

Your family planning journey for women living with psoriasis



Inspired by **patients.**
Driven by **science.**

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Psoriasis in women

Every woman's journey is unique. As a **woman living with psoriasis you may face your own unique challenges**, through all the different stages of your life. With effective communication with your healthcare team you should be able to live your life the way that you want to.

Half of all people living with psoriasis are women, and many of these women are aged between 18 and 45,¹ a time known as your childbearing years. Women usually develop psoriasis at an earlier time in their life than men, the **most common age of diagnosis is 28 years old.**^{1,2}

Psoriasis has been shown to have a greater effect on a person's quality of life when diagnosed at a younger age.³ **Psoriasis may also impact women's quality of life more than men.**⁴⁻⁷ One patient survey revealed that many women who suffer with psoriasis are less happy than men with psoriasis.⁴ You should be reassured that, with the help of your healthcare team, there is no reason why you can't find a **treatment plan which meets your needs and allows you to live a full and active life.**

This booklet offers you information on key things to know and consider as you and your healthcare team manage your psoriasis throughout your life. There will also be places for you to record your thoughts and questions for you to discuss with your healthcare team.

Take a moment to reflect, write down any words and thoughts you may have about your treatment and care journey.



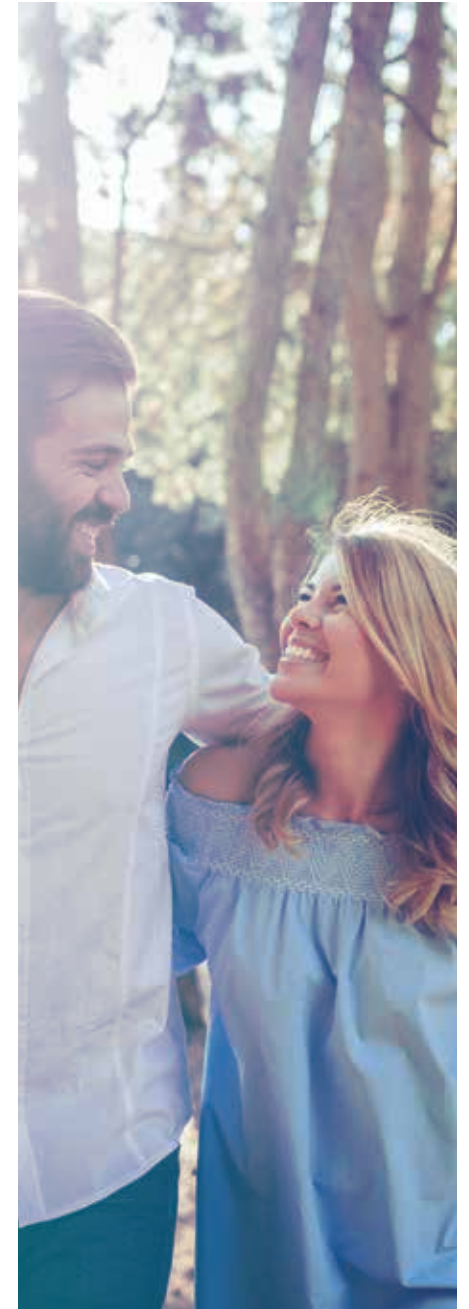
Shared decision-making

For women with psoriasis life does not travel in a straight line. **Instead your life can be thought of as a carousel of events.** While some life events are expected or even planned, others can occur at any stage of your life. This might be your education, your career, relationships or starting a family. It is important to consider this journey when making treatment and care decisions.

Shared decision-making involves all members of your healthcare team, with you playing a central role.^{8,9} You should make sure your personal treatment goals are clear and understood. Research has shown that **71% of psoriasis patients wanted to become more involved in their treatment decisions.**⁸

Shared decision-making **considers your interests, goals and values.** It is very important that you talk to your wider healthcare team (e.g. your general practitioner, nurse, dermatologist, obstetrician and midwife) to make sure your **treatment plan is right for you, both now and for in the future.**^{8,9}

Write down the details of people within your healthcare team, you can share this information in meetings with your doctors to help to connect your network.



Treatment options

For those who need medication, there are many different treatment options available for psoriasis.

Which treatment you have will depend on your symptoms and other personal factors. These will be discussed with you by your healthcare team.

