

# Timely Proactive Communication with Women Living with Psoriasis

This material was developed by dermatologists for dermatologists to highlight the unmet need for adequate treatment and management of women living with psoriasis. It intends to highlight data from key publications in the field, as well as providing expert advice and opinions from dermatologists.



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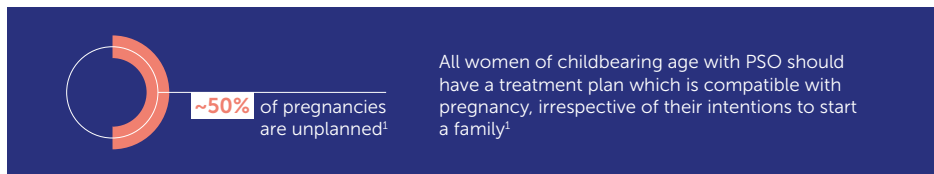
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## Key Literature on the Importance of Communication with Female Patients

Diagnosis of PSO (average age: 28 years) and treatment initiation often overlap with peak reproductive years for women with PSO.<sup>1</sup>



Women with moderate-to-severe psoriasis have fewer children:

**22–50% reduced fertility rate** compared to the general population has been reported.<sup>1,2</sup>

Lacking information on the safety of PSO treatments during pregnancy may be of concern to patients and may lead to reduced fertility rates<sup>2,3</sup>

Pregnancy outcomes:

Increased severity of PSO and PsA increases the risk of pregnancy complications:<sup>1,2,3,4</sup>

- Gestational diabetes
- Pre-eclampsia
- Preterm birth
- Low birth weight

Maternal Outcomes: 2.5x more likely (Gestational diabetes), 2.3x more likely (Pre-eclampsia)

Neonate Outcomes: 1.9x more likely (Preterm birth), 2.3x more likely (Low birth weight)

Lifestyle factors, such as obesity and high BMI, can also increase the risk of pregnancy complications.<sup>3,4</sup>

During pregnancy:

Up to **25%** of women experience disease worsening<sup>1</sup>

Percentage of pregnant patients who stopped treatment<sup>1,3</sup>

- 65% (Total)
- 24.4% decided themselves<sup>3</sup>
- 33% stopped due to misinformation<sup>3</sup>

**64%** of women with PSO reported that their main concern was the compatibility of PSO treatment with their pregnancy<sup>3</sup>

Postpartum: More than **50%** experience postpartum flares<sup>1</sup>

## Clinical Considerations



We need to stay ahead and have an early and timely conversation with our female patients!

We need to highlight the importance of managing the inflammatory burden with our patients

Informing patients of treatment options when family planning is very important!

Emphasise the need to tailor treatment to each patient's specific needs. All risks and benefits of treatment options should be discussed considering the mother and the baby

## HCP perceptions:

**33%** of dermatologists are familiar with recommendations for the treatment of women of child bearing age with PSO<sup>3</sup>

**54%** of EU5 dermatologists reported being comfortable with prescribing anti-TNFs for women of child bearing age<sup>1</sup>

**7%** of women who discussed family planning with their HCP stated that this discussion was initiated by their HCP<sup>1</sup>



Treatment options should be discussed with and explained to patients, and educational resources should be provided to both patients and doctors to help improve standards of care<sup>1,3</sup>

**There is still more to learn regarding the management and treatment of female psoriasis patients**

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1. Gottlieb AB, et al. *Int J Womens Dermatol*. 2019;5(3):141–150; 2. González-Cantero Á, et al. *Br J Dermatol*. 2019;181(5):1085–1087; 3. De Simone C, et al. *G Ital Dermatol Venereol*. 2020;155(4):434–440; 4. Bröms G, et al. *Acta Derm Venereol*. 2018;98(8):728–734. BMI: body mass index; EU5: Europe Big 5 (France, Germany, Italy, Spain, UK); HCP: healthcare practitioner; PsA: psoriatic arthritis; PSO: psoriasis; TNF: tumour necrosis factor.