARE TEAM

You don't have to figure this out alone — your healthcare team can support you in making changes that suit your lifestyle, culture, and preferences.

Bring questions, food diaries, or even photos of meals to your appointments — your team can help you find practical, realistic steps to improve your health without feeling overwhelmed.

If you ever feel unsure about supplements, "anti-inflammatory diets," or online advice, check with your healthcare team before making big changes.

Dietitians Australia

Dietitians Australia is the peak body for nutrition and dietetic professionals. We help build healthier communities by promoting and communicating credible and timely nutrition messages to the public. For more information call **1800 812 942** or visit **www.dieticiansaustralia.org.au** to find a dietician.

MOVE MORE

Exercise isn't just about losing weight—it's a powerful tool for managing both psoriasis and type 2 diabetes. Regular physical activity can improve your skin, support blood sugar control, boost mood, and protect your heart.

BENEFITS OF EXERCISE

Regular movement can have wide-ranging benefits for your body and mind, helping you manage both psoriasis and diabetes more effectively.

HELPS CONTROL BLOOD SUGAR

- Physical activity helps your body use insulin more effectively.
- Even a daily 30-minute walk can reduce blood sugar spikes.

SUPPORTS HEALTHY WEIGHT

- Maintaining a healthy weight can reduce inflammation linked to psoriasis.
- Helps lower your risk of diabetes complications.

REDUCES INFLAMMATION

- Moderate exercise lowers inflammatory markers that worsen psoriasis.
- Can help reduce joint stiffness if you have psoriatic arthritis.

IMPROVES HEART HEALTH

- People with diabetes and psoriasis have higher cardiovascular risk.
- Exercise strengthens your heart and improves circulation.

BOOSTS MENTAL WELLBEING

- Regular activity can reduce stress and improve sleep.
- Can help manage anxiety or low mood linked to chronic conditions.

BTYPES OF EXERCISE TO TRY

Incorporating various forms of exercise can enhance overall health and manage both psoriasis and diabetes effectively.

- Aerobic: Walking, swimming, cycling, dancing.
- Strength Training: Light weights, resistance bands, bodyweight exercises.
- Flexibility & Balance: Yoga, tai chi, stretching exercises.

Tip: Start slow and gradually increase intensity. Listen to your body, especially if joints are affected.

PRACTICAL TIPS

Implementing consistent exercise routines can lead to significant health improvements.

- Aim for at least 150 minutes of moderate activity per week (e.g., 30 minutes, 5 days a week).
- Break it into shorter sessions if needed—every step counts.
- Pair with a balanced diet and your prescribed treatments.

Talk to your healthcare team before starting a new routine, especially if you have joint pain, heart issues, or diabetes-related complications.

Remember: Even small changes make a big difference. Moving regularly can help you feel better, manage your conditions, and enjoy life more fully.

YOUR HEALTH CARE TEAM

Managing your psoriatic disease and other associated comorbidities works best when you have a team of healthcare professionals supporting you. Not everybody's health care team will look the same. During your treatment journey, you will come across a range of health care professionals who will be responsible for different aspects of your care. These may include:

General Practitioner (GP) or Family doctor

Your GP is your main point of contact for your health. They help coordinate your care, manage your medications, and refer you to specialists when needed. Your GP can also support you with:

- Regular health checks for diabetes and psoriasis
- Monitoring your blood pressure, cholesterol, and weight
- Coordinating care between your specialists
- Set up Chronic Disease or Mental Health Management Plans

Dermatologist
A skin specialist who treats psoriasis and other skin conditions. They can help you manage your symptoms and keep your psoriasis under control.

Rheumatologist
A doctor who specialises in diagnosing and treating arthritis and other joint, muscle, and bone conditions. They help you manage psoriatic arthritis and make sure you're on the best treatment plan for you.

Endocrinologist:
A hormone specialist who helps manage diabetes and related conditions such as thyroid problems or metabolic syndrome. They can help you balance your blood sugar, medications, and lifestyle.

Cardiologist:
A heart specialist. Because both psoriasis and diabetes increase your risk of heart disease, your GP might refer you to a cardiologist for heart health checks.

Ophthalmologist
An eye doctor who can check for diabetes-related eye changes (such as diabetic retinopathy) and for eye inflammation related to psoriasis (called uveitis).

Nephrologist
A kidney specialist who may become involved if you have kidney complications from diabetes or other health issues.

Gastroenterologist
A specialist in gut health. Some people with psoriasis or psoriatic arthritis also develop inflammatory bowel disease (IBD).

