

Breastfeeding and Medication



Psoriasis and breastfeeding

Every time I see a doctor whether it be for me or the kids, they point it out. They will not give me anything for it until I stop feeding. Even had a 10-minute discussion about T-gel which I have now used so much it does nothing for me. I am so conscious of it xx

I have psoriasis myself, during the latter stages of my pregnancy it almost cleared. But was back the same as before within 12 weeks. My worst affected areas are my legs with smaller patches across my torso. I have noticed a few patches across breasts. I presume as a result of mild trauma from little hands. My daughter is 18 months ok now and still nurses.

UVB therapy helped me the first time and it cleared for months now it just makes it more manageable. I have only suffered with psoriasis for about 5 years. Steroid creams do not suit so I tend to use just moisturiser. Summer is awful as I still live in trousers as not comfortable to wear dresses or skirts.

My dermatologist refused everything last year when I went for a check. My daughter was 4 months old and I was told to just stop nursing. Needless to say, I refused, I am just itchy and scaly all the time.

I have suffered with psoriasis for 18 years. I had a difficult start to breastfeeding, but by week 7 things were starting to improve. I could actually enjoy feeds, instead of wincing in pain. Until one day I was in excruciating pain again. My psoriasis, for the first time in my life, had started to appear on my nipples and areola. No amount of lanolin cream helped. Feeds were so painful. So many tears! A GP told me to stop breastfeeding, I said it was not an option. So instead prescribed me a mild steroid and to stop feeding for a week and to exclusively pump instead. I had only JUST got my baby latching properly, I did not want to introduce a bottle and ruin it all! Luckily, a friend recommended coconut oil and within 2 days the psoriasis was clearing up and becoming less painful. Within 2 weeks it was gone!

I seriously thought my breastfeeding journey was over because of my condition. So many tears, so much 'Mom guilt'. We are 6.5 months in now and only have to apply the oil once a week! I have also

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started Cimzia injections, which are safe for breastfeeding mothers. 6 weeks in and it is starting to clear up over the rest of my body too.

Description

Psoriasis is an epidermal thickening and scaling, frequently associated with silvery scales. The extensor surfaces – elbows, knees and lower back and scalp are commonly affected. Pitting of the nails occurs in 50% of patients. It may also develop on the genitalia. It cannot be transmitted by contact, but many people are wary of exposing plaques for fear that they may be stigmatised.

Some 2% of the population are affected and it most commonly begins < 35 years (peaking between 20 and 30 years). It is equally common in males and females but more common in the white population. Normally skin cells are replaced every 3-4 weeks, however, in psoriasis this occurs every 3-7 days leading to build up and plaque areas. It is believed to be an auto-immune condition.

Psoriasis may be triggered by certain drugs e.g. hydroxychloroquine, NSAIDs, beta blockers and ACE inhibitors. It may also be affected by hormonal changes — high levels of disease activity may be seen during puberty, post-partum, and during the menopause. Psoriasis typically improves during pregnancy, but in 10–20% of pregnant women psoriasis can worsen. It may also be triggered by trauma including tattoo or piercings, smoking and alcohol use (CKS Psoriasis 2018).

Treatment



Emollients help dryness, scaling and cracking of skin: compatible with breastfeeding

Shampoos with less contact time than creams and ointments are generally compatible with breastfeeding e.g. T gel™ Alphosyl™, Nizoral™, Selsun™

Salicylic acid: Keratolytic useful if there is significant scaling: No information is available on the clinical use of salicylic acid on the skin during breastfeeding. However, it is unlikely to be appreciably absorbed and so appear in breastmilk. It is considered compatible with breastfeeding

Topical steroids; Eumovate™, Betnovate™, Dermovate™ Dovobet (with betamethasone)™: compatible with breastfeeding when applied in normal amounts



Coal Tar preparations. One study showed levels in baby's urine, but absorption appeared to be due to contact with the products on skin rather than through breastmilk which showed no traces of coal tar (Scheeper 2009).



Dithranol, not to be used on flexures or the face. No data on levels in breastmilk



Vitamin D analogues: calcipotriol (Dovonex™), tacalcitol, and calcitriol (Silkis™): poorly absorbed after topical application, so probably a low risk to the nursing infant and is generally considered acceptable

Topical calcineurin inhibitors -



tacrolimus: presents a low risk to the nursing infant because it is poorly absorbed after topical application Ensure that the baby's skin does not come into direct contact with the areas of skin that have been treated.

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pimecrolimus: used in infants, poorly absorbed after topical application and plasma concentrations after topical so low risk to the nursing infant. Ensure that the baby's skin does not come into direct contact with the areas of skin that have been treated



Vitamin A analogue (Tazarotene): Topical tazarotene has not been studied during breastfeeding.



Photochemotherapy (UVA) involves psoralen no data in breastfeeding

References

Scheepers PT, van Houtum JL, Anzion RB et al. Uptake of pyrene in a breast-fed child of a mother treated with coal tar. *Pediatr Dermatol.* 2009; 26:184-7

Further information

The Psoriasis and Psoriatic Arthritis Alliance www.papaa.org

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