Management of Psoriasis (Adults & Children) in Primary Care

V2.1	**Last reviewed:** 20/07/2023	**Review date:** Jan 2027

NHS
Nottinghamshire Area Prescribing Committee

Assess severity, articular symptoms and cardiovascular comorbidities
Guide to severity score https://www.dermnetnz.org/topics/pasi-score/
Assess degree of psychosocial disability and provide patient information leaflet (See box 1 for further patient information in websites)

Box 1 - Patient information:
The Psoriasis Association: https://www.psoriasis-association.org.uk/
The British Association of Dermatologists - patient website: https://www.skinhealthinfo.org.uk/
The NHS website: https://www.nhs.uk/conditions/psoriasis/

Localised or mild-moderate plaque/guttate psoriasis

Copious emollients (see emollient formulary) AND Active treatments as below on flare-ups.
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.

Articular symptoms suggestive of psoriatic arthritis and PEST score > 3/5

Refer to Rheumatology

Erythrodermic psoriasis
Unstable/generalized pustular psoriasis

Urgent referral to Dermatology
[contact on-call dermatologist]

Extensive/severe/disabling psoriasis
Failure to respond/rapid relapse after adequate treatment

Refer to Dermatology

Trunk/limb

Adults – initial treatment:
Calcipotriol and betamethasone combination [Generic Gel/Ointment or Enstilar® Foam]

Once daily, two weeks on, two weeks off each month

Large thin plaques: Tar preparations [Exorex® lotion]

Solitary treatment-resistant plaques: Potent steroid with salicylic acid combination [Diprosalic® ointment]

Thick scales: Potent steroid with salicylic acid combination [Diprosalic® ointment]

Children – initial treatment:
Moderate/Potent corticosteroid gel/ointment (>1y) [eg. Betnovate®] **OR** Calcipotriol and betamethasone combination [Generic Gel/Ointment or Enstilar® Foam] (>12y): Once daily for 7 days. If improvement seen after 7 days, continue on alternate days for a further 7 days. Discontinue if improvement not seen.

On-going treatment (adults & children):
On-going treatment (adults & children): Calcipotriol [Dovonex® ointment] (>6y) **OR** an emollient (see formulary)

Scalp

Adults – initial treatment:
Potent/super potent corticosteroid [Betacap®/ Dermovate® scalp application] **OR** Potent steroid with salicylic acid combination [Diprosalic® scalp application] **OR** Calcipotriol and betamethasone combination [Generic Gel or Enstilar® Foam]
Apply sparingly every night for 7 days then once or twice a week to sustain improvement, washed out in the morning.

Thick scales: Epimax® ointment/Hydromol® ointment **OR** Coal Tar with salicylic acid and precipitated sulfur combinations [Cocois® / Sebco® ointment] overnight then shampoo out with Polytar®

Ongoing treatment (adults):
Coal Tar [Psoriderm® scalp lotion shampoo, Capasal® shampoo]

Children – initial treatment:
Initial treatment for children: Moderate/Potent corticosteroid gel / ointment (>1y) [eg. Betnovate® scalp application]): once daily for up to 2 weeks

Thick scales: Epimax® ointment/ Hydromol® ointment **OR** Cocois® / Sebco® ointment (>12y)

On-going treatment (children):
Coal Tar [Psoriderm® scalp lotion, Capasal® shampoo]

Face

Hydrocortisone 1% ointment **OR** clobetasone 0.05% [Clobavate® / Eumovate®]
Once to twice daily for 7 days, then alternate days for 7 days. Discontinue if no improvement after 7 days.

If ineffective contact dermatology (via Advice & Guidance) for further treatment options e.g. Pimecrolimus (Elidel®) or tacrolimus [Protopic®) – Amber 2 (note that GPs with a special interest may initiate).

On-going treatment: Emollient (see formulary)

Flexural/genital

Hydrocortisone 1% ointment **OR** clobetasone 0.05% [Clobavate® / Eumovate®] **OR**, if fungal infection, Hydrocortisone 0.5% with Nystatin [Timodine® cream]: Once to twice daily for 7 days, then alternate days for 7 days. Discontinue if no improvement after 7 days.

If ineffective contact dermatology (via Advice & Guidance) for further options e.g. clobetasone butyrate/nystatin/oxytetracycline [Trimovate® cream].

Trimovate® cream is AMBER 2. Note, GPs with a special interest may initiate.

On-going treatment:
Calcitriol ointment [Silkis®] (adults only) **OR** an emollient (see formulary)

Medication review 4 weeks [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/very 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

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