Vitamin D

There are three vitamin D treatments available in the UK – calcipotriol (Dovonex), calcitriol (Silkis) and tacalcitol (Curatoderm), and one calcipotriol and steroid combination treatment (Dovobet). Commercial treatment names are used in the rest of this resource, as patients are most likely to be familiar with them.

The Vitamin D treatments act by slowing down the production of skin cells and having an anti-inflammatory effect. They are not steroids and can therefore be safer for longer-term use – they are also non-staining and more cosmetically acceptable. Overuse, however, can interfere with the body’s absorption of calcium. It has been reported that UV light can interfere with the way Vitamin D treatments work, and so people might be advised to limit time out in the sun, or to apply the treatment at bedtime – check with your doctor or the enclosed patient information leaflet for further advice. As with all topical treatments, it may take a number of weeks for a Vitamin D treatment to work. Most vitamin D treatments are only available on prescription, although Dovonex has recently been reclassified and is now available to purchase over-the-counter from a pharmacy.

Curatoderm

This is available as an ointment and a lotion. Curatoderm ointment is indicated for the treatment of plaque psoriasis, and the lotion for plaque psoriasis in particular on the scalp. It should be applied sparingly once daily to the affected areas, preferably at bedtime. The amount used should not exceed 10g per day (of the ointment) or 10ml per day (of the lotion). The duration of treatment will depend on the severity of the psoriasis and should be discussed with your doctor. Curatoderm can be used on all areas of the body – including the face, hairline, scalp and flexural areas. If using the ointment to treat scalp psoriasis, it can be left on overnight and shampooed out the next morning. It is not recommended for use in children or those with generalised pustular psoriasis. The most frequent side effect is local skin irritation – itching, burning etc, but these reactions are, in general, mild.

Dovonex

This is available as an ointment; the cream and scalp solution have been discontinued, although a generic form of calcipotriol scalp solution is still able to be prescribed.

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The ointment is intended to treat plaque psoriasis and the scalp solution for scalp psoriasis. The ointment should be applied once or twice daily, and no more than 100g should be used per week. For children over 12 years old, apply twice daily and do not exceed 75g per week. For children between 6 and 12 years old, apply twice daily and do not exceed 50g per week. There is limited experience of using Dovonex in children under 6 years of age, and so a maximum safe dose has not been established, your Dermatologist will advise, if this is relevant. Dovonex is not to be used on the face, or in patients with severe liver or kidney disease. The most common side effect is local skin irritation.

**Silkis**

This is available as an ointment and indicated for the treatment of mild to moderately severe plaque psoriasis covering up to 35% of the body. Silkis should be applied to the affected areas twice per day – preferably morning and evening. It is recommended that not more than 35% of the body surface be exposed to daily treatment and not more than 30g of ointment should be used daily. Silkis should not be used in patients with kidney or liver dysfunction, or in those who have problems with the absorption of calcium in their body. Silkis can be used on the face with caution – perhaps test a small patch first in case of irritation. As with all topical treatments, it is advisable to wash your hands after application to prevent getting the ointment on unaffected skin, or the eyes. Temporary skin irritation has been reported as a side effect.

**Dovobet**

Dovobet is a combination of calcipotriol and a potent steroid (betamethasone, as in Diprosone). It comes as an ointment or gel and is indicated for the treatment of plaque psoriasis. The gel formulation can also be used to treat scalp psoriasis. Dovobet should be applied to the affected area – to a maximum of 30% body surface area – once daily for a maximum of four weeks. After this period, repeated treatment with Dovobet can be initiated under medical supervision. Application should be no more than 15g per day and 100g per week. Dovobet should not be used in people who have problems with the absorption of calcium in their body, those with pustular psoriasis, skin infections, and certain other skin conditions. Itching and a feeling of burning have been reported as side effects.
Guidance

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 British Dermatological Nursing Group recommends that a moisturiser should be applied and allowed to sink in before using another treatment. This often takes around 30 minutes. Applying other treatments – such as vitamin D, tars or steroids – to well-moisturised skin means they can be absorbed more easily, which some healthcare professionals think can improve the skin’s response to the treatment.

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 the production of this information sheet, please contact the Psoriasis Association.

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