The types of treatment available can usually be split into:

Topical treatments – These are skin treatments which can be applied to affected areas. These treatments may contain steroids to help reduce inflammation.^{10,32}

Phototherapy – The skin is exposed to ultraviolet rays (UV rays) which may slow down the growth of skin cells. This type of treatment is done under the supervision of a specialist Dermatologist and is not the same as using sunbeds or other UV products.¹¹

Systemic treatments – These are treatments which work throughout the whole body rather than a targeted area. They can be taken as a pill or through an injection. These often work by reducing inflammation in the body.¹²







Some treatments are not suitable when planning a family as they may pose a potential risk to the baby.^{1,2}

It is important you discuss all treatment options available to you with your healthcare team. Before you attend your appointments, it is a good idea to make a note of any questions you want to ask. It may help to take someone with you to help you remember what has been said.

What are your long-term treatment goals? Write these down and take them to your next meeting with your healthcare team.



Managing your psoriasis: Checklist

-  Try stress management and confidence building techniques^{13,14}
-  Speak to loved ones about your psoriasis care journey and create a support network
-  Discuss all treatment options available to you with your healthcare team
-  Contact a patient support group, such as the Psoriasis Association, for information and support from others who understand what it is like to live with psoriasis

Intimacy and relationships

Living with psoriasis can reduce your confidence. **You are not alone in feeling this way.**

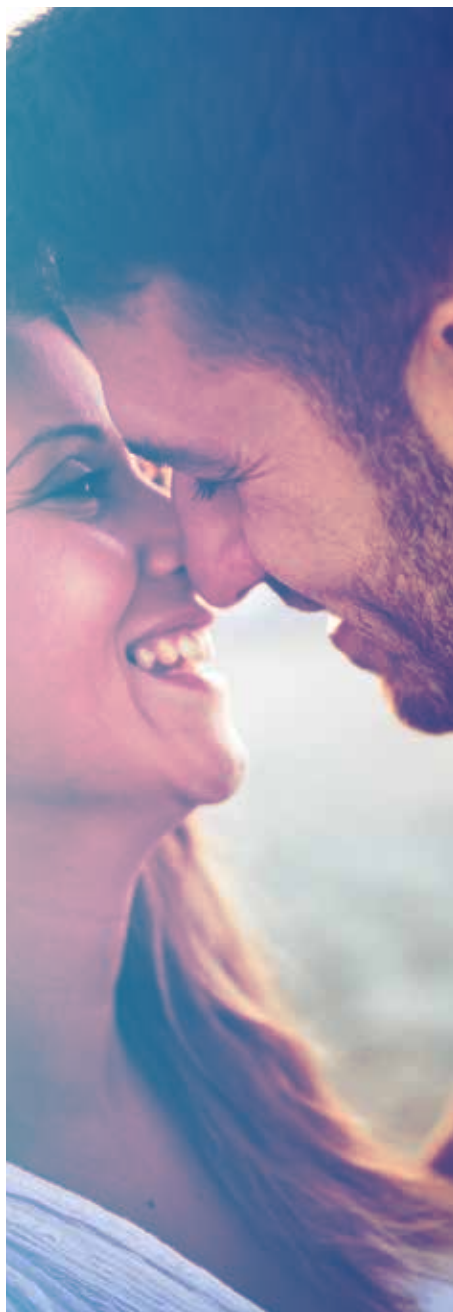
Surveys have shown that nearly half of women feel ashamed of their appearance, and only 38% say they have felt good about themselves in the last week.^{4,15} **Women with psoriasis deserve to live their life without compromise,** and your psoriasis should not stop you from building relationships.

Psoriasis anywhere on your body may change how you feel about intimacy. Many people may feel anxious or self-conscious, particularly if the psoriasis is in their genital area.^{16,17} This may also make sexual activity more uncomfortable, but there are things you can do to ease any discomfort you may feel. **Speak to your healthcare team for advice.**

Remember psoriasis is a systemic condition of your body. You did not catch it and you will not pass it on to your partner.¹⁸ Talk to your partner about how you feel. **Through open and honest communication there is no reason your psoriasis should be a barrier to intimacy.**

If you are in a relationship, your partner should be supportive and understanding. Talk to them about any concerns or worries you have or may have regarding your psoriasis, both now and for the future.

