Mid and South Essex Health and Care Partnership

NHS

# PSORIASIS Topical Treatment Pathway in Primary Care: Adults

Assess severity, joint involvement, comorbidities and lifestyle cardiovascular risk factors NICE clinical guideline (CG153) Psoriasis: assessment and management
Guide to severity score https://www.dermnetnz.org/topics/pasi-score/
Provide patient information leaflet (British Association of Dermatologists BAD)
http://www.bad.org.uk/shared/get-file.ashx?id=178&itemtype=document

→ Refer the following: generalised pustular psoriasis or erythroderma assessment and treatment (urgent same day referral), suspected psoriatic arthritis, severe or extensive psoriasis or diagnostic uncertainty or significant impact on physical, psychological or social well-being arthritis

Localised or mild to moderate psoriasis - emollients should be applied regularly to reduce fall of scales at all steps in therapy and for all body areas (excluding scalp). Note that ointment is better suited than cream for psoriasis as it is more greasy. However, if ointment is refused (or not tolerated) then cream may be offered as an alternative

## Trunk and limbs or guttate psoriasis

Potent corticosteroid applied once daily **plus** vitamin D or vitamin D analogue applied once daily
Apply separately, one in the morning and the other in the evening for up to **4 weeks**

If ineffective after maximum of 8 weeks

Vitamin D or vitamin D analogue applied twice daily

If ineffective after maximum of 8 - 12 weeks

Potent corticosteroid applied once daily for **4 weeks** or coal tar preparation applied once or twice daily

If not tolerated or once daily application will improve adherence

Betamethasone 0.05% and calcipotriol 50mcg/g applied once daily for up to **4 weeks**.
Dovobet ointment
Enstilar foam if ointment ineffective or not tolerated.

## Face, flexures and genitals

Short term mild or moderate potency corticosteroid applied once or twice daily for up to maximum of **2 weeks**

If ineffective or continuous treatment is required and high risk of corticosteroid induced side effects

Calcineurin inhibitor (tacrolimus or pimecrolimus) applied twice daily for up to **4 weeks** only. **ONLY to be initiated by healthcare professionals with expertise in psoriasis.**

## Scalp

Potent corticosteroid applied once daily for up to 4 weeks

If ineffective after 4 weeks

Consider:
- alternative formulation of potent steroid e.g. mousse or shampoo
- topical agent to remove scale prior to applying steroid e.g. salicylic acid, emollient

If ineffective after a further 4 weeks

Betamethasone 0.05% and calcipotriol 50mcg/g gel applied once daily for up to **4 weeks or** Vitamin D/vitamin D analogue applied once daily for **8 weeks** – if cannot tolerate steroid and scalp psoriasis is mild/moderate

If ineffective after 8 weeks

Very potent steroid applied twice daily for **2 weeks or** coal tar once or twice daily

→ Refer adults to specialist dermatology service if unsatisfactory response to topical treatment for further options

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# PSORIASIS Topical Treatment Pathway in Primary Care: Children and Young people

**Assessment:** As detailed in the PSORIASIS Topical Treatment Pathway in Primary Care: Adults.

Children and young people with any type of psoriasis should be referred to a dermatology specialist at presentation. Referrals should be made through NHS eReferral Service (https://nww.ebs.ncrs.nhs.uk) by selecting Children and Adolescent Services as the specialty and Dermatology as the clinic type. Most topical treatments to be initiated by specialist. Duration of treatment course to be clearly stated when requesting primary care healthcare professionals to continue prescribing or repeat courses. Emollients should be applied regularly to reduce fall of scales at all steps in therapy and for all body areas (excluding scalp). Note that ointment is better suited than cream for psoriasis as it is more greasy.

