



MHSRS 2026

Combat Service and Psoriasis Exacerbation Among 3,109 Soldiers with Psoriasis

A target-trial emulation study in the Israel Defense Forces

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At the moment of truth,
IDF MEDICAL CORPS.

Non-disclosure

Shahar Ronen, MD, has **no conflicts to report.**

- No commercial funding; funding sources: none.
- No off-label or investigational product use is discussed.



Background

Why psoriasis?



- Stress in psoriasis
- Previous literature
- Military related stress
- Measuring disease exacerbation



THE POLICY QUESTION

Accession policy: a divergence

U.S. ACCESSION STANDARD

Disqualifies history of psoriasis

Disqualifying by default⁷ (waiver-eligible)⁸

IDF ACCESSION STANDARD

Permits mild psoriasis in combat roles

Soldiers with mild, untreated disease hold combat-eligible profiles

Both policies are driven by the same **assumption**:
“operational stress may drive psoriasis flares”



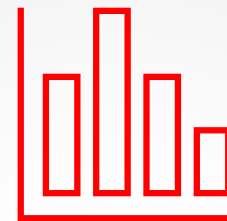
BACKGROUND

Stress and psoriasis: an unsettled link



THE BELIEF

**Stress triggers
flares**



THE EVIDENCE

**Data are
inconsistent**



WHY THE MILITARY

**A real-world
stress test**



Study design: target-trial emulation

A natural experiment in military service

RESEARCH QUESTION

Does combat service increase psoriasis exacerbation risk versus non-combat service among soldiers with pre-existing mild disease?



01

Eligibility

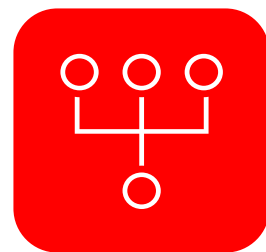
IDF conscripts

16-25

Pre-existing mild psoriasis

Combat-eligible profile

Drafted 2007-2024



02

Assignment

Two arms by service role

Combat

VS.

Non-combat



03

Follow-up

Recruitment → discharge

32-36 mo (males)

24 mo (females)

Analyzed separately by sex



04

Outcome

Time to a **composite psoriasis-exacerbation endpoint**

defined later



METHODS

Outcome definition and analysis

PRIMARY COMPOSITE OUTCOME

Time to the first of:

- A** Dermatologist-driven worsening of medical fitness code
- B** Initiation of phototherapy
- C** Initiation of systemic/biologic therapy

