NICE Topical Treatment Guidance

Potent steroid + Vitamin D once daily (applied separately) – up to 4 weeks

If no adequate response in maxium 8 weeks

Topical Vitamin D alone twice daily

If no adequate response in 8-12 weeks

Topical potent steroid twice daily - up to 4 weeks *OR* Coal tar once/twice daily

If above cannot be used or a once-daily application is preferred

Topical vitamin D and steroid combination treatment once daily – up to 4 weeks

Our aims

We aim to help people with psoriasis by:

- Providing information and advice
- Increasing public acceptance and understanding
- Collecting funds for and promoting research
- Representing the interests of members at a local and national level

Members of the Psoriasis Association receive:

- A quarterly magazine
- An invitation to the Annual Conference and AGM
- Information about local and national events
- Up to date information about treatments.

If you would like to join The Psoriasis Association, please contact us on 01604 251620, mail@psoriasis-association.org.uk or write to us at the address overleaf.

Make a donation

I would like to make a donation of £ _____ to the Psoriasis Association

☐ I enclose a cheque ☐ Please debit my card

Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ CV2 ☐☐☐

Start _____ Expiry _____ Issue _____

Name _____ Address _____

_____

☐ Gift Aid

The Psoriasis Association will reclaim 25p of tax on every £1 donated. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I must notify the Psoriasis Association if I no longer pay sufficient tax or wish to cancel this declaration.

giftaid it

We rely on the generosity of people like you...

Each year the Psoriasis Association helps thousands of people whose lives have been affected by psoriasis via our websites, telephone and email helplines and by raising awareness amongst the general public, healthcare professionals and Members of Parliament.

We rely on your generosity to help us continue our vital work in supporting people, raising awareness and funding research.

How to contact us

The Psoriasis Association
Dick Coles House 2 Queensbridge
Northampton NN4 7BF

Tel: (01604) 251 620
WhatsApp: 07387 716 439
Email: mail@psoriasis-association.org.uk

www.psoriasis-association.org.uk
www.psoteen.org.uk

Charity registration number 1180666

The Information Standard — Certified member
This organisation has been certified as a producer of reliable health and social care information.
www.theinformationstandard.org

Set in 12pt easy to read type
October 2018 (Review: 10/21)

psoriasis information

treatments from a GP

A summary of the topical treatments available to treat psoriasis...

psoriasis association

Treatments from a GP

This is an introduction to the treatments you may be prescribed by your GP for psoriasis. These are usually topical (applied to skin) and may involve other lifestyle changes to help manage your general health. For many people, these treatments may be all that is needed to keep their psoriasis under control. People with psoriasis that is severe or that does not respond to topical treatments may be referred to a Dermatologist for a specialised approach. More information on this is available from the Psoriasis Association.

Topical treatment usually involves applying creams, ointments or gels to the skin, and may also refer to shampoos or other applications for the scalp. When used properly, these treatments are unlikely to cause side effects.

It is important to give topical treatments time to work. Some can take up to six weeks to start to have an effect, and often longer than that to reach maximum effect. Do be honest with your doctor, however, if you are not seeing an improvement or are finding a treatment difficult to use.

Types of Topical Treatment for Psoriasis:

Emollients and Moisturisers – psoriasis is a dry skin condition, and, as with other dry skin conditions, it is important to keep it well-moisturised. Emollients and moisturisers can help in a number of ways, including reducing itching and scaling of the skin, making it feel more comfortable. There is also evidence that certain topical treatments work better on well-moisturised skin, although at least half an hour should be left between applying an emollient and another topical treatment. Water and 'detergents' such as shower gel and bubble bath are drying to skin and can irritate psoriasis. There are a number of 'emollient cleansers' and bath oils and additives which can be used to wash with instead, which help to moisturise rather than dry out the skin.

Vitamin D derivatives – for example Calcipotriol (also known as Dovonex), Tacalcitol (Curatoderm) and Calcitriol (Silkis). Vitamin D derivatives come in gel, ointment, lotion, foam and scalp solution applications, and are often considered relatively easy to apply. They are also non-staining and do not smell. Vitamin D treatments slow down the production of skin cells and have an anti-inflammatory effect. They are not steroids and can therefore be safe for longer-term use, although this should be under the careful monitoring of a doctor. Some Vitamin D treatments can be used on sensitive areas such as the face or genitals, but some should not be, so always check the instructions. These treatments are only available on prescription, and should be used as directed by a doctor or pharmacist.