## Trunk and limbs

Age >1 year: potent corticosteroid* ONCE DAILY$^{\pi}$

Age >6 years: Calcipotriol* ONCE DAILY^

If ineffective after recommended duration*

## Face, flexures and genitals

Short term$^{\pi}$ mild or moderate potency corticosteroid *

If ineffective after recommended duration*

## Scalp

Potent corticosteroid applied once daily for up to 4 weeks

If ineffective after recommended duration*

Defer further management until advised by the specialist dermatology service

Betamethasone 0.05% and calcipotriol 50mcg/g gel applied once daily$^{\pi}$

calcipotriol 50mcg/g gel ((only if cannot use steroids and mild/ moderate psoriasis) applied once daily$^{\pi}$

If ineffective after recommended duration*

If ineffective after recommended duration*

Coal tar preparation* ONCE or TWICE daily

Medication review 2 weeks for children with new topical treatment:

- Evaluate tolerability, toxicity and initial response to treatment
- Reinforce the importance of adherence when appropriate
- Reinforce the importance of a break between courses of potent corticosteroids
- If little or no improvement discuss next treatment option
- If responding to topical treatment - discuss maintenance therapy / relapse / healthy lifestyle
- Reinforce regular use of emollients

*Refer to BNF for children for information on appropriate dosing and duration of treatment

$^{\pi}$Aim for a break of 4 weeks between courses of treatment with potent and very potent steroids. Consider non-steroid based products (coal tar, vitamin D/ vitamin D analogues) as needed to maintain control during this period

^Off-label use

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## Topical preparations used for psoriasis

| **Topical corticosteroids**<br>**GREEN Traffic Light Status (TLS) - adults, young people and children (except very potent in children - not recommended)** | |
|---|---|
| **Mild** | Hydrocortisone 1% cream and ointment |
| **Moderate** | Clobetasone butyrate 0.05% cream and ointment<br>Betamethasone valerate 0.025% cream and ointment |
| **Potent** | Betamethasone valerate 0.1% cream and ointment |
| | Hydrocortisone butyrate 0.1% cream and ointment |
| **Very potent** | Clobetasol propionate 0.05% cream and ointment |

| **Topical scalp corticosteroids**<br>**GREEN TLS – adults, young people and children** | |
|---|---|
| **Potent** | Betamethasone valerate 0.1% |
| | Mometasone furoate 0.1% |
| | Hydrocortisone butyrate 0.1% |

Be aware that continuous use of potent or very potent corticosteroids may cause:

- irreversible skin atrophy and striae
- psoriasis to become unstable
- systemic side effects when applied continuously to extensive psoriasis (for example, more than 10% of body surface area affected).

Explain the risks of these side effects to people undergoing treatment (and their families or carers where appropriate) and discuss how to avoid them. Advise not to apply potent corticosteroids for more than 8 weeks at any one site. Treatment with a corticosteroid may be restarted after a 4 week 'treatment break'. During this time vitamin D preparations may be continued.

| **Vitamin D and vitamin D analogues**<br>**GREEN TLS - adults and young people**<br>**YELLOW TLS - children** |
|---|
| Calcipotriol 50mcg/gram cream, ointment and scalp solution |
| Calcitriol 3mcg/gram ointment - if skin irritation problematic with calcipotriol |

| **Combination betamethasone 0.05% and calcipotriol 50mcg/gram**<br>**GREEN TLS - adults and young people**<br>**YELLOW TLS - children** |
|---|
| Dovobet ointment |
| Enstilar foam - if ointment ineffective or not tolerated<br>Supply a maximum of 2 sprays for a 4 week treatment period |
| Dovobet gel - for scalp/hairy skin |

| **Calcineurin inhibitor A**<br>**YELLOW TLS - adults, young people and children** |
|---|
| Tacrolimus 0.03% ointment and 0.1% ointment |
| Pimecrolimus 1% cream |

| **Coal tar preparations**<br>**GREEN TLS - adults and young people**<br>**YELLOW TLS - children** |
|---|
| Coal tar 6% (Psoriderm) cream - large thin plaques |
| Coal tar solution 12%, salicylic acid 2%, sulphur 4% (Cocois) ointment - scalp for thick scale |
| Coal tar 1%, coconut oil 1%, salicylic acid 0.5% (Capasal) shampoo – scalp for thick scale |

| | |
|---|---|
| References | • NICE Pathway: Topical therapy for psoriasis accessed on line 22/03/2021 https://pathways.nice.org.uk/pathways/psoriasis#path=view%3A/pathways/psoriasis/topical-therapy-for-psoriasis.xml&content=view-index<br>• NICE Psoriasis: assessment and management Clinical guideline [CG153] Published date: 24 October 2012 Last updated: 01 September 2017 https://www.nice.org.uk/guidance/cg153 |
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