Orthopaedic Surgeon
A doctor who treats bone and joint problems through surgery. They may help if joint damage or pain becomes severe.

Dietitian
Helps you make healthy food choices, manage your weight, and keep your blood sugar stable. They can also guide you on foods that may help reduce inflammation.

Exercise Physiologist
Designs safe and effective exercise programs to help you stay active, manage your weight, and protect your joints.

Podiatrist
Looks after your feet and nails — very important for people with diabetes, as well as for those whose psoriasis affects the feet.

Pharmacist
Can explain how your medicines work, check for side effects, and help you use them safely — especially if you take multiple medications.

Occupational Therapist (OT)
Helps you manage everyday activities more easily and may suggest aids or devices to reduce strain on your joints.

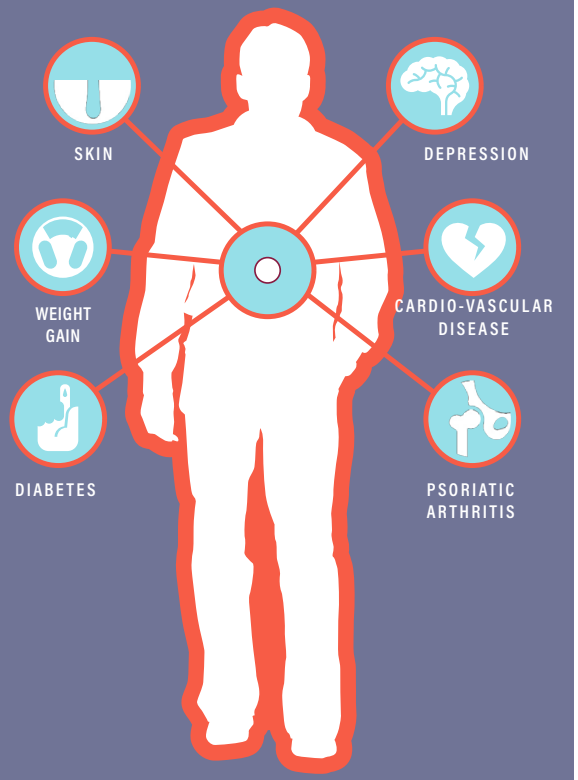
Psychologist or Counsellor
Supports your mental well-being. Living with long-term conditions like psoriasis and diabetes can sometimes feel overwhelming — and talking to a professional can really help.

SHOULD I BE MINDFUL OF ANY OTHER POSSIBLE CONCERNS?

You might have come across the information that individuals with psoriatic disease face a heightened risk of associated comorbidities. A comorbidity refers to a health condition related to an existing ailment, like psoriasis. Conditions such as anxiety and depression are recognized as comorbidities linked to psoriasis and psoriatic arthritis. Additional comorbidities associated with psoriatic disease encompass cardiovascular disease, metabolic syndrome, obesity, hypertension, and type 2 diabetes.

The presence of psoriasis or psoriatic arthritis elevates the likelihood of developing a comorbidity. However, it is essential to keep in mind that being at risk does not ensure that a condition will manifest. Various elements, including personal and family health histories, current or past treatments, lifestyle choices, and the severity of your psoriatic disease, play a crucial role in determining your health outcomes.

The most important thing is not to be overwhelmed. Help is available for all associated conditions.



COMORBIDITIES OF PSORIATIC DISEASE

Psoriatic disease affects more than the skin. Because it is an inflammatory condition, it can increase the risk of several other health problems, known as comorbidities.

Understanding these can help you take steps to protect your overall health.

CARDIOVASCULAR DISEASE (CV) RISK

People with psoriatic disease have higher levels of inflammation throughout their body. This long-term inflammation can damage blood vessels, making them narrower or stiffer. Over time, this increases the risk of heart disease, stroke, high blood pressure, and high cholesterol. People with severe psoriasis or psoriatic arthritis are at even greater risk.

WHAT SHOULD I DO?

- Have regular checks of your blood pressure, cholesterol, and heart health with your GP.
- Maintain a healthy weight and quit smoking if you smoke.
- Eat a heart-healthy diet with plenty of fruits, vegetables, whole grains, lean proteins, and healthy fats.
- Stay physically active most days of the week.

PSORIATIC ARTHRITIS (PSA)

Psoriatic arthritis is a type of inflammatory arthritis that affects some people with psoriasis. It occurs when the immune system attacks the joints and the places where tendons attach to bones. This causes pain, stiffness, and swelling, especially in the fingers, toes, back, and heels. Without treatment, PsA can lead to joint damage and loss of mobility.

