



SPECIALTY: GENERAL MEDICINE - DERMATOLOGY
CLINICAL PROBLEM: PSORIASIS

Psoriasis affects 1-2% of people in the UK. It is a chronic and often persistent, condition that can present at any age. In some patients symptoms are sufficient enough to cause disability and can have a major social and psychological impact. With proper management the outlook for most patients can be greatly improved.

MANAGEMENT OF PSORIASIS

Mild Psoriasis

Bath emollients (tar based)
Tar/steroid mixture topically (eg
Alphosyl HC bd or Dovonex bd

Scalp

Tar-based shampoo
Potent topical steroid (eg Synalar
Gel od) **or** Dovonex scalp
application

Moderate Psoriasis - as above
plus:

Moderate potent steroid \pm 5%
LPC **or** Dithranol - short contact
(0.25-2%)

Scalp

Add Coccois Co to scalp
overnight
Dithranol pommade

Severe Psoriasis - as above.

Please refer to steroid step ladder for further guidance as illustrated in guideline for Atopic Eczema in Children

REFER TO HOSPITAL FOR

- ⇒ UVB with phototherapy (UVB x 3 weekly) **or** PUVA x 2 weekly
- ⇒ Retinoids
- ⇒ Methotrexate
- ⇒ Cyclosporin-A

PSORIASIS OF THE SCALP

The scalp is commonly affected by psoriasis, either alone or in combination with psoriasis elsewhere. The other common condition affecting the scalp is seborrhoeic eczema and these can be quite difficult to distinguish if the scalp alone is affected. However from the point of view of treatment this is not so critical, as the following treatment is common to both conditions:-

- Apply *Cocois Co* by rubbing into the scalp and leave for several hours. *Cocois* ointment is an alternative product which is available commercially. *Cocois Co* is a brown ointment and users are advised to wear a scarf or handkerchief to protect the sheets and pillow cases.
- In the morning, wash out the *Cocois Co* with a suitable medicated shampoo (*Polytar*, *Alphosyl* etc.). If scaling or itching persists during the day a potent steroid application can be used (e.g. *Synalar Gel*, *Betnovate* or *Locoid* scalp application, *Elocon Lotion*, etc).

For patients with psoriasis of the scalp, *Dovonex* scalp application is now available but trials indicate that it is no more effective than *Betnovate* scalp application. However, it may be more effective in individual patients or preferred by other patients.

Patients require referral to hospital if their psoriasis is resistant to the above treatments. It is important, however, not to raise unrealistic expectations in patients with psoriasis. The tendency to develop psoriasis is life-long and treatment will control, not cure, the condition. Remember that some drugs can exacerbate psoriasis (e.g. lithium) and some drugs can produce a psoriasiform eruption, particularly methyl dopa and beta-blockers. In this situation, hospital referral is appropriate. It is also appropriate for patients with acute guttate psoriasis where UVB therapy alone is often effective.

For further advice, patients can contact: **The Psoriasis Association**
7 Milton Street
Northampton NN2 7JF
Tel & Fax: 01604 711129

REFERENCES:

Dr Russell-Jones, FRCP. Guidelines for GP Referrals in Dermatology 1997; p52-56 and NHS NICE Guidelines 2000.

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