

# Summary of Recommendations for Management of Bullous Pemphigoid

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On behalf of the British Association of Dermatologists Therapy Guidelines and Audit Subcommittee.

Bullous pemphigoid (BP) is a common disease of the elderly and likely to become increasingly frequent. These guidelines reflect data available from Medline, Embase, the Cochrane library, literature searches, and the experience of the authors of managing patients with bullous pemphigoid in special and general clinics for over ten years. Hard data is limited to six randomised controlled trials involving small groups of patients.

## Main recommendations (with strength of recommendation and quality of evidence grading)

- Systemic steroids are the best established treatment (*Strength of recommendation A; Quality of evidence II*). Recommended initial doses of prednisolone are 20 mg/day or 0.3 mg/kg/day in localised or mild disease, 40 mg/day or 0.6 mg/kg/day in moderate disease, and 50-70 mg or 0.75-1 mg/kg/day in severe disease. Measures to prevent osteoporosis must be implemented from the start of systemic steroid therapy, whenever practicable.
- For localised BP and for mild to moderate BP, very potent topical steroids are worth trying first (*A, III*); they should also be used as an adjunct in any patient with BP.
- For mild-moderate BP, tetracyclines and nicotinamide should be considered as an alternative to steroids (*B, II-ii*).
- Immunosuppressants cannot be recommended routinely from the outset but should be considered if the steroid dose cannot be reduced to an acceptable level. Azathioprine is the best established (*B, IV*); methotrexate may be considered in patients with psoriasis and BP (*B, IV*).
- The aim of treatment is to suppress the clinical signs of BP sufficiently to make the disease tolerable to the individual. We recommend aiming for reduction, but not complete suppression, of blister formation, urticarial lesions and pruritus.

## Audit points

There is no established optimum treatment for bullous pemphigoid, and thus no gold standard against which to audit clinical practice.

Suggested Audit points:

- Evidence of a clear management strategy
- Scrutiny of prednisolone dosage used
- Implementation of measures to minimise and reduce steroid dosage
- Indications for use of azathioprine and other immunosuppressants
- Monitoring of drug therapy
  - Steroid side effects in relation to dose
  - Implementation of osteoporosis prophylaxis
  - TMPT screening prior to the use of azathioprine
  - Drug monitoring of dapsone, sulfonamide or immunosuppressant treatment

**Key to the Evidence and Recommendation gradings is in the full reference:**

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