A Comprehensive Survey Assessing the Family Planning Needs of Women with Psoriasis


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OBJECTIVE

To evaluate the experience, concerns and family planning needs of women of childbearing potential with psoriasis.

BACKGROUND

Psoriasis (PSO) is an immune-mediated inflammatory disease, affecting around 3% of adults in the United States1 and 2–6% in Europe.2

The onset, diagnosis and treatment of PSO in women often overlaps with their peak reproductive years.3

Family planning is challenging for patients in terms of balancing their own health with the health of their child.4 “...being pregnant completely flared up that would not be fun... But if I were to have a child, it would be my one shot. I couldn’t see myself doing anything to hurt that one chance.”5 Patient with PSO, focus group conducted by the National Psoriasis Foundation (NPF).

Data on patients’ family planning experiences are needed to optimize PSO management.

METHODS

We conducted a survey of women of childbearing potential to understand their experiences, concerns and unmet needs with regard to family planning.

Eligible patients were aged 18–45, diagnosed with PSO (including patients with psoriatic arthritis).

Patients were invited to complete a web-based survey on SurveyGizmo®, disseminated using e-blasts (the NPF, Advance E-News and TalkPsoriasis.org mailing lists) and social media (Facebook and Twitter).

The survey included questions on patients’ experience, concerns and educational needs, and were informed by the findings of focus groups and interviews of patients and their partners conducted by the NPF.

Responses to the survey were collected Dec 2017–Feb 2018.

RESULTS

Patients

141 patients completed the survey: 65% were currently, or in the future would be, trying to conceive, 65% were currently pregnant, and 43% had given birth in the last 5 years (Table 1).

Family Planning

Figure 1 shows the proportion of patients who discussed family planning with their healthcare providers (HCPs).

This family planning discussion was initiated by the PSO HCP in just 74% of cases (Figure 2).

Many patients did not inform their HCP of their pregnancy right away, and many did not inform their HCP at all (Figure 3).

Patients mostly used the internet, the NPF and their obstetrician/gynecologist or midwife for family planning information (Table 2).

Flare management and the safety of medications during pregnancy were a concern in 39% of patients (Figure 4).

Most patients stopped treatment for PSO during pregnancy (Figure 4).6

While many patients who stopped treatment experienced a worsening in the severity of their psoriatic disease (Figure 4), only 33% of those who had given birth in the last 5 years had a plan for what to do if they experienced a flare during pregnancy.

CONCLUSIONS

• Many women of childbearing potential with psoriatic disease lack family planning knowledge. Many patients delayed or failed to inform their PSO/HCP of their pregnancy, and family planning discussions were rarely initiated by the HCP.

• HCPs should prioritize discussing family planning, and plan treatment around/during pregnancy.

• The unmet educational needs of women of childbearing potential with PSO/PsA included the impact of treatment on their baby, and flare management during pregnancy.

• The relatively few respondents who were currently pregnant made capturing their experiences difficult.

REFERENCES


Author Contributions:

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