Chronic Plaque Psoriasis in Primary Care

Patient Assessment requires documentation of
extent , duration and presence of symptoms
co-morbidities (arthritis , metabolic associations, alcohol intake , psychosocial impact)

Whole skin examination requires documentation of :
all sites involved including high-impact and difficult-to-treat sites
% BSA
note degree of scale , inflammation,
systemic upset such as fever and malaise (unstable psoriasis)

SECONDARY CARE REFERRAL

Any type of psoriasis that is

1. severe or extensive, (> 10% BSA affected)
2. cannot be controlled with topical therapy
3. is having a major impact on a person's physical, psychological or social wellbeing.
4. all children and young people (<18 y)

Emergency referrals to On call Dermatology Service at SRFT
5. Erythrodermic
6. Generalised Pustular Psoriasis

PLUS

7. acute guttate psoriasis requiring phototherapy (see recommendation)
8. nail disease has a major functional or cosmetic impact

Treatment
Discuss options
Assess practicalities of options
Prescribe appropriate quantities
Address CVS, psychological, rheumatological co-mordbidities

Education to increase self care

use PILs to support information on
diagnosis, actions and expectations of treatment,
exacerbating lifestyle factors

ALL PATIENTS MUST BE PRESCRIBED EMOLLIENTS AS FIRST LINE

Palmar plantar

Potent topical steroid ointment under gloves for 4 weeks only

Trunk and Limbs
<10% BSA

Potent topical steroid ointment
morning + vitamin D analogue*
evening up to 8 weeks

satisfactory control not achieved and still <10% BSA

Vitamin D analogue* bd 8 weeks

satisfactory control not achieved and still <10% BSA

potent topical steroid 4 weeks
OR
coal tar preparation bd

Scalp

Mild (fine scaling):
Tar based shampoo

Moderate (palpable plaques):
Descale if needed
potent corticosteroid applied once daily
(4 weeks)

Severe:
Descale with salicylic acid prep/ emollients or oils (1 week)
then
potent corticosteroid applied once daily for up to
(4 weeks)

if satisfactory response not achieved try different formulation (mousse / gel/ lotion)

Flexural Genitalia/ Face/ Hairline

Initial
mild potency topical steroid
or if not irritated
vitamin D analogues (curatoderm ointment od)

If no improvement increase to moderate potency topical steroid for no more than 2 weeks then step down to mild as response achieved.

Maintenance therapy:
requires specialist recommendation
Protopic 0.1 % ointment

if above not tolerated or need to improve adherence

combination product
potent topical steroid and vitamin D analogue treatment ONCE daily
4 weeks only

REVIEW AFTER INITIATING FIRST TREATMENT

Adults 4 WEEKS
Children 2 WEEKS

*TOP TIPS
Vitamin D analogues NOT to be used if trying to conceive/ Pregnant

If T+L combined with flexures / face single agent:
Curatoderm ointment 100g od (expect minimum 8 weeks to see effect)

NICE Guidelines 2017
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