Dithranol

Dithranol has been used in the treatment of psoriasis since the nineteenth century. It can be an effective treatment for some if used correctly, with no significant long-term side effects. Dithranol preparations are used to treat well-defined plaques of psoriasis and need to be applied carefully to avoid irritating non-affected skin. For this reason, dithranol may not be suitable for certain types of psoriasis, such as guttate (small, widespread, raindrop-like plaques), and also should not be used to treat pustular psoriasis.

At home pre-prepared dithranol is used as ‘short contact therapy’ and should not be used on the face, under the arms, or between the legs or buttocks, unless specifically directed by a doctor. In some dermatology departments, a dermatology nurse will use dithranol that is left on the skin for a longer period of time – this tends to be prepared by the hospital pharmacy.

At-home dithranol preparations come in ointments or creams. You should always start with the lowest strength and apply the ointment to the plaques once a day, for anywhere between ten minutes and an hour, depending on how your doctor has advised you, or what is stated on the treatment’s patient information leaflet. Some of the lowest strength preparations are safe for overnight use, but again, only do this if directed on the patient information leaflet. Increased strengths can be introduced gradually, often weekly, unless an irritation occurs. Dithranol can sometimes take up to 6 weeks to begin to take effect.

There are currently three brands of ready-prepared dithranol available in the UK: Dithrocream, Micanol and Psorin.

There are currently a number of issues in the manufacture and supply of certain topical treatments. Those listed below with an asterix (*) are currently unavailable, but may return to the market at a future date.

Dithrocream
There are five strengths of Dithrocream:

Strength: 0.1% - Pack colour - Pale Blue
Strength: 0.25% - Pack colour - Red
Strength: 0.5% - Pack colour - Purple
Strength: 1.0% - Pack colour - Brown
Strength: 2.0% - Pack colour – Yellow [Available on prescription only]

**Micanol**
There are two strengths of Micanol:

- Strength: 1%
- Strength: 3% [Available on prescription only]

**Psorin**
There are two strengths of Psorin:

- Strength: 0.11% (ointment) – also contains coal tar and salicylic acid
- Strength: 0.25% (scalp gel) – also contains salicylic acid

It may be necessary to use differing dithranol strengths on differing areas of the body – e.g. lower strengths (0.1% or 0.25%) are normally recommended for more sensitive sites. If in doubt, ask your doctor.

**Tips**
- Wear plastic disposable gloves when applying dithranol and wash hands thoroughly after application.
- Dithranol must only be applied to the psoriatic patches (avoid normal skin as this will be stained a brownish colour and may produce inflammation and soreness) and must be rubbed in well. Any excess should be wiped off.
- Dithranol also stains clothes and sheets. It would be best to use old pyjamas and sheets and rinse them in cold water as ordinary soap and some washing powders can increase staining.
- Baths may be stained. If possible, have a shower after using dithranol treatment, as ceramic shower tiles should rinse clean; if they do not, use a little bleach. It can be helpful to time the application so that you put it on half an hour before your usual shower time.
- For use on the scalp, first comb hair to remove loose scales and, after parting, rub the cream well into the affected areas of the scalp. Remove cream by shampooing the hair after and try to avoid the rinse water going into the eyes. Blonde or fair hair may take on a pinkish tinge, but this will grow out after the treatment.
**Side Effects**

Some mild skin irritation or a feeling of warmth is common in the areas the dithranol has been applied to. If burning or excessive soreness is experienced, stop treatment and consult your doctor. In many cases, using a lower strength treatment helps.

Be aware that the treated areas of skin may gradually become stained purple or brown. This is harmless and will gradually disappear after the end of treatment. Do not attempt to scrub the colour from skin, as this may damage the skin and aggravate psoriasis. Staining of the skin in the centre of the plaques of psoriasis is common when the psoriasis is starting to clear.

**Length of Treatment**

In most cases, dithranol should be used every day until the skin is clear. At this point, some staining may be left on the skin, but areas where psoriasis once was should feel the same as normal skin when touched. This can take between four and six weeks. If clearance isn’t seen in four to six weeks, it could be that a higher strength of dithranol is needed. The highest strengths are available on prescription only, and so in this case you should consult your doctor.

Dithranol is a time consuming treatment, and so is not suitable for everyone. However, it can be an effective treatment for those who wish to use it.

**Some Do’s and Don’ts**

- Do keep the cream away from the eyes and wash hands after use.
- Do keep the cream away from fabrics, plastics and other materials as it may cause staining.
- Do rinse shower/bath immediately after showering/washing the dithranol off, and use a suitable cleaner to remove any deposit on surfaces.
- Don’t use dithranol on very sore, angry looking psoriasis. If treated areas become inflamed, reduce the frequency of dithranol application, and if necessary consult your doctor.
- Don’t use dithranol in conjunction with topical steroids. Leave at least a week between finishing a course of steroid treatment and starting dithranol.

**National Institute for Health and Care Excellence (NICE) Guidance**

The NICE Guideline on the assessment and management of psoriasis makes a number of recommendations regarding the use of topical treatments to treat psoriasis. It is recommended that a review appointment is arranged four weeks after starting any new topical treatment (two weeks for children), so that your doctor can assess what the results of the treatment are so far,
and to check if you need any help with using the treatment. Please see the Treatments from a GP leaflet for more information on the recommended topical treatment process.

The information in this resource is not intended to replace that of a healthcare professional: If you have any concerns or questions about your treatment, do discuss this with your doctor or pharmacist and **always read the patient information leaflet** to make sure you are using them correctly.

For more information, or for a list of resources used in producing this information sheet, please contact the Psoriasis Association.

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