TREATMENT  
Assess pre/post Rx on Dermatology Life Quality Index (DLQI)  
http://www.dermatology.org.uk/quality/dlqi.html  
- Discuss treatment options  
- Assess practicalities of treatment  
- Explain method of application  
- Explain need for compliance  
- For wet, weeping skin use a cream  
- For dry skin use ointment  
- Prescribe appropriate quantities

EDUCATION  
- Educate the patient about psoriasis and counsel on the use of treatments  
- Provide information leaflets as required e.g. British Association of Dermatologists’ information leaflets

PALMAR PLANTAR  
Dovobet or diprosalic or dermovate oint applied at night and greasy emollient (hydramol) during day  
If no improvement include plastic occlusion overnight, i.e. plastic gloves/cling film for maximum 2 weeks.  
When improved reduce to Betnovate RD or calcipotriol or calcitriol or tazarotene 0.1%, and decrease frequency to 2-3/wk  
PLUS EMOLLIENT OF CHOICE

SCALP  
MILD  
Shampoo: Polytar, Alphosyl 2:1, Cenael, Capasaal, T-Gel.  
MODERATE  
Shampoo plus scalp application:  
- Calcipotriol SA  
- Betnovate SA  
- Diprosalic SA  
- Xamiol SA or  
- Synalar Gel.  
Use daily to begin then reduce frequency.  
SEVERE  
“Mild or moderate” treatments plus overnight treatments i.e. Ung Cocos Co, Seb Co  
ADD OCCLUSION i.e. SHOWER CAP

TRUNK AND LIMBS  
MILD – MODERATE  
Dovobet OD, Calcipotriol (Dovonex) BD, Tacalcitol (Curataderm) OD, Calcitriol (Siliks) BD, Exorex Lotion BD-TDS, Alphosyl HC BD, Dithrocream- short contact, Tazarote (Zorac)  
IF NO IMPROVEMENT  
Trimovate cream or Eumovate cream (2 weeks only) then reduce potency of steroid or recommence Curataderm OD or Siliks BD.  
Alternative to Dovonex is Curataderm OD or Siliks BD.  
PLUS EMOLLIENT OF CHOICE

FLEXURES AND GENITALIA  
INITIAL TREATMENT  
Canestan HC cream, Daktacort cream, 1% Hydrocortisone cream, Curataderm OD, Siliks QD.  
IF NO IMPROVEMENT  
Pimecrolimus ointment Tacrolimus ointment  
PLUS EMOLLIENT OF CHOICE

FACE AND HAIRLINE  
INITIAL TREATMENTS  
1% Hydrocortisone Alphosyl HC Siliks Curataderm.  
IF NO IMPROVEMENT  
Pimecrolimus Eumovate, 2.5% Hydrocortisone, Modrasone. (do not use steroids daily for too long. Alternate with Vit D analogues)  
PLUS EMOLLIENT OF CHOICE

PATIENT REVIEW  
- Initial treatment period 4 - 6 weeks, then review as required  
- Check compliance / amount of treatment used etc.

IF NO IMPROVEMENT:  
- Change topical treatments as per protocol  
- Try treatments for a further 6 weeks with review

IF STILL NO IMPROVEMENT  
REFER TO BICS

BICS TRIAGE GUIDANCE:  
- Ensure all protocols followed  
- Route to Community Dermatology Nurse in all cases of mild to moderate psoriasis  
- Route to Brighton and Hove Skin Care for Palmar plantar pustulosis (PPP) on hands or feet

ROUTE TO SECONDARY CARE:  
- Erythroderma  
- Extensive > 20% body surface area involved / severe disabling psoriasis / PPP on both hands and feet  
- Failure to respond to topical therapies or had systemic treatment in the past  
- Unstable/ rapidly extending psoriasis

Adapted with permission from CEM Griffiths et al, British Journal of Dermatology 2006; 155: 393-400