Psoriasis—Treatment choice for Adults in Primary Care

Approved by the Surrey Area Prescribing Committee—

See **CKS** to support diagnosis and management of psoriasis— Management | Psoriasis | CKS | NICE

See **PCDS** to support diagnosis and as an educational tool— Psoriasis Primary Care treatment pathway (pcds.org.uk)

Shared decision making—Share information and discuss psoriasis and treatment options with the patient to jointly agree care that is right for them at the time—

GENERAL ADVICE

- Discuss treatment options
- Explain method of application
- Reinforce the need for compliance
- For wet, weeping skin employ a cream
- For dry skin use an ointment
-When prescribing combination products, prescribe by brand
- Ensure appropriate quantities are prescribed

Please see Topical Corticosteroid Fact Sheet

TREATMENT OPTIONS SUGGESTED AS PER CKS

TRUNK AND LIMB / GUTTAE

- Emollient (see PAD guidelines)
- Potent topical steroid plus topical Vitamin D (can be given as a combination preparation)
- Coal Tar
- Salicylic acid (if scaling a problem)

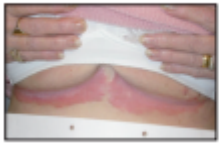
SCALP

- Potent topical steroid
- Topical Vitamin D
- Coal tar
- Salicylic/ olive oil/ emollient
- Combination steroid and Vitamin D

FACIAL/ FLEXTURAL/ GENITAL

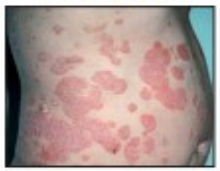
- Emollient (see PAD guidelines)
- Mild/Moderate topical steroid

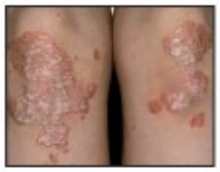
Flexures & Genetalia



Erythematous patches, shiny red and lack scale. Commonly mistake for candidiasis.

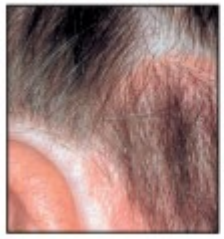
Trunk & Limbs





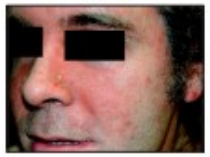
Well defined symmetrical small and large scaly plaques, predominantly on extensor surfaces but can be generalised.

Scalp Psoriasis



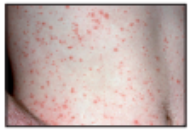
Much more common than appreciated and easier felt than seen. May be patchy. Socially embarrassing. Typically extends just beyond the hairline, best seen on nape of neck.

Face



An uncommon and distressing site sometimes with plaques but more often similar to that seen in seborrheic dermatitis.

Guttate Psoriasis



Rapid onset of very small 'raindrop like' plaques, most on torso and limbs, usually following a streptococcal infection. May lack scale initially. An important differential is secondary syphilis.

PREFERRED PRODUCT LIST - Cost effectiveness £x per gram (across rows of preparations)			
Pharmaceutical form	**Most cost effective**	**Medium cost effective**	**Least cost effective**
COAL TAR – All available OTC			
Trunk and Limb	Psoriderm cream 60mg/g (225ml) Exorex lotion 50mg/g (250ml)		
Scalp	Psoriderm lotion/shampoo (coal tar 2.5%, lecithin 0.3%) (250ml) Polytar 1% shampoo (150ml) Alphosyl 2in1 shampoo 5% (250ml)	T/Gel shampoo 2% (125ml,250ml) Exorex lotion 50mg/g (100,250ml)	
Topical Vitamin D			
Combination products*	Calcipotriol 0.005%/ betamethasone dipropionate 0.005% **ointment** (30, 60, 120g) - ***Dalonev, Dalbecal, Dovobet***	Calcipotriol 0.005%/ betamethasone dipropionate 0.005% **gel** (30g, 60g) ***Dovobet*** **foam** (60g) -***Enstilar***	
Ointments	Calcitriol (silkis) 3mcg/g (100g) ***Shelf life of only 8 weeks once opened*** Calcipotriol (Dovonex & Generic) 50mcg/g (**120g**) ***Shelf life of 6 months once opened***	Calcipotriol (Dovonex & Generic) 50mcg/g (**60g**) ***Shelf life of 6 months once opened***	**NON FORMULARY** Tacalcitol
Scalp application	**For use in patients who cannot tolerate steroids or need single agent treatment** Calcipotriol 50mcg/ml (60ml,120ml)		
SALICYLIC ACID			
Ointment for Trunk and limb and Guttae			**UNLICENSED** - Psorin
Scalp - **OTC**	Capasal shampoo (coal tar 1%, coconut oil, salicylic 0.5%) (250ml)	Cocois/Sebco oint (coal tar 12%, salicylic 2%, sulphur 2%) (**100g**)	Cocois/Sebco oint (coal tar 12%, salicylic 2%, sulphur 2%) (**40g**)