How do I feel my psoriasis has affected my relationships?



Notes

Thinking ahead



Psoriasis has a unique impact on women during their childbearing years. Even if you are not thinking about having a baby, the below information might still be important for you.



In Europe, **around half of pregnancies are unplanned.**¹⁹ This means that many women do not get the opportunity to get advice about the treatments they are on beforehand.



The first sign of a pregnancy is usually a missed period. The early stages of pregnancy, during weeks 4-7, are critical in the baby's development.^{20,21} At this stage many women may not even realise they are pregnant so are unable to make decisions about their treatment. If a mother hasn't had the chance to plan ahead for a pregnancy, a baby could be exposed to treatments not recommended during pregnancy.



Getting advice and support early on from your healthcare team, even if you are not currently planning to become pregnant, allows you to be prepared for all situations.



Women with psoriasis can sometimes feel they have to make a choice between treatment and **having a family. It is important to know that having a treatment plan which can be taken in pregnancy means you do not have to compromise** between control of your psoriasis and planning for a family.

How would I feel if I found out I was pregnant now?
Is starting a family something I hope for in the future?

Thinking ahead: Checklist



Think about your current situation and whether building a family is something you may want to do in your future



Consider getting support from your partner and loved ones



Discuss your wish to get pregnant, whether now or in the future, with your healthcare team



Connect your healthcare team members to each other by passing on their contact details and the treatment plan you have agreed



Understand your treatment options and the need to adapt medication if required and write down any questions you may have for your next visit with your healthcare team

Pregnancy and psoriasis

As you probably know, **there are three stages to pregnancy (the first, second and third trimesters)**. Each of these are three months long, and 40 weeks in total.

Pregnancy can be an anxious time for many women living with psoriasis.

One main concern many women may face is considering whether to continue their treatment, or to stop and risk a flare in their symptoms. Although symptoms can improve for many women during pregnancy, nearly half will experience no change or an increase of symptoms.²²






Psoriasis control during pregnancy is important for the health of both mother and baby.^{22,23}

If you are pregnant and you or anyone in your healthcare team feels your symptoms are worsening, do not hesitate to **book an appointment to seek more advice.**

Write down any questions you may have for your doctor regarding your current treatment plan and pregnancy.



Pregnancy and motherhood: Checklist

-  It's important to live a healthy lifestyle during your pregnancy. Try to find the right balance between work, exercise and rest according to your individual needs
-  Do not alter your treatment without talking to your healthcare team, but do inform them without delay of your pregnancy news
-  Plan visits to your healthcare team during your pregnancy, especially if there are any changes in your symptoms
-  Talk to your obstetrician and midwife about your delivery plan and remind them of your psoriasis so treatment can be planned accordingly
-  Think about if you plan to breastfeed or not. If you do, discuss this with your healthcare team

Birth and after

Looking after a new-born can be challenging. You may feel tired coping with the demands of your new-born, and **there is also a chance that you will experience a flare in your symptoms in the weeks following birth.**²⁴ Even if your symptoms get better during pregnancy, they often return after delivery. **Make sure you ask for advice from your healthcare team about management of your psoriasis after giving birth.**

It is important you take care of both your physical and mental health. Having your psoriasis under control can help you to manage this challenging but beautiful time of your life.

Ask your partner, family and friends for help whilst you get used to life with your new-born. This will give you more time to manage your psoriasis. Speak to them about how you are feeling, they are there to support you.







Breastfeeding

Breastfeeding is a personal choice. **If you wish to breastfeed you should discuss this with your healthcare team.** Not all treatments are compatible with breastfeeding and women with psoriasis can often feel they have to make a choice between treatment and breastfeeding.^{2,25,26} By discussing your wish to breastfeed and treatment options ahead of time, you can adapt your treatment if necessary.

If I were to become pregnant, is breastfeeding something which would be important to me?



Birth and after: Checklist

-  Discuss your treatment options with your healthcare team and write down any questions you may have before each visit
-  Enlist as wide a support network as possible
-  Be prepared for the possibility of flares in your symptoms after birth^{24,27}
-  Contact your paediatrician in advance to inform them about your situation

FAQs

Psoriasis in women

Do women and men develop psoriasis at the same age?

