

Recently, scientists have begun exploring GLP-1 (glucagon-like peptide-1), which could offer new benefits for those living with psoriatic disease. Although the term GLP-1 may not be widely known, the associated drug names of semaglutide (Ozempic and Wegovy) or tirzepatide (Mounjaro) may be more familiar, particularly given the wide press and media coverage their use has inspired.

## What is GLP-1?

GLP-1 is a hormone that helps the body manage sugar levels and control appetite. Medicines that mimic GLP-1 are already used to treat type 2 diabetes and obesity.

Researchers believe that GLP-1 might also help reduce inflammation in the body, a key issue for patients with psoriasis and psoriatic arthritis.

There are several potential benefits of GLP-1 for UK patients. For starters, it may help lower inflammation levels, which could reduce the severity of psoriasis patches and ease joint pain. Additionally, since many people with psoriasis are overweight, the weight loss support provided by GLP-1 could improve both skin and joint health. Beyond that, GLP-1 might help manage comorbid conditions like diabetes and heart problems, leading to better overall health for patients.

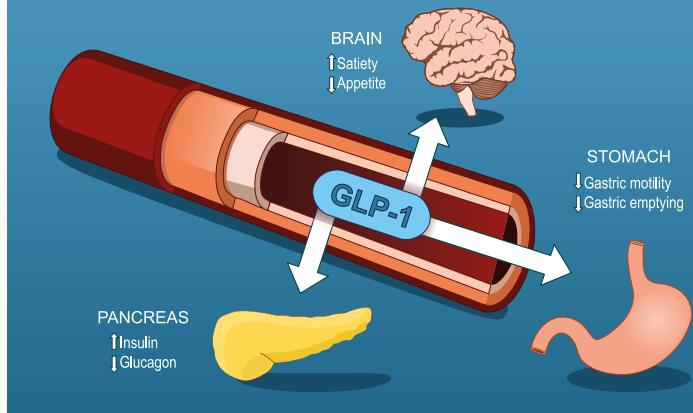
Another promising aspect of GLP-1 is its potential to complement existing treatments. It could be used alongside current therapies for psoriasis, possibly enhancing effectiveness for those who haven't found relief with traditional options.

## Challenges for consideration

While GLP-1 shows promise, there are challenges that UK patients and healthcare providers should consider. Currently, there isn't enough research specifically focused on using GLP-1 for psoriasis. More clinical trials are necessary to ensure its safety and effectiveness for such conditions.

Patients may also experience side effects such as nausea or diarrhoea, which could discourage some from continuing treatment. Furthermore, GLP-1 medicines can be expensive, and not all NHS

## Glucagon-like peptide-1



trusts may cover them for off-label use in psoriasis treatment. This financial barrier might limit access for some patients.

There is also a risk that patients and healthcare providers may become overly optimistic about GLP-1 without sufficient evidence. High expectations could lead to disappointment if the treatment does not yield the desired results. Additionally, if too much focus shifts to GLP-1, important research and resources might be diverted away from established, effective psoriasis treatments.

## Conclusion

GLP-1 could be a promising new option for treating psoriatic disease in the UK, but careful consideration is essential. Its potential to reduce inflammation, support weight loss, and improve overall health offers hope for many patients. However, more research is needed to establish its safety and effectiveness specifically for psoriasis and psoriatic arthritis. As scientists continue to study GLP-1, it may become an important part of treatment strategies for these conditions. Meanwhile, it's crucial for patients and healthcare providers to balance excitement for new therapies with caution, ensuring that all available options are explored for effective care.

PAPAA will continue to monitor this and other scientific innovations by providing both commentary and actions that are balanced and innovative in this ever-changing landscape.