**Supplementary Material**

*Methods*

Most Israeli civilians undergo a routine medical evaluation and fitness-for-service (FFS) classification as part of their military preconscription assessment. This medical evaluation includes questionnaires filled out by the candidate and his/her family physician, a detailed anamnesis, and a physical examination, as well as further examinations and consultations as required. Each individual’s height and weight are measured (barefoot and in underwear) by trained technical medical personnel. These measurements are recorded and rounded to the nearest 0.5 kg for the weight and 1 cm for the height, after which, the body mass index (BMI) is calculated (weight in kilograms divided by height in meters squared). This medical evaluation results in one or more FFS numerical classification codes indicative of a medical diagnosis or similar diagnoses (grouped by pathogenesis) and a functional status, which are stored in the candidate’s medical records. From each conscript’s medical records, we retrieved the demographic details (gender, birth date, and ethnicity), FFS determination date, FFS codes, and BMI. In addition, the low-density lipoprotein cholesterol, high-density lipoprotein cholesterol, and triglyceride blood levels following 12 h of fasting were included if they were measured during military service. In those cases, we used the first measurements obtained during military service.

This study was approved by the Israel Defense Forces (IDF) Medical Corps Institutional Review Board.

*Study Population*

This was a cross-sectional retrospective study of Israeli teenagers that underwent medical evaluations conducted by the IDF as part of their preconscription assessments from January 1, 1999, through January 1, 2014. We included subjects who were 16–18 years old at the time of their medical evaluations. Because orthodox and ultra-orthodox Jewish women and Druze women are exempt from military service, our study sample can be considered nationally representative of men and, to a lesser extent, women [[14](#_ENREF_15)].

*Diagnosis of Psoriasis and Comorbidities*

The psoriasis presence and severity were determined using the corresponding numerical FFS codes, as assigned based on the findings of a board-certified dermatologist, according to the appropriate medical history and clinical features (Table S1) described previously [[13](#_ENREF_14)]. In this study, the following comorbidities were assessed by a board-certified expert in their relevant medical field: dermatological conditions (including contact dermatitis, vitiligo, other photosensitive diseases, and hyperhidrosis), rheumatic diseases (a grouped entity of both psoriatic and nonpsoriatic arthritis), and gastrointestinal comorbidities (including inflammatory bowel disease and irritable bowel syndrome). Due to coding limitations, psoriatic and nonpsoriatic arthritis were grouped together. The comorbidity diagnoses were based on the criteria specified in Table S1.

*Definition of Variables*

The ethnicity (based on the paternal region of birth and, if the father was born in Israel, his parental place of birth) was categorized into four geographical areas: former Union of Soviet Socialist Republic (USSR) countries, Africa and Asia (excluding South Africa and Israel), Western (comprised of non-USSR Europe, North and South America, South Africa, Australia, and New Zealand), and Israel.

The BMI was used as a continuous variable, as in similar studies, because at 17 years old adolescents have completed most of their growth [[15](#_ENREF_16)]. The BMIs were grouped accordingly: BMI <20 (under and low-normal weight), 20 ≤ BMI < 24.9 (medium and high-normal weight), 25 ≤ BMI < 29.9 (overweight), and BMI ≥30 (obese).

*Statistical Analysis*

The continuous variables were compared using the independent samples *t* test, while the categorical variables were compared using Fisher’s exact test. All of the data were summarized and displayed as a mean (± standard deviation) for the continuous variables or as a number (percentage) of patients in each group for the categorical variables. The odds ratios (ORs) were reported with 95% confidence intervals (CIs) and *p* values. A two-sided *p* value of <0.05 was considered to be statistically significant.

The prevalence ratio trend was evaluated using Spearman’s correlation coefficient, and a linear regression was used to study the mean changes in the prevalence ratios per year. All of the analyses were performed using IBM SPSS Statistics for Windows version 23.0 (IBM Corp., Armonk, NY, USA, 2015).