TOPICAL CORTICOSTEROID'S—Please see Topical Corticosteroid

PREFFERED PRODUCT LIST- Cost effectiveness £x per gram (across rows of preparations)			
Pharmaceutical form	**Most cost effective**	**Medium cost effective**	**Least cost effective**
Topical Steroids – MILD			
Creams	Hydrocortisone 1% (12,30,50g) Hydrocortisone 0.1%-***Dioderm*** (15,30g)		Hydrocortisone 0.1%-***Dermacort*** (15,30g) Hydrocortisone 2.5% (15,30g)
Ointments	Hydrocortisone 0.1% (100g)	Hydrocortisone 1% (15,30,50g)	**NON FORMULARY** Hydrocortisone 0.5% (30g) Hydrocortisone 2.5% (30g)
Topical Steroids - MODERATE			
Creams	Alclometasone dipropionate 0.05% (15g) - **OTC** Betamethasone 0.025% (100g) Clobetasone 0.05% (30,100g)	Fluocinolone acetonide 0.00625% (50g) Fludroxycortide 0.0125% cream (60g)	
Ointments	Clobetasone 0.05% (30,100g)	Fluocinolone acetonide 0.00625% (50g)	
Topical Steroids - POTENT			
Creams	Betamethasone dipropionate 0.05% (30,100g) Betamethasone valerate 0.1% (30,100g) Hydrocortisone butyrate 0.1% (30g)	Mometasone furoate 0.1% (30,100g) Fluocinonide acetonide 0.025% (30,100g) Diflucortolone 0.1% (30g) Fluocinonide acetonide 0.5% (100g)	Diflucortolone 0.1% ***oily cream*** (30g) Fluticasone 0.05% (15,30g) **NON FORMULARY** Beclometasone 0.025% (30g)
Ointments	Betamethasone dipropionate 0.05% (30,100g) Betamethasone valerate 0.1% (30,100g)	Mometasone furoate 0.1% (30,100g) Fluocinonide acetonide 0.5% (25,100g) Fluocinonide acetonide 0.025% (25,100g) Diflucortolone valerate 0.1% (30g)	**NON FORMULARY** Beclometasone 0.025% (30g)
Lotions	Betamethasone dipropionate 0.1% (100ml) Hydrocortisone butyrate 0.1% (100g-topical emulsion) Betamethasone dipropionate 0.05% (100ml)		
Gel	Fluocinonide acetonide 0.025% (30,60g)		
Scalp preparations	Betamethasone 1mg/g lotion (100ml) Hydrocortisone 0.1% lotion (100ml)	Bettamouse 0.1% foam (100g)	Mometasone 0.1% lotion (30,100ml)
Topical Steroids – VERY POTENT			
Cream/Ointment	Clobetasol propionate 0.05% (30,100g)		Diflucortolone 0.3% (15g- *oily cream/oint*)
Scalp preparations	Clobetasol propionate 0.05% sham-poo (125ml)	Clobetasol propionate 0.05% application (100ml)	

When to refer

- If generalised pustular psoriasis or erythrodermic psoriasis is suspected (classed as a medical emergency) - Arrange same day specialist assessment.

- Uncertainty on diagnosis.

- Psoriasis is extensive e.g. more than 10% of body surface area is affected (consideration for phototherapy in **Guttae** psoriasis).

- Psoriasis is at least moderately severe as measured by the Physicians global assessment tool (**T&L, Face/Gen/Flex & Scalp**).

- Psoriasis is resistant to topical treatments in primary care or treatment is not tolerated (or impractical for **Guttae** psoriasis).

- **Face/ gen/ flex**—if continued treatment with topical corticosteroids is needed to maintain control of psoriasis and there is a significant risk of adverse effects.

- There is a significant impact on the person's physical, psychological or social well-being.

- Additional information and education for self use is needed.

- Arrange referral to rheumatology if psoriatic arthritis is suspected.

- **Guttae**—Consider ENT referral if Guttae psoriasis is exacerbated by recurrent tonsillitis.