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Supplements in Psoriatic Arthritis

A one-page summary from "Supplements for Arthritis and Lupus: What the Evidence Really Says"

Start here. No major guideline — ACR, the National Psoriasis Foundation, or GRAPPA — recommends any supplement for psoriatic arthritis except a weak nod to vitamin D. But one non-drug intervention has better numbers than anything in a bottle, and it's the first thing I want to talk about.

The biggest lever: weight, if yours is elevated

In a study of 41 people with psoriatic arthritis on a very-low-energy diet, median weight loss was 18.7 kg — about 18.6% of body weight. Tender joints fell from 8 to 3, swollen joints from 4 to 1, skin scores from 4.0 to 1.5. The share of people in minimal disease activity went from 29% to 54%, and it held at two years.

It also makes your medication work better. Obesity roughly quintuples the odds of *failing* to reach minimal disease activity on a TNF inhibitor. Among people who lost weight after starting one, losing 5–10% nearly quadrupled the odds of a good response, and losing more than 10% raised them nearly sevenfold. The National Psoriasis Foundation's only *strong* dietary recommendation is weight reduction.

Worth taking

- **Vitamin D**, 800–2,000 IU daily. The NPF gives this a weak recommendation in psoriatic arthritis specifically. Trials found no effect on skin, so set expectations accordingly — the better justification is bone and correcting a deficiency.
- **Folic acid** if you're on methotrexate — 1 mg daily or 5 mg weekly. This one isn't optional.

Optional

- **Fish oil.** One reasonably sized trial — 142 people, 3 g/day for 24 weeks — reported less joint pain and lower painkiller use. Never replicated, and the pooled evidence for skin is null. If you try it, count EPA+DHA rather than total oil, and give it three months.

Only if you actually test positive

- **A gluten-free diet** is recommended by the NPF only for people with positive celiac blood tests. Universal screening isn't advised because of false positives — so let's test before you restrict.

Not supported

- **Probiotics** for joints — no psoriatic arthritis trials exist. The positive signal is for skin, in small studies, and even there the response rate and quality-of-life scores didn't move.
- **Glucosamine and chondroitin** — zero trials in psoriatic arthritis, and the wrong mechanism entirely. These are marketed for cartilage wear; your disease is immune-mediated inflammation and abnormal new bone formation.
- **Curcumin** for joints — there are no joint-outcome trials. There is one small adjunctive trial in mild psoriasis. Be especially careful with it if you're on methotrexate or leflunomide, because of liver overlap.

Don't forget your heart. Psoriatic arthritis carries roughly double the rate of type 2 diabetes and substantially more hypertension, obesity, and high cholesterol. GRAPPA specifically recommends screening for cardiovascular risk factors and treating them. That's where diet genuinely pays off — and fish oil capsules are not the tool for that job.