Flare-ups Fueling Fears During Pregnancy? Stop In The Name Of Psoriasis!

By Patricia Olney, MS, CGC, Genetic Counselor & Teratogen Information Specialist, MotherToBaby Georgia

Emily's call to MotherToBaby came in late at night. Her voicemail message sounded a bit garbled, almost as if she had been crying. I returned her call the next day and heard her anxious voice say, "My psoriasis flared up last week...it's been several years. I'm really worried because I just found out I'm pregnant." I replied calmly, "Emily, I'm glad you called MotherToBaby for information. We care about you and your baby!"

How did Emily find me? I'm a pregnancy risk specialist at MotherToBaby, which is a service of the Organization of Teratology Information Specialists (OTIS). MotherToBaby provides FREE, up-to-date, evidence-based information about exposures during pregnancy and breastfeeding. Exposures may include prescription or over-the-counter medications, chemicals in the environment, alcohol, illicit drugs, and viral or maternal illnesses, like psoriasis and psoriatic arthritis. After spending a lot of time searching the Internet for answers to her questions, a frustrated Emily found our website and our toll-free phone number and I was able to provide her with the information she needed.

Psoriasis is a life-long skin disease, but symptoms can come and go. The most common is chronic plaque psoriasis, the type Emily was diagnosed with at the age of 14. Emily described her life since being diagnosed as an emotional rollercoaster. As a teenager, she was self-conscience about how she looked, and often felt depressed. In college she studied by herself and avoided social gatherings. It wasn't until she met her future husband that she began feeling more in control of her life. He helped her find a specialist in dermatology with experience in treating psoriasis. After trying a variety of treatments, a combination of topical corticosteroids, moisturizers, and medications helped to control her symptoms. Compared with other family members, she described the severity of her psoriasis as mild to moderate. In her late twenties, she had several flare ups which often required medication or UVB phototherapy.

During Emily's first pregnancy, she told me her psoriasis improved, and she was hoping for the same during her next pregnancy. But the week before calling me, Emily had worked long hours on a project with a tight deadline. She came home late in the evenings, feeling stressed and discouraged. By the end of the week, she noticed the all too familiar red, scaly plaques on her elbows, knees and scalp.

The evening Emily called, she had taken a home pregnancy test. She and her husband planned to have another child, but were surprised how easy it was to conceive. This time, however, she was not prepared to face the possibility of a psoriasis flare up during the first few weeks of pregnancy. I reassured her that she was not alone, and many women face the same uncertainty with pregnancy.

So what can a woman with psoriasis and/or psoriatic arthritis do to prepare for a healthy pregnancy?
Every woman who is planning pregnancy should avoid drinking alcohol and smoking cigarettes, reduce stress, exercise, eat a healthy diet, and take prenatal vitamins with folic acid. In some woman with psoriasis, alcohol, cigarettes or stress may trigger a flare up or aggravate her disease.

Approximately 30% of individuals with psoriasis will develop psoriatic arthritis, characterized by pain and swelling in the joints. Psoriatic arthritis can be a side effect of psoriasis that's triggered by an interaction of genetic and environmental factors. Medications similar to those that treat psoriasis can improve psoriatic arthritis as well (1).

Women who require medication to treat their psoriasis/psoriatic arthritis should discuss pregnancy planning with their healthcare provider. Some treatments may require a period of time to clear from the body before conception, and certain medications should be avoided during pregnancy.

Will psoriasis and/or psoriatic arthritis go into remission during pregnancy?
This can be hard to predict, and it varies from person to person and even from pregnancy to pregnancy. In approximately two-thirds of pregnant women who have psoriasis, their psoriasis symptoms spontaneously improved during pregnancy due to the increase of estrogen hormones. Others, however, reported that their symptoms got worse during pregnancy. In addition, inflammatory flare-ups can occur 1-2 weeks after delivery (2). If your psoriasis symptoms get worse during your pregnancy or after you deliver, be sure to talk with your doctor. In 2012, the National

Psoriasis Foundation published guidelines for treating psoriasis during pregnancy and lactation (3). For example, caution is advised when applying topical steroids to the breast to avoid passing the medication to the baby while nursing.

How can MotherToBaby help?
MotherToBaby counselors are here to help answer any questions or concerns about exposures in pregnancy or while nursing. If you have questions or concerns about psoriasis/psoriatic arthritis – and the medications used to treat these conditions – during pregnancy, call us toll-free at (866) 626-6847. Our service is FREE and confidential. MotherToBaby also conducts research on psoriasis/psoriatic arthritis during pregnancy. This research is observational, meaning participants are not asked to take any medications or to change their daily routine. To learn more about our research program, please contact one of our MotherToBaby Pregnancy Studies experts at (877) 311-8972.

After our call, Emily felt a lot more confident that she was on the right track to having a healthy pregnancy. However, her fear over how a psoriasis flare could affect her pregnancy was quickly followed by questions about how her psoriasis could be safely treated during pregnancy.

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Online resources for individuals with psoriasis/psoriatic arthritis:
National Psoriasis Foundation (**http://www.psoriasis.org**)
TalkPsoriasis Support Community (**http://www.inspire.com/groups/talk-psoriasis/**)
Talk Health Partnership **(http://www.talkhealthpartnership.com/talkpsoriasis/**)

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MotherToBaby is a service of the international Organization of Teratology Information Specialists (OTIS), a suggested resource by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about medications, vaccines, diseases, or other exposures, call MotherToBaby toll-FREE at 866-626-6847 or call the Pregnancy Studies team directly at 877-311-8972. You can also visit **MotherToBaby.org** to browse a library of fact sheets and to find your nearest affiliate.

References:
(1) Liu J-T, Yeh H-M, Liu S-Y, Chen K-T. Psoriatic arthritis: Epidemiology, diagnosis, and treatment. World Journal of Orthopedics 2014;5(4):537-543.
(2) Babalola, O. and Strober, BE. Management of psoriasis in pregnancy. Dermatologic Therapy 2013;26:285-292.
(3) Hsu S, Papp KA, Lebwohl MG, Bagel J, Blauvelt A, Duffin KC…National Psoriasis Foundation Medical Board. Consensus guidelines for the management of plaque psoriasis. Arch Dermatol. 2012;148(1):95-102.

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