

Recommendations for patients with psoriasis with a risk of comorbid conditions	Level, grade
Psoriatic arthritis should be considered in all patients with cutaneous psoriasis. Patients with signs and symptoms suspicious of psoriatic arthritis must be completely evaluated for psoriatic arthritis.	3, B
Patients with psoriasis must be screened actively for cardiovascular risk factors.	2–3, B
Patients with moderate-to-severe psoriasis should have their obesity status determined according to the national guidelines.	2–3, B
Patients with psoriasis should be actively screened for metabolic syndrome and its components by an appropriate healthcare professional according to the national guidelines.	2–3, B
Recommendations for patients with psoriasis with comorbid conditions	
Obese and overweight patients with psoriasis should be counselled regarding weight loss and the impact of weight on psoriasis severity as well as on the treatment response.	2–3, D
Acitretin and MTX should be used with caution in patients with psoriasis having liver disease.	4, D
Patients with IBD must avoid interleukin-17 inhibitor therapy.	1–3, C
Lifestyle interventions, such as smoking cessation and weight loss, should be encouraged in patients with psoriasis who are current smokers or are obese. A referral for smoking cessation or weight management programmes may be considered if appropriate.	4, D
Recommendations on delivery of care and social and psychological aspects of psoriasis	
Patients with acute unstable psoriasis, erythrodermic psoriasis and generalised pustular psoriasis should be urgently referred to a dermatologist for consideration of inpatient management.	4, D (GPP)
Patients must be provided clear instructions regarding the use of topical agents and therapeutic education to improve adherence.	1+, A
Patients with psoriasis should be followed up regularly and frequently, especially in the initial stages of treatment.	2+, C

GPP: good practice points; IBD: inflammatory bowel disease; MTX: methotrexate