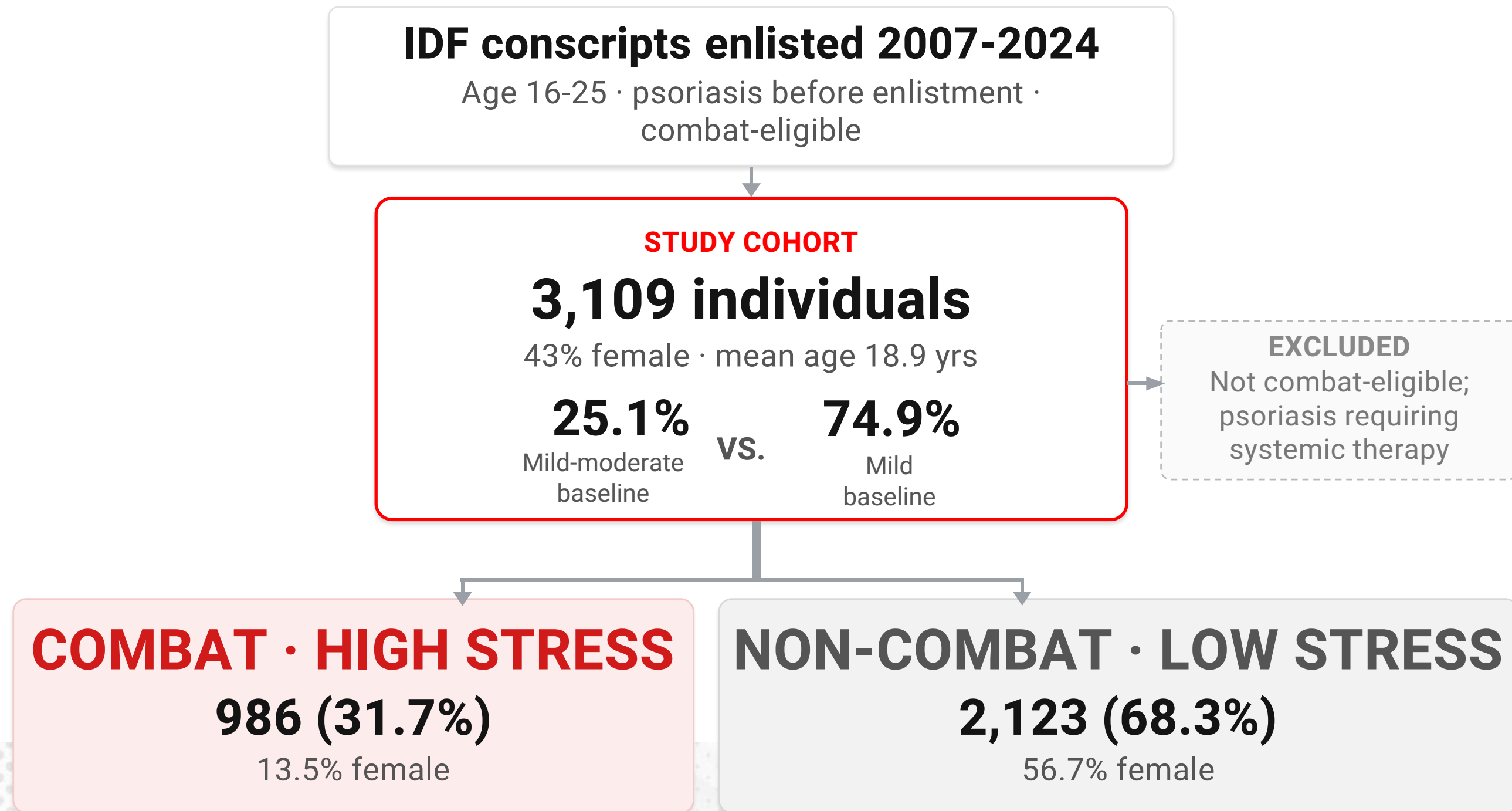
STATISTICAL ANALYSIS

- Cox proportional-hazards models (unadjusted+adjusted)
- Kaplan-Meier curves (time-to-event)
- Stratified by sex to account for differing service length



RESULTS

Study population



RESEARCH QUESTION

Does combat service increase psoriasis exacerbation risk versus non-combat service among soldiers with pre-existing mild disease?



