

Transcript Details

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Preparing for Parenthood in Psoriasis: Closing Gaps in Family Planning Support

Announcer:

You're listening to *On the Frontlines of Psoriasis* on ReachMD. And now, here's your host, Ryan Quigley.

Ryan:

This is *On the Frontlines of Psoriasis* on ReachMD. I'm Ryan Quigley, and today I'm joined by Liana Barenbrug to discuss her research on how we can better support patients with psoriasis as they navigate family planning and pregnancy. Ms. Barenbrug is a PhD candidate at Radboud University Medical Center in the Netherlands.

Ms. Barenbrug, welcome to the program. It's great to have you joining us.

Ms. Barenbrug:

Thank you very much for this opportunity to further explain my research.

Ryan:

Absolutely. Thank you, Liana. So to start us off, you recently published a study on this topic, and what I would like to know is, what gaps in care were you hoping to address with this work?

Ms. Barenbrug:

In guidelines on how to treat psoriasis, the chapters on family planning and pregnancy are now mainly focused on which medications may or may not be taken during conception and pregnancy, which is, of course, also very important. However, little attention is paid to other family planning topics that may be important for patients with psoriasis as well. And because we did not yet know exactly which topics these are or what patients' needs are regarding, for example, the organization of care or the provision of information about family planning, that's why we set up this questionnaire study.

Ryan:

Thank you for that detailed breakdown. And now, Liana, how did you ensure that your questionnaire reflected both clinical priorities and the patient perspective?

Ms. Barenbrug:

We created a questionnaire in collaboration with dermatologists and patient research partners from the Dutch Psoriasis Patients Association, and both groups were able to contribute to the questionnaire and the types of questions we asked. However, this questionnaire was primarily designed to capture the patient perspective by asking about their perspectives and experiences, and we considered it important to focus on the patient perspective in order to determine how best to implement this eventually in clinical practice.

Ryan:

And so, if we look at the findings, what were their preferences about receiving information on family planning and pregnancy?

Ms. Barenbrug:

Actually, the most important findings were that patients would like to receive information about family planning and pregnancy from their treating physician. In the Netherlands, that can be either the general practitioner or the dermatologist, so it's a little bit depending on the healthcare system in each country, but I think it's important that they want the information from the physician they see for their psoriasis.

And important topics on which they want to receive information were, of course, the safety of using medication during conception and pregnancy. But besides that, patients found information on, for example, heredity of psoriasis and fertility also very important, and

specifically for females, the course of disease activity of their psoriasis during pregnancy but also after pregnancy, and which medication they can use during the periods of breastfeeding, for example.

And lastly, what we also found is that the moments at which this information is provided is also very important. A good timing could be at the moment of diagnosis, for example, or when medication is changed.

Ryan:

For those just tuning in, you're listening to *On the Frontlines of Psoriasis* on ReachMD. I'm Ryan Quigley, and I'm speaking with Liana Barenbrug about family planning and pregnancy among patients with psoriasis.

So, Liana, back to your findings now. What did they suggest about how providers should approach these conversations? And I'm sure it's different for each provider, but what was your overall consensus in that realm?

Ms. Barenbrug:

I think it's very important that healthcare providers initiate these conversations about family planning and pregnancy because there are several important aspects patients need to consider, so you don't want to wait until the patients come up with this themselves. And in addition, I also think that it's good to consider that you as a healthcare provider can serve as a reliable source of information, but you can also provide patients other information sources, like reliable websites that are available in your country. And what could be done, for example, is to inform patients at the start of a treatment that if they have an active wish to have children, that they should let you know, and in an open conversation in which basic information is provided, you can also ask what the patient's needs are.

And it's also essential that information that is given to the patients is up to date and also based on the latest scientific evidence. This information is often also personalized because, for example, when a decision to continue or discontinue medication during pregnancy has to be made, you have to really outweigh the risk of continuing the medication, and maybe safety information about this medication is not yet known. But on the other hand, if you discontinue this medication, there are also risks for flares of the disease, which can also be harmful for the pregnancy. So really, this personalized considerations have to be made, and it's not just one advice that you can give for all patients, but based on the personalized situation.

And one last thing—I think it's really important to remember that a large proportion of pregnancies are unplanned, meaning that family planning information should not only be provided to patients who really ask for it or will report an active wish to have children, but that it should be mentioned at least once to all patients and also maybe to young patients as well.

Ryan:

Thank you for that. And finally, Liana, final question for you—what are some practical next steps that clinicians can take to better support these patients? Obviously, we have this questionnaire. Is there anything else that they can be doing to really help support the patients who are going through this critical life stage of family planning?

Ms. Barenbrug:

Yes. I think one practical next step for clinicians could be simply to be aware of the types of questions the patients may have regarding family planning. When starting a treatment in patients of reproductive age, you can mention it and ask the patients about her or his needs and also let them know that it's important to inform you when maybe they do not have an active wish for children yet, but if they have one, that they come back to you. And also, what I said before—it's important to not forget that people you might not initially think about when talking about family planning and pregnancy—for example, the men and the young patients.

And maybe as a next step you could discuss this with your colleagues and see if it's possible to implement it in protocols in your hospital. For example, something we do in our hospital is that we offer the patients a preconception consultation in which we collaborate with a gynecologist, and this really helps to get both experts together and also to arrange the advice of the dermatologist and the gynecologist to prevent that they both say something different based on their own expertise.

And another point we also explored in our study was the disease activity during pregnancy and the postpartum periods, and we observed that in a large proportion of this patients disease activity decreased during pregnancy but then increased rapidly after delivery. And it's important to consider this when making decisions about treatments. For example, patients could be monitored closely after giving birth so that medication can be restarted in time if it was stopped during the pregnancy.

For some medications, safety data on their use during pregnancy is limited and something that maybe not have a direct impact on your daily clinical practice in short term, but maybe later on is. It's important to check whether your country has a registry that collects pregnancy outcomes after exposure to these treatments and maybe to participate in it if it's possible, because, in the end, if we have more knowledge about family planning and pregnancy in general, it will contribute to better care for these patients during a very important life stage.

Ryan:

Well, with those key takeaways in mind, I think that's a great way to wrap up our conversation. And I want to thank my guest, Ms. Liana Barenbrug, for joining me to discuss her findings on patient-centered conversations about family planning and pregnancy in psoriasis care. Liana, thank you so much for doing this. It was a pleasure having you on the program today.

Ms. Barenbrug:

Thank you for your invitation again, and it was indeed a pleasure to talk about this topic.

Announcer:

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