

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 psoriasis³



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 psoriasis⁴



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

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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 UPLite/Red Screening Evaluation. **PSA:** Psoriatic arthritis. **Authors:** Álvaro González Carrión¹, Annunziata Diatto², Maria Magdalena Constantin³, Nina Magnolo⁴, Tom Hillary⁵. **Affiliations:** ¹Department of Dermatology, Hospital Universitario Ramon y Cajal, Madrid, Spain; ²Department of Dermatology, University of Rome, Tor Vergata, Rome, Italy; ³Department of Dermatology, Carol Davila' University of Medicine and Pharmacy, Bucharest, Romania; ⁴Department of Dermatology, University Hospital Münster, Münster, Germany; ⁵Dermatology Department, University Hospitals Leuven, Herestraat 49, 3000, Leuven, Belgium; ⁶Medical Faculty of the University of Münster, Münster, NRW, Germany; ⁷SI Apostol Andrei' Hospital, Constanta; ⁸Co-founder Atrialiclinic, Madrid; ⁹Cardiac Imaging Unit and Cardio-Mujer Unit, HM Hospitals, Spain; ¹⁰Rheumatology Unit, University of Rome Tor Vergata. **Acknowledgement:** Reviewed by Prof Dominik Bettenworth¹, Dr Anca Mirsu-Paun⁷, Dr Leticia Fernandez-Friera⁸ and Dr Maria Sole Chiriment⁹. Elise Kleyn received consulting fees from UCB for her contribution to the development of the previous version of this material.



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 patients⁷

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 patients⁵



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 depression⁶



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 discussed¹



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 Psoriasis⁹** or the **EuroGuiDerm Guidelines⁹**

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Driven by science.

Intended for Healthcare Professionals
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