**Transcript Details**
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/living-rheum/glp-1s-in-psoriatic-arthritis-management/70152/

**ReachMD**
www.reachmd.com
info@reachmd.com
(866) 423-7849

---

The Potential Role of GLP-1s in Psoriatic Arthritis Management

**Announcer:**
This is *Living Rheum* on ReachMD. On this episode, we'll learn about the potential role of GLP-1s in psoriatic arthritis care with Dr. Philip Mease. He's the Director of Rheumatology Research at the Providence Swedish Medical Center and a Clinical Professor at the University of Washington School of Medicine in Seattle, Washington. Here's Dr. Mease now.

**Dr. Mease:**
There are a number of issues that we're learning about as we incorporate the use of GLP-1 receptor agonists into the management of patients who are overweight or obese or have diabetes or obstructive sleep apnea. If a patient with psoriasis or psoriatic arthritis has any of these issues, then we should be incorporating discussion about use of GLP-1s into our standard daily clinical visits.

So if I have a patient who is coming in who I can see has an elevated BMI, I very thoughtfully and empathetically ask them some questions: "First of all, to start with, can we talk about whether weight management may benefit your psoriasis and psoriatic arthritis? And would it be okay for me to talk to you about this?" The reason for approaching this in a questioning way is because it is likely the patient has already thought about the role that obesity is having in relation to their disease state. And they're either feeling very guilty about it, or they're feeling exasperated by the clinician noticing that they're obese and bringing it up. Or they may be really glad that you brought it up because this is a problem that's been vexing them, and they haven't known how best to deal with it and are now happy to be talking about it because they know it's an issue.

So once that is done, let them know about the data. For example, the use of GLP-1 receptor agonists or dual GIP/GLP-1 receptor agonists that some companies are making are showing that when used and when substantive weight loss occurs, the patient is much more likely to be able to achieve a state of minimal disease activity or remission than if they do not tackle the obesity issue.

We also know that there are meaningful differences and improvements in quality of life and physical function that may occur with weight reduction. Based on some of the data that we see emerging about the rapidity with which inflammation changes reflected in measures like ACR50 response in a psoriatic arthritis patient, within the first few weeks, there are improvements of ACR50 even before meaningful weight loss occurs. We're beginning to think that these medications have immunomodulatory properties. And this has been supported by observations that you can measure a decline in inflammatory cytokines such as TNF, interleukin-17, and interleukin-6 when these medications are used.

So there's direct evidence of both the inflammatory cytokines that we know drive disease in all patients with the disease, but also there's a reduction in pro-inflammatory cytokines that come from fat tissue that are called adipokines, such as leptin. When reduction in these inflammatory molecules occurs, it appears to lead to reduction in inflammation.

And so it's very clear that in patients who are overweight or obese or have other reasons for use of a GLP-1 receptor agonist, this can be beneficial for their disease management.

**Announcer:**
That was Dr. Philip Mease talking about how GLP-1s may play a role in psoriatic arthritis care. To access this and other episodes in our series, visit *Living Rheum* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!