WHAT SHOULD I DO?

- See your GP or a rheumatologist if you have joint pain, swelling, or morning stiffness.
- Early diagnosis and treatment can help prevent joint damage.
- Treatment may include medications to reduce inflammation and protect joints.
- Stay active with gentle exercise and stretches to maintain flexibility and strength.

INFLAMMATORY BOWEL DISEASE (IBD)

Psoriatic disease shares similar immune pathways with conditions like Crohn's disease and ulcerative colitis. These cause inflammation in the digestive tract, leading to symptoms such as stomach pain, diarrhoea, and fatigue.

WHAT SHOULD I DO?

- Tell your doctor if you have ongoing digestive problems.
- A gastroenterologist can perform tests and provide treatment.
- Follow your treatment plan closely and avoid anti-inflammatory medicines unless prescribed.

DEPRESSION AND ANXIETY

Living with psoriatic disease can be emotionally challenging. Visible skin symptoms, chronic pain, and fatigue can affect self-esteem and social life. Ongoing inflammation may also influence brain chemistry, increasing the risk of depression and anxiety.

WHAT SHOULD I DO?

- Talk openly with your doctor about how you're feeling — mental health is just as important as physical health.
- Seek support from a psychologist, counsellor, or support group.
- Stay connected with family and friends.
- Try relaxation techniques like mindfulness, deep breathing, or yoga.

OBESITY

Many people with psoriatic disease are overweight or obese, partly due to inflammation, lifestyle factors, and reduced activity during flares. Extra body fat, especially around the waist, can worsen psoriasis and reduce how well treatments work. Obesity also increases the risk of other comorbidities like heart disease and diabetes.

WHAT SHOULD I DO?

- Aim for gradual, sustainable weight loss through healthy eating and regular activity.
- Speak with your GP or a dietitian for individual advice and support.
- Stay active in ways that suit you, such as walking, swimming, or cycling.
- Celebrate small, steady progress toward your goals.

NON-ALCOHOLIC FATTY LIVER DISEASE (NAFLD)

NAFLD occurs when fat builds up in the liver and is not caused by alcohol. It is more common in people with psoriasis or PsA, especially those who are overweight, have high cholesterol, or diabetes. If untreated, it can lead to liver inflammation or scarring.

WHAT SHOULD I DO?

- Have regular liver function tests.
- Maintain a healthy weight and manage blood sugar and cholesterol.
- Limit alcohol and eat a balanced diet.

EYE DISEASE (UVEITIS)

Uveitis is inflammation inside the eye, which can occur in people with PsA. It can cause eye redness, pain, blurred vision, and light sensitivity. If not treated quickly, it can lead to vision loss.

WHAT SHOULD I DO?

- See an eye specialist (ophthalmologist) urgently if you notice eye pain, redness, or vision changes.
- Follow treatment instructions — anti-inflammatory eye drops or medicines may be needed.
- Have regular eye check-ups if you have psoriatic arthritis.

OSTEOPOROSIS

Chronic inflammation, physical inactivity, or long-term use of corticosteroids can weaken bones, leading to osteoporosis. This makes bones more fragile and more likely to break.

WHAT SHOULD I DO?

- Get enough calcium and vitamin D through food, supplements, and safe sun exposure.
- Do regular weight-bearing exercise such as walking or resistance training.
- Avoid smoking and excessive alcohol.
- Ask your doctor about a bone density scan.

WHERE CAN I GET HELP?

You're not alone. There are many support groups and patient organisations that can offer information, connection, and advocacy. These include:

Psoriasis Australia is the national patient organisation dedicated to supporting people living with psoriasis and psoriatic arthritis. It raises awareness, provides reliable information, and advocates for improved care and treatment options across Australia. Visit **www.psoriasisaustralia.org.au** or call

Diabetes Australia is the national organisation supporting people living with all types of diabetes. It promotes awareness, funds research, and provides education and advocacy to help Australians prevent and manage diabetes effectively. Visit **www.diabetesaustralia.org.au** or call **1800 177 055**

The **Heart Foundation** works to prevent heart disease and improve heart health through research, education, and advocacy. They can provide resources to help you make heart-healthy choices and supports you living with cardiovascular disease. Visit **www.heartfoundation.org.au** or call **13 11 12**

Lifeline provides crisis support and suicide prevention services for Australians experiencing emotional distress 24 hours a day, 7 days a week. Call Lifeline on **13 11 14** or visit **www.lifeline.org.au**.

