Checklist for Shared Decision-Making

For Treatment of Women with Psoriasis and Comorbidities

This checklist was designed to ensure important topics are covered with your female patients and to facilitate shared decision-making during your consultations.

Impact of Psoriasis

- [ ] Ask which aspects of the woman's psoriasis bothers them most and review DLQI responses
- [ ] Discuss patient's satisfaction with treatment and most suitable treatment options

> Women with psoriasis often experience greater subjective burden than men, with typically higher DLQI scores[1,2]

Comorbidities

Consider referral to specialists where needed

Identify whether your female patient has any of the following comorbidities or should be referred to a specialist:

Inflammatory Bowel Disease (IBD)

- [ ] **Ask whether the woman has a family history of IBD and any gastrointestinal concerns or symptoms such as:** diarrhoea; presence of blood in stool; faecal mucus; concerns with stool consistency; abdominal pain; unexplained weight loss

> Women with psoriasis have 2X higher risk of Crohn's disease compared with women without psoriasis[3]

If the patient has suspected IBD, refer to a gastroenterologist

Obesity and Cardiometabolic Disease

- [ ] **Discuss the increased risk of obesity, diabetes and cardiovascular disease associated with psoriasis, and the importance of maintaining a healthy lifestyle (diet, exercise, and smoking cessation)**
- [ ] **Regularly screen for cardiometabolic risk factors such as BMI, blood pressure, lipid analysis, HbA1c, blood glucose levels, smoking status, alcohol consumption, family history**
  - Increase regularity of screening for patients with more severe disease

> A higher prevalence of cardiovascular risk factors have been observed in young women with psoriasis[4]

If the patient has suspected cardiometabolic disease, refer to a cardiologist

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1. Gottlieb AB et al. Int J Womens Dermatol. 2019;5(3):141–150; **2.** van der Schoot LS et al. J Eur Acad Dermatol Venereol. 2019;33(10):1913–1920; **3.** Bachdal Johansen C et al. Int J Womens Dermatol. 2020;7(3):246–258; **4.** Branisteanu DE et al. Exp Ther Med. 2022;23(2):152; **5.** Elmets CA et al. J Am Acad Dermatol. 2019;80(4):1073–1113; **6.** Martinez-Ortega JM et al. J Psychosom Res. 2019;124:109780; **7.** Gado SE et al. Expert Rev Clin Immunol. 2021;17(5):539–544; **8.** Smith CH et al. Br J Dermatol. 2020;183(4):628–637; **9.** EuroGuiDerm Guideline for the Systemic Treatment of Psoriasis Vulgaris. Available at: https://www.edf.one/dam/jcr:c80dd166-c66f-4548-a7ed-754f5e2687d0/Living_Euroguiderm_guideline_psoriasis_vulgaris.pdf. Accessed September 2022.

BMI: Body mass index; **DLQI:** Dermatology Life Quality Index; **HbA1c:** Haemoglobin A1c; **IBD:** Inflammatory bowel disease; **PEST:** Psoriasis Epidemiology Screening Tool; **PURE-4:** Psoriatic Arthritis UncluttеRed Screening Evaluation; **PsA:** Psoriatic arthritis.

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Comorbidities (cont.)

Psoriatic Arthritis (PsA)

Conduct regular screening for PsA using tools such as the Early Arthritis for Psoriatic Patients (EARP-10) PEST and PURE-4 screening questionnaires

Ask your patients about fatigue. Fatigue may be an early symptom of PsA, and therefore should be monitored in your patients[7]

Screening at each visit and early detection of PsA is essential for optimising patient quality of life and reducing morbidity; cutaneous disease precedes arthritis in the majority of patients[5]

If the patient has suspected PsA, refer to a Rheumatologist

Mental Health and Psychological Wellbeing

Discuss mental health and psychological wellbeing with your patient including topics such as depression, anxiety and suicidal ideation

Ask the patient if they have any concerns regarding their sleep quality or quantity

Discuss how your patient's psoriasis is making them feel

Women with psoriasis have increased risk of anxiety and depression[6]

If the patient has suspected mental health concerns, refer to a Psychologist

Family Planning (for women of fertile age)

Ask whether the woman has any desire to start a family, in the short or long term, and identify any concerns regarding the effects on/of their psoriasis

Discuss family planning and suitable treatment options; mention treatment wash-out periods prior to conception

Discuss the importance of disease control pre-, during and post-pregnancy

Remind the patient to inform their practitioner of any potential pregnancy as soon as possible

~50% of pregnancies are unplanned, therefore family planning and compatible psoriasis treatments should be proactively discussed[1]

Refer to treatment guidelines regarding specific options for treatment pre-, during and post-pregnancy such as **British Association of Dermatologists Guidelines for Biologic Therapy for Psoriasis[8]** or the **EuroGuiDerm Guidelines[9]**

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