

PSORIASIS MANAGEMENT IN WOMEN

Healthcare professionals and women living with psoriasis must have open, ongoing discussions about their social and mental well-being, family planning, and the compatibility of medicines with pregnancy.

How does psoriasis affect women?

Psoriasis is a long-term disease that causes patches on the skin to become red, flaky, itchy and/or painful. Up to 2 in 5 people with psoriasis may also develop a condition known as psoriatic arthritis, which makes joints feel swollen, stiff and/or painful. The World Psoriasis Happiness Report 2017 showed that living with psoriasis can have a major impact on people's well-being: while both men and women with psoriasis are generally unhappier than people who do not have psoriasis, women are affected the most. Women with psoriasis tend to be lonelier and more stressed, as well as struggle more with feeling flawed or rejected. The disease affects women's sex life more than it does for men.

What are important considerations for women who are living with psoriasis and are pregnant or may become pregnant?

Women often find out that they have psoriasis in their late teens to early thirties, at an age when they could become pregnant. Having psoriasis should not hold women back from having children. In fact, many women living with psoriasis find that their skin improves during pregnancy or does not get worse. One in 4 women, however, do experience a worsening of their symptoms, and it is common to have more skin problems ('disease flares') after giving birth. To avoid this and give women the best possible care, medication to treat psoriasis may be needed throughout a pregnancy.

Research has shown that half of all pregnancies are unplanned. So, it is critical that all women who are sexually active take medicines for psoriasis that are compatible with pregnancy, even if they have no plans to become pregnant. Since most women find out they are pregnant during important stages of early development for the unborn baby, this would prevent any potential harm to the unborn baby. It is also vital that women who are pregnant, or planning to become pregnant, tell their doctor straight away. This way, they can decide together how to best treat the psoriasis.

DISCLOSURES

ABG: Consultant, advisory board member and/or speaker for: Celgene, Bristol-Myers Squibb, Beiersdorf, AbbVie, UCB Pharma, Novartis, Incyte, Lilly, Reddy Labs, Valeant, Dermira, Allergan, Sun Pharmaceutical Industries, Xbiotech, Leo and Avotres Therapeutics; Research/educational grants from: Janssen, Incyte, Novartis, Xbiotech, UCB Pharma and Boehringer Ingelheim; CR: Consultant, advisor and/or speaker for: AbbVie, Boehringer Ingelheim, Dermira, Dr. Reddy's Laboratories, Janssen, Leo, Lilly, Medimetris, Novartis, Regeneron/Sanofi, UCB Pharma; JEM: Consultant for: UpToDate, Dermira, UCB Pharma, Sanofi, Ferndale and Regeneron.

Burden of psoriasis for women



Women vs Men:

- ↓ Happiness (greater gap vs general population)
- ↑ Stress and loneliness
- ↑ Sexual dysfunction and distress
- ↑ Feelings of rejection and being flawed

What types of psoriasis medicines can be taken during pregnancy?

Several psoriasis medicines are known to be unsafe during pregnancy, or there is evidence to suspect this is the case. These include methotrexate, psoralen, and acitretin. These treatments should be avoided in young women unless appropriate birth control is used. However, there are many treatment options that are compatible with pregnancy, and information on the safety of medicines is continuously growing. Treatments that are compatible with pregnancy include over-the-counter creams that are used on the affected skin areas, therapy with ultraviolet light B (UVB), cyclosporin, and anti-tumor necrosis factor therapies, if these are recommended by a doctor.

How can we improve the care of women living with psoriasis?

Healthcare professionals can support women by discussing their social and mental well-being, respectfully, openly and honestly. Ongoing dialogue between patients and their doctors about family planning and the safety of medicines during pregnancy are also needed. Importantly, all women who are pregnant or may become pregnant and who require treatment for their psoriasis should be able to feel confident that the medicines they are taking would not be harmful in case of pregnancy and breastfeeding.

FOR MORE INFORMATION

Gottlieb AB, Ryan C, Murase JE. Clinical considerations for the management of psoriasis in women. *Int J Womens Dermatol* 2019; 5(3):140-150.

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