Treating Psoriasis in Pregnant Women

Pregnant patients can experience improved severity of their psoriasis or worsening disease. Treating psoriasis during pregnancy requires special attention. First-line treatments for these patients are discussed as well as alternative therapies.

Jeffrey M. Weinberg, MD

What do your patients need to know at the first visit?

Pregnant patients need to know that it is important to carefully monitor them throughout their pregnancy. Although many drugs are not contraindicated, it is still important for the dermatologist to consult with the patient's obstetrician to discuss risks and benefits of different therapies. Some women see an improvement in the severity of their psoriasis during pregnancy, while others report their condition gets worse. Changes in severity of psoriasis vary by individual and from pregnancy to pregnancy.

What are your go-to treatments? What are the side effects?

UV therapy, particularly narrowband UVB, is a good choice during pregnancy. Excimer laser is another good choice. Topical therapies are standardly employed. Although many of these topical therapies are pregnancy category C, we still employ them regularly in consultation with the patient's obstetrician. Most biologic therapies are pregnancy category B. We still use these drugs with caution in the setting of pregnancy. If a pregnant patient does wish to continue a biologic therapy, close monitoring and enrollment in a pregnancy registry (http://www.pregnancystudies.org) would be good options. This registry is analyzing whether medications that are used to treat autoimmune diseases are safe to take during pregnancy. Specifically, the investigators are looking at medications used to treat Crohn disease, rheumatoid arthritis, psoriasis, psoriatic arthritis, and multiple sclerosis. Generally speaking, systemic and biologic drugs should be avoided while pregnant or breastfeeding unless there is a clear medical need. Women of childbearing potential should avoid oral retinoids, methotrexate, and cyclosporine due to a link to birth defects with each of those treatments.

How do you keep patients compliant with treatment?

We see the patients regularly, and I am always available to take telephone calls if any questions arise.

What do you do if patients refuse treatment?

We keep the dialogue ongoing and monitor their condition. They may change their attitude if their condition worsens.

What resources do you recommend to patients for more information?

Patients should consult the National Psoriasis Foundation (http://www.psoriasis.org).

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