Topical steroids – for example Eumovate / Betnovate / Dovobet / Dermovate (others are available). Topical steroids are one of the first treatment options for most people. They are easy to apply and can have very positive results. However, steroid treatment should not be used for too long a period of time and it is important always to follow a doctor's instructions on dosage and application. There is a danger that the psoriasis could 'rebound' – that is come back as bad as or worse than before if the steriod is used for too long, or if treatment is abruptly stopped. It is important to 'wean' off a steroid cream with gradually less frequent applications. Low potency (strength) steroid creams can be used in sensitive areas such as the face or in the skin folds.

The commonly used Dovobet and Enstilar are a combination of a steroid and a vitamin D derivative and are used for mild to moderate plaque psoriasis.

Tar preparations – Creams and lotions such as Exorex or Psoriderm are available for the scalp and body, whilst there are many other specific scalp applications, shampoos and bath additives available from your pharmacy or GP. Modern tar preparations are less smelly and messy than the traditional unrefined products. Many tar products can be purchased over the counter, although some products do require a prescription. Tar based preparations may stain clothes or irritate the skin and can be messy; so many people find it best to apply treatments at night and use old bedclothes. You should read the information leaflet that comes with the product, or check with your doctor or pharmacist, for how often to apply the treatment and to which areas of the body.

Dithranol preparations - are used to treat well-defined plaques of psoriasis and need to be applied carefully to avoid irritating non-affected skin. Dithranol should not be used on the face, flexures (skin folds) or genitals. At-home dithranol preparations such as Micanol and Dithrocream come as ointments or creams in different strengths, and treatment should usually begin with the lowest strength. The treatment should be applied to the plaques for as long as directed by a doctor or the information leaflet that comes with the treatment, and then washed off. Increased strengths can usually be introduced gradually unless irritation happens. Dithranol can stain, so it is best to wear gloves and use old clothes and bedsheets. Any skin staining will eventually disappear. This is a time-consuming treatment that you need to be well-motivated to carry out, but it can be very beneficial to some.

Calcineurin inhibitors – for example Protopic / Elidel. Calcineurin inhibitors block the chemical calcineurin. This chemical causes inflammation in the skin; causing redness and itching. They are also sometimes referred to by the broader term of 'topical immunomodulators' – 'topical' meaning they are applied to the skin, and 'immunomodulator' meaning a drug that is able to regulate or alter the immune system in some way.

Calcineurin inhibitors are licensed for atopic eczema, but are frequently being used 'off licence' in other inflammatory skin conditions, such as psoriasis, because of their ability to reduce inflammation. Calcineurin inhibitors can be used longer-term than some other topical treatments. Because of this, they make a good alternative to topical steroids and can be used in sensitive areas including the face, genitals and skin folds that can be difficult to treat. Exposure to UV light (including sunlight, sunbeds, and UV or PUVA therapy) should be limited when using a calcineurin inhibitor, as they increase the skin's sensitivity to UV light.

Vitamin A derivatives – for example Tazarotene (Zorac) can be used to treat well-defined plaques of psoriasis for up to 12 weeks. Zorac is applied once daily, having put Vaseline onto the plaques and surrounding skin one hour before applying the treatment. This reduces the chance of an irritation occurring. It is important not to apply the treatment to unaffected skin, the face, or to get it in the eyes. Exposure to UV light (including sunlight, sunbeds, and UV or PUVA therapy) should be limited when using a vitamin A application, as they increase the skin's sensitivity to UV light.

Some topical treatments can be used during pregnancy or whilst breastfeeding, but some should be avoided. Always follow the information on the treatment's patient information leaflet, and any directions given by a doctor or pharmacist.

National Institute of Health and Care Excellence (NICE) Guidance

The NICE Guideline on the assessment and management of psoriasis (CG153) makes a number of recommendations regarding the use of topicals to treat psoriasis. These are recommendations and not rule – experienced doctors may take different approaches. However, it is useful for people with psoriasis to be aware of the Guideline so that they understand the care and treatments they are entitled to.

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. *For adults with plaque psoriasis on the trunk and/or limbs, it is recommended that topicals are tried in the order on the chart on the reverese of this page.*

It is important to remember that this process will be different for children, as not all of the medications above may be suitable. Similarly, it may need to be adapted depending on your personal preferences and other health needs.

Different treatment approaches are required for non-plaque psoriasis and psoriasis in other areas of the body, details of which can be found on the relevant information resources from the Psoriasis Association.

More information

If you would like more information, or a list of resources used in the production of this leaflet, please contact the Psoriasis Association.

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. If you are buying products over the counter discuss them with the pharmacist and always read the label to make sure you are using them correctly.