

Supporting women with psoriasis

How can we overcome the communication challenges?

The burden of psoriasis is particularly high in women.^{1,2} But despite this, female patients, especially those of child-bearing age, are less likely than men to receive intensive treatment for moderate to severe psoriasis.³

What are some of the beliefs and concerns of women with psoriasis in relation to family planning?



72% of women with psoriasis believe that they **cannot take any treatment when pregnant**⁴ (n=235)



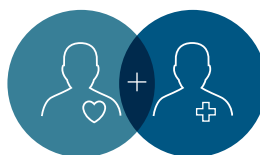
30% of women with psoriasis have decided to have a **smaller family, or no family** at all because of their condition⁵ (n=573)



37% of women with psoriasis are worried that their **medication might impact their fertility**⁵ (n=573)



33% of women with psoriasis believe that their **sexual life is limited** because of their condition² (n=478)



Common to other conditions, what patients are thinking and what healthcare professionals think they are thinking can be disparate

Women struggle to express their feelings, doubts/concerns about treatment

They often avoid speaking about things beyond that of their treatment (e.g., family planning, or emotional concerns), either feeling unentitled to discuss it, or not wanting to waste their doctor's time⁶

This can create communication challenges and missed opportunities to understand what the real impact of psoriasis is on women



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

Intended for healthcare professionals.
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But our actions have reactions too...



Research has shown that **dermatologists often feel that the psoriasis consultation should remain skin focused**⁷ (n=23, qualitative study)

44% of dermatologists reported a preference for **leaving family planning related discussions to other specialists**⁸ (n=388)

only 7% of patients stated that a **discussion around family planning was initiated by their healthcare professional**² (n=141)

How can we close the communication gap between healthcare professionals and patients in consultations?

Prof. Rob Horne (Professor of Behavioural Medicine at the University College London School of Pharmacy and Director of the Centre for Behavioural Medicine) provides the following suggestions:

It can be difficult for patients to open up so you can empower them to do so by beginning the consultation with open-ended questions, such as:

- What would you like to get from this consultation?
- How is your condition affecting your day-to-day life, both physically and emotionally?
- How is your condition affecting your relationships, including your sex life?
- How is your condition affecting how much you can enjoy life?
- Do you have any questions or concerns about your condition or treatment in relation to social interactions/intimacy/family planning?

For more insights into how we can use psychology to help us optimise the management and treatment of women with psoriasis, you can listen to the podcast with Gemma Boak, a research scientist turned health advocate and lifelong psoriatic and Prof. Rob Horne here:



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