People of either gender can develop psoriasis at any point in their lifetime, but women often develop it at an earlier age than men.²

Do women experience an increased emotional burden compared to men when it comes to their psoriasis?

Some studies have suggested that women feel a particularly great emotional impact and are generally less happy than men with psoriasis. Women should be aware of this possibility and seek help if needed.⁴⁻⁷

Are women more susceptible to certain psoriasis triggers than men?

Yes, there is evidence that smoking and stress may trigger psoriasis more readily in women than in men. Women with psoriasis can ease psoriasis flare-ups by finding ways to relieve stress and not smoking.²⁸

Are there health-related conditions linked to psoriasis that affect women more than men?

Women with psoriasis are more likely to be overweight or obese than men with psoriasis.^{29,30}

Thinking ahead for family planning

Can I pass my psoriasis onto my baby?

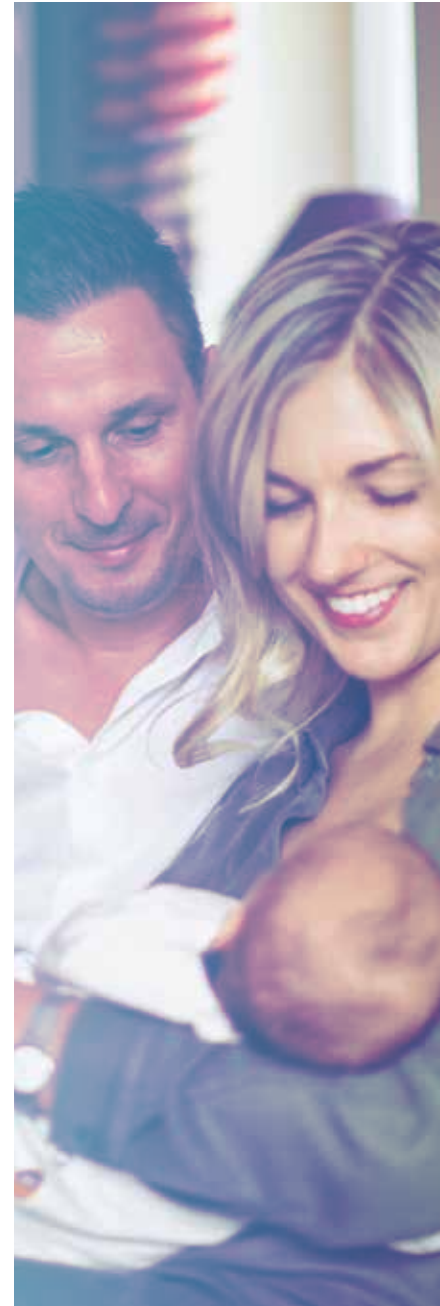
Although psoriasis can be inherited, there are many factors that determine whether a child will develop psoriasis or not. If one parent has psoriasis, there is about a 10% chance of a child contracting it. If both parents have psoriasis, the chance increases to 50%.³¹

Are all psoriasis treatments ok to take when planning to become pregnant?

Some drugs increase the risk of birth defects if taken during conception and pregnancy and should be stopped in advance. Your healthcare team will discuss your options and the benefits and risks before coming up with a treatment plan with you.^{2,13,25}

Does it matter if the father is taking medication for his psoriasis?

Some drugs may reduce fertility in men. It is generally advised to stop taking such medications before trying for a baby. Your healthcare team can offer advice about which drugs may need to be stopped and if an alternative treatment can be offered.¹⁴



Pregnancy and motherhood

Will my symptoms change after birth?

Your symptoms may increase following delivery even if they improved during pregnancy. Your healthcare team can counsel you on whether you should continue with or restart your treatment to help control the activity of your psoriasis. You should regularly discuss your symptoms with your healthcare team. If you wish to breastfeed, there are some treatments that are compatible with breastfeeding. Ask your partner, family and friends to support you in times when managing your symptoms and taking care of your new-born might be difficult.^{24,26}

What else can I do before, during or after pregnancy?

Following a healthy lifestyle (e.g. healthy diet, no alcohol, no smoking, reducing stress, appropriate exercise) is important and may help reduce potential problems and flares during pregnancy.³¹

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