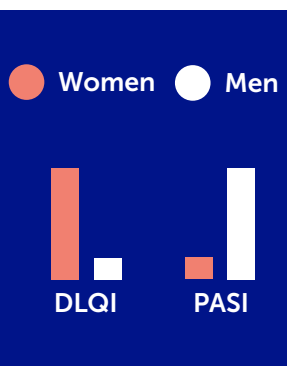
Psoriasis:
Impact and Burden for Women of Childbearing Age

Women are particularly impacted by psoriasis (PSO):

Disease onset occurs **10 years earlier** in women, meaning that diagnosis and treatment initiation may overlap with peak reproductive years[1,2]

Women experience greater subjective disease burden than men, reporting worse quality of life (DLQI) despite lower objective disease measures (PASI)[3,4]



Lower biologic treatment satisfaction and increased side effects for women may contribute to the increased risk of treatment discontinuation in women compared to men[5]

Compared to men, women with PSO experience:

- Lower levels of happiness[3]
- Higher levels of stress and loneliness[3]
- Higher levels of stigmatisation,[3,4] which is a predictor of reduced quality of life[3]

Women with PSO (aged 18–45 years) have specific needs and greater treatment expectations[6] but often have limited information on how to best manage their condition[3]

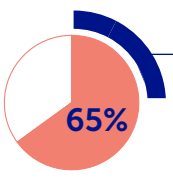
In general, **>25%** of women feel they do not know enough about their PSO, whilst **>50%** report only a moderate or low level of support from HCPs[3,a]

70.3% of women report a lack of access to family planning and pregnancy information[7,b]

Commonly reported family planning concerns include:

- Ability to experience the same kind of pregnancy as other women[3]
- Compatibility of PSO treatment with pregnancy and impact on fertility[3,8]
- Fear of their children inheriting the condition[7]

65% of women with PSO stop treatment altogether during pregnancy[11,12,c]

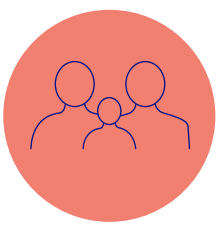


24.4% decided themselves[12]

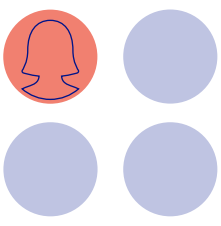
of which **33%** stopped due to misinformation regarding treatment compatibility with pregnancy[12]

up to
50%
reduced fertility rate

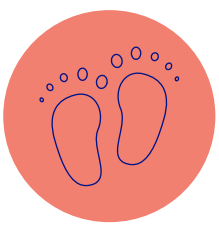
for women with moderate-to-severe PSO compared to the general population[9-11]



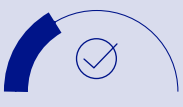
>30%
have a smaller family (or no children) because of their condition[3,a]



1 in 4
women with PSO
delay their decision to become pregnant[13,d]



>60% of women experience postpartum disease flares[3,a], with **59%** reporting disease worsening during this period[7,b]; **44%** feel they have to choose between treatment and breastfeeding[11,c]



~33% of dermatologists **are familiar with recommendations for the treatment of WoCBA with PSO**[12,e]

7% of women who discussed family planning with their HCP stated that this **discussion was initiated by their HCP**[11,c]

Inadequate information and guidance from HCPs may contribute to **women delaying pregnancy or seeking information elsewhere**[11]

There is still more to learn regarding the management and treatment of women with PSO. However, the adoption of effective tools, such as patient decision aids, may help to address some unmet needs in this population by supporting personalised care planning and informed decision-making[14]

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DLQI: Dermatology life quality index; HCP: healthcare professional; PASI: Psoriasis area and severity index; PsA: psoriatic arthritis; UK: United Kingdom; USA: United States of America.

[a]A multinational survey, including 236 women (aged 18–45 years) with self-reported PSO across 11 European countries. Missing respondents are not included in the proportions; refer to the publication for the number of respondents for each question;[3] [b]A survey in Denmark, including 64 women (aged 18–50 years) with self-reported PSO or PSO+PsA;[7] [c]A survey in the USA, including 141 women with PSO;[11] [d]A survey in the USA, Japan, Germany, France, the UK, Italy and Spain, including 367 women with PSO;[13] [e]A multicentre, observational survey of 152 Dermatologists in France.[12]

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