RESULTS

Primary outcome

COMBAT

11.2%

110 / 986 soldiers

NON-COMBAT

10.2%

216 / 2,123 soldiers

86.3%

completed combat training



RESULTS

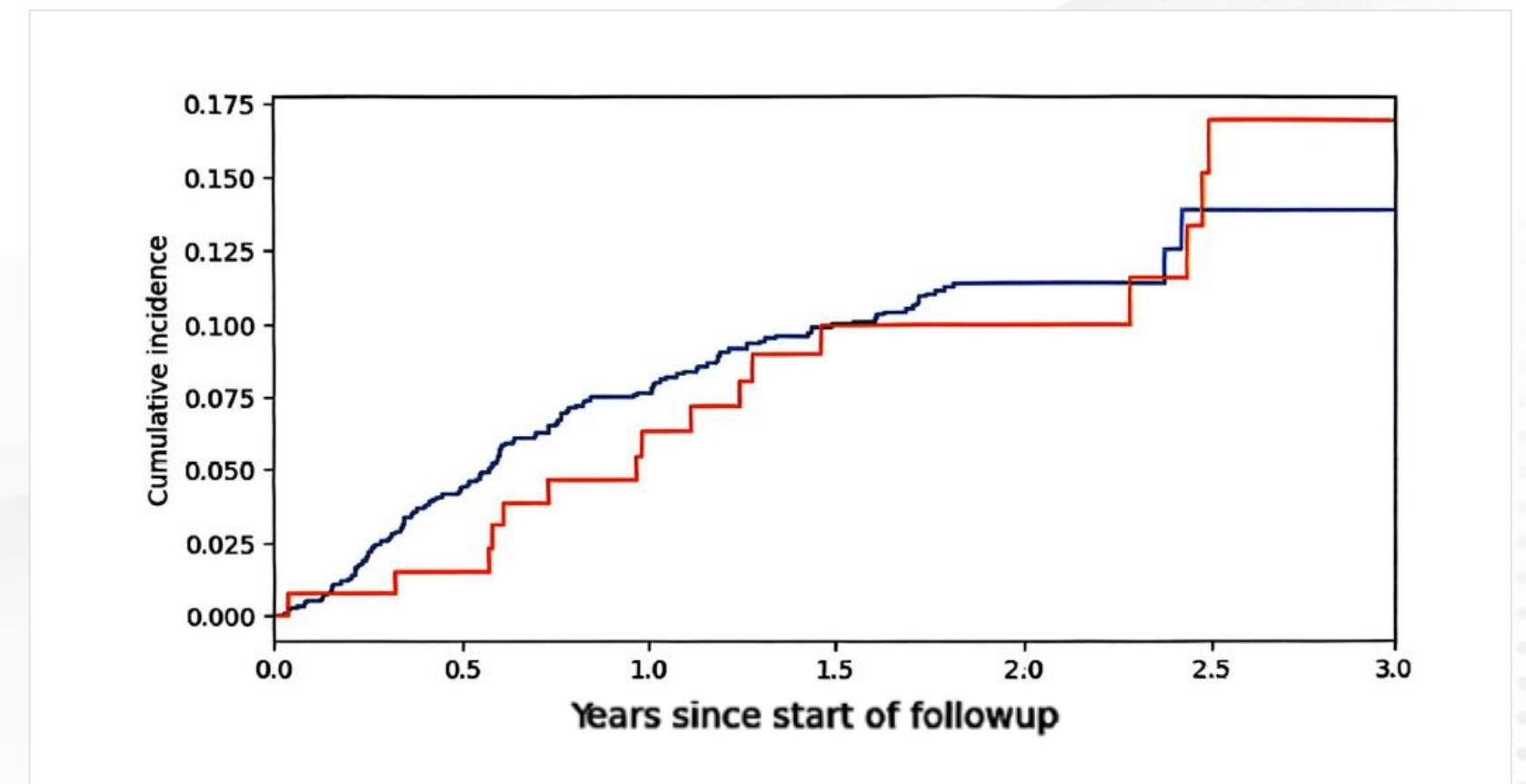
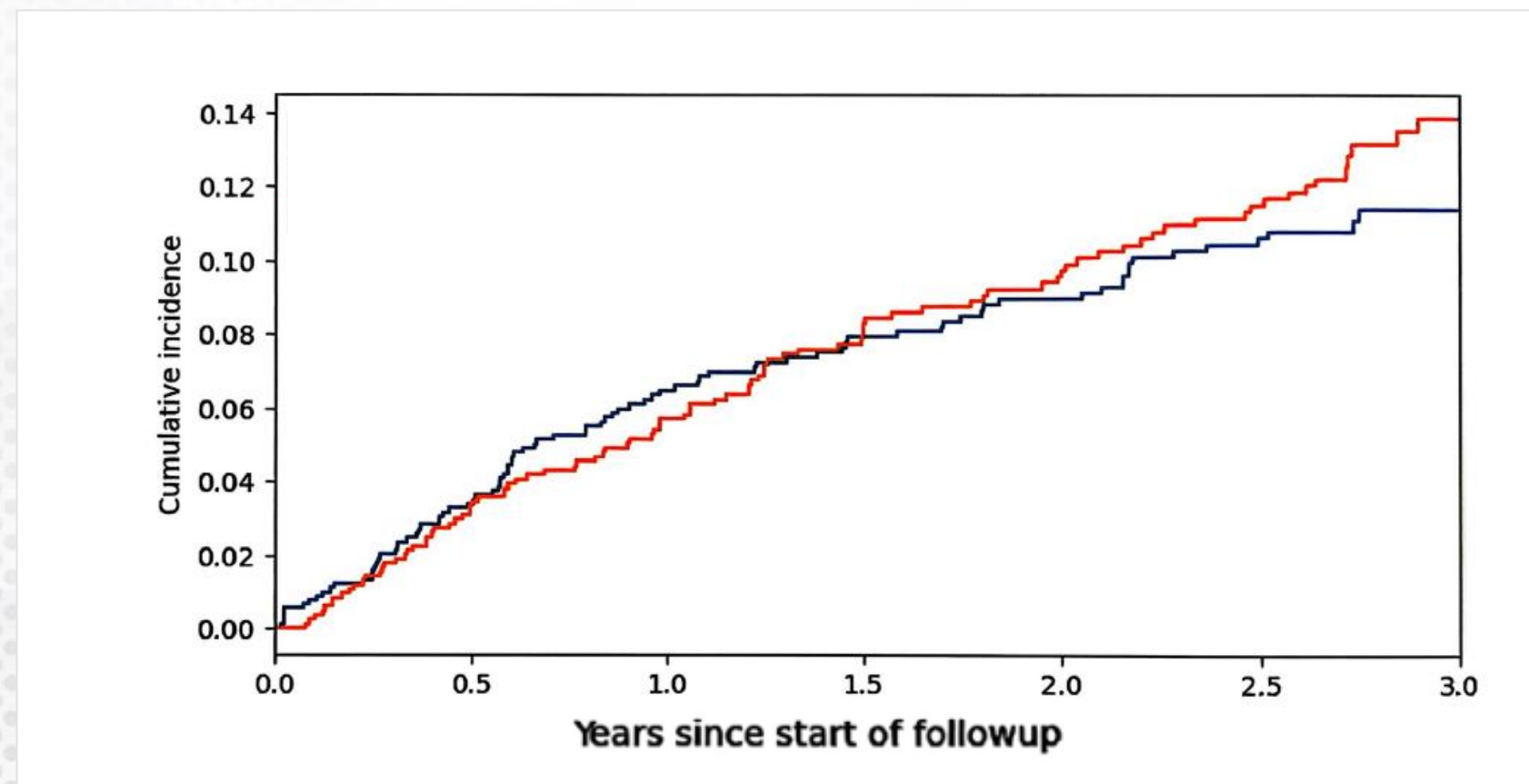
Time to exacerbation