CALL 000 IMMEDIATELY IF YOU FEEL THAT YOU CAN NO LONGER GO ON AND REQUIRE IMMEDIATE MENTAL HEALTH ASSISTANCE.

REFERENCES

Alotaibi, H. A. (2018). The association between psoriasis and diabetes mellitus: A systematic review and meta-analysis. Cureus.

American Academy of Dermatology. (n.d.). American Academy of Dermatology. Retrieved from https://www.aad.org

Australian Institute of Health and Welfare (AIHW). (n.d.). Chronic skin conditions. Retrieved from https://www.aihw.gov.au

Beyond Blue. (n.d.). Beyond Blue. Retrieved from https://www.beyondblue.org.au

Budu-Aggrey, A., et al. (2019). Evidence of a causal relationship between psoriasis and type 2 diabetes mellitus: A Mendelian randomization study. PLoS Medicine, 16(1), e1002739.

Diabetes Australia. (n.d.). Diabetes Australia. Retrieved from https://www.diabetesaustralia.com.au

Elmets, C. A., et al. (2019). Joint American Academy of Dermatology–National Psoriasis Foundation guidelines of care for the management and treatment of psoriasis with awareness of comorbidities. Journal of the American Academy of Dermatology, 80(4), 1073–1113.

Food and Drug Administration (FDA). (n.d.). Cigarette smoking: A risk factor for type 2 diabetes. Retrieved from https://www.fda.gov

Fleming, P. (2016). Psoriasis and cardiometabolic diseases: The role of nutrition. American Journal of Clinical Nutrition, 104(3), 1063–1064.

Gerdes, S., et al. (2016). Comorbidities of psoriasis: The need for integrated care. British Journal of Dermatology, 174(6), 1292–1294.

Global Psoriasis Atlas. (n.d.). Global Psoriasis Atlas. Retrieved from https://globalpsoriasisatlas.org

Heart Foundation Australia. (n.d.). Heart Foundation Australia. Retrieved from https://www.heartfoundation.org.au

International Federation of Psoriasis Associations (IFPA). (2021). Inside Psoriatic Disease: Diabetes.

International Diabetes Federation. (n.d.). What is diabetes? Retrieved from https://idf.org

Jensen, P., & Skov, L. (2016). Psoriasis and obesity. Dermatology, 232(6), 633–639.

Ko, S.-H., et al. (2019). Effects of self-management intervention on glycaemic control in type 2 diabetes: A systematic review and meta-analysis. Cochrane Database of Systematic Reviews, (7), CD011972.

Lifeline Australia. (n.d.). Lifeline Australia. Retrieved from https://www.lifeline.org.au

Manalo, I. F., et al. (2015). The association between psoriasis and diabetes mellitus: A population-based study. Journal of the American Academy of Dermatology, 73(5), 872–874.e4.

Michaëlsson, G., et al. (2006). Diet and psoriasis: Is there a link? Journal of the American Academy of Dermatology, 54(4), 610–616.

Patrick, M. T., et al. (2020). Genetic risk factors for psoriatic disease and their relationship to diabetes. Journal of Investigative Dermatology.

Psoriasis & Primary Care Report – Beyond Gatekeeping. (2020).

Renzi, C., et al. (2011). Psoriasis, distress and coping strategies. Clinical and Experimental Dermatology, 36(8), 885–888.

Roger-Silva, D., et al. (2018). Cardiometabolic comorbidities in psoriasis patients: A systematic review. Clinical Rheumatology, 37(2), 389–395.

Takeshita, J., et al. (2017). Comorbidities of psoriasis: An update from the National Psoriasis Foundation. JAMA Dermatology, 153(8), 836–844.

Upala, S., & Sanguankeo, A. (2015). Association between psoriasis and obesity: A systematic review and meta-analysis. International Journal of Obesity (London), 39, 1197–1202.

World Health Organization. (2016). Global report on diabetes. Geneva: World Health Organization.

World Health Organization. (2016). Global report on psoriasis. Geneva: World Health Organization.

Zhou, H., et al. (2020). The association between psoriasis and metabolic syndrome: A meta-analysis. Journal of International Medical Research, 48(10), 300060520964024.

Proudly supported by

Disclaimer: Some photographs and models used in this booklet are for illustration purposed only and are not psoriasis patients. This booklet has been independently developed and produced by Psoriasis Australia with an educational grant provided by UCB.

60 Pascoe Vale Rd,
Moonee Ponds,
VICTORIA, 3039
www.psoriasisaustralia.org.au