# PSORIASIS – GUIDELINES FOR MANAGEMENT IN PRIMARY CARE v5

BICS
Brighton & Hove Integrated Care Service

## TREATMENT Assess pre/post Rx on Dermatology Life Quality Index (DLQI)

http://www.dermatology.org.uk/quality/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, Ceanel, Capasal, 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 Cocois Co, Seb Co

**ADD OCCLUSION i.e. SHOWER CAP**

### TRUNK AND LIMBS

**MILD – MODERATE**
Dovobet OD, Calcipotriol (Dovonex) BD, Tacalcitol (Curatoderm) OD, Calcitriol (Silkis) BD, Exorex Lotion BD-TDS, Alphosyl HC BD, Dithrocream- short contact, Tazarotene (Zorac)

**SEVERE**
Dovobet BD, Diprosalic or Betnovate BD for 2 weeks only then reduce to OD and add in Dovonex OD for 4 weeks then stop steroid and continue with Dovonex BD. Alternative to Dovonex is Curatoderm OD or Silkis BD.

**PLUS EMOLLIENT OF CHOICE**

### FLEXURES AND GENITALIA

**INITIAL TREATMENT**
Canestan HC cream, Daktacort cream, 1% Hydrocortisone cream, Curatoderm OD, Silkis OD.

**IF NO IMPROVEMENT**
Trimovate cream or Eumovate cream (2 weeks only) then reduce potency of steroid or recommence Curatoderm OD or Silkis BD.
Pimecrolimus ointment
Tacrolimus ointment

For maintenance use initial treatments.

**PLUS EMOLLIENT OF CHOICE**

### FACE AND HAIRLINE

**INITIAL TREATMENTS**
1% Hydrocortisone
Alphosyl HC
Silkis
Curatoderm.

**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**

### IF IMPROVEMENT:

- If clear, stop treatment, if improved go to maintenance therapy i.e. initial treatment for mild/ moderate disease.
- Review every 8 weeks or as and when needed

## 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 etal, British Journal of Dermatology 2006; 155: 393-400**