



TOPICAL TREATMENTS FOR PSORIASIS

What are the aims of this leaflet?

Patients with psoriasis are usually treated with preparations that are applied to the skin. This leaflet has been written to help you understand more about these treatments. It tells you what they are, how they are used, and where you can find out more about them.

What are topical treatments?

Treatments that are applied directly to the skin are known as topical treatments. They are the mainstay of treatment for most patients with psoriasis. More severe psoriasis may need a variety of other treatments including ultraviolet light and special tablets. Details of these further treatments are given in a separate Patient Information Leaflet: 'Treatments for moderate or severe psoriasis'. However, most patients on these further treatments will still need to use topical treatments.

What is psoriasis?

Another Patient Information Leaflet ('Psoriasis - an overview') gives fuller details. In brief, psoriasis is a common skin disorder affecting about 2% of the population. It occurs equally in men and women, at any age, and tends to come and go unpredictably. It is not infectious and does not scar the skin. Patches of psoriasis are red and covered by silvery white scales. They usually come up on the knees, elbows, trunk or scalp, though any areas of the skin can be involved.

The exact cause of psoriasis is not known, but it does tend to run in families. However the psoriasis of those with a genetic susceptibility to it may appear only if it is triggered by an outside event such as a sore throat, stress or an injury to the skin.

Can psoriasis be cured?

Treatments for psoriasis are usually effective. The skin becomes less scaly and may then look completely normal. However, even if your psoriasis goes away after treatment, there is a tendency for it to return. This may not happen for many years, but can do so within a few weeks. There is no evidence that any treatments alter the prognosis, so delaying treatment or using treatment early doesn't affect the outcome.

What are the main topical treatments used for psoriasis?

Quite often different treatments will be recommended for different sites and for most stubborn areas combinations of different treatments may produce better results. They include the following:

- **Emollients and salicylic acid.** Emollients help to moisturise dry skin. They ease itching, reduce scaling, soften cracked areas and help the penetration of other topical treatments. They should be used as a soap substitute when bathing or washing, and should also be put on before anti-psoriasis treatment. It is usual to allow about 30 minutes after applying an emollient before applying other anti-psoriasis treatment. Very mild psoriasis may respond to treatment with emollients only. Simple emollients such as aqueous cream, or 50% white soft paraffin in liquid paraffin, can reduce scaling. They can be used as often as needed. Preparations containing salicylic acid can help heavily scaled plaques, but may sometimes irritate the surrounding skin.
- **Topical steroids.** These are sometimes helpful, but only in certain situations. The weaker steroids often do not work very well for thick patches of psoriasis, but may be more effective on the face or in the skin