Males

aHR 1.33 [0.98 – 1.81]

Females

aHR 1.20 [0.65 – 2.21]

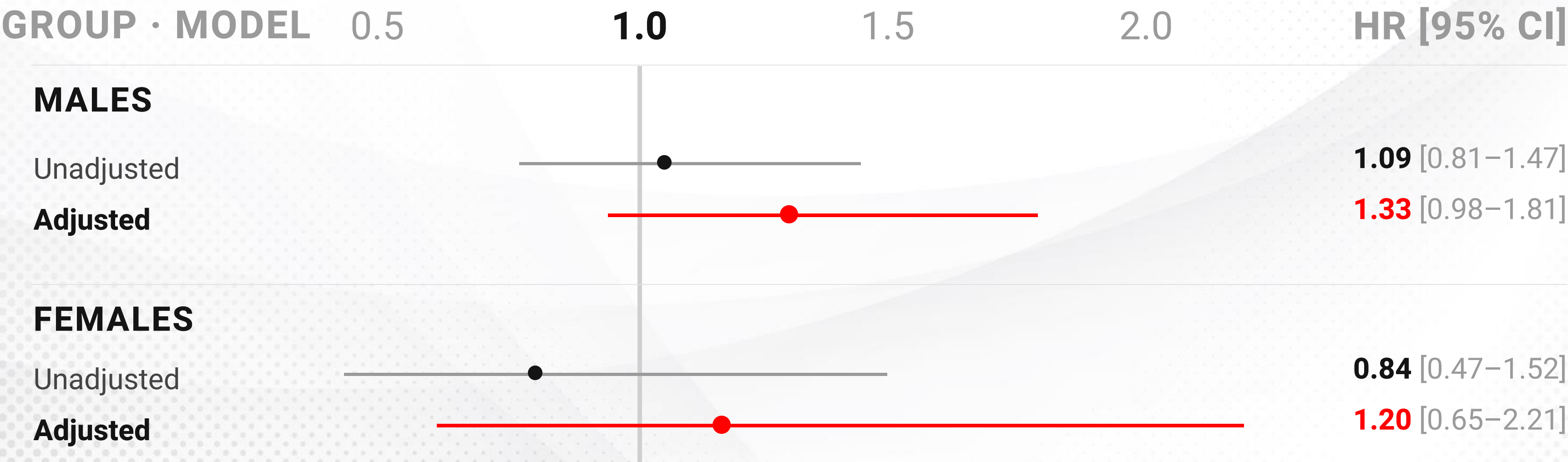


— Combat
— Non-combat



RESULTS

Adjusted hazard ratios



Adjusted: recruitment year · baseline severity · socioeconomic status · cognitive score



INTERPRETATION

Limitations

1 Outcome capture

Retrospective records capture major milestones, minor flares may be undercounted

2 Exposure measurement

Individual biological stress markers not measured

3 Statistical power

Borderline male estimate (aHR 1.33)

4 Severe-end events

Low rate of systemic biologic initiation



CONCLUSIONS

Conclusions and policy implications

- 1 No evidence that combat service increases psoriasis exacerbation in soldiers with pre-existing mild disease
- 2 Supportive of current IDF policy to permit mild psoriasis in combat-eligible roles
- 3 The borderline male signal warrants larger confirmatory cohorts and consideration of dermatologic monitoring during high-stress service



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DISCLAIMER & ETHICS

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At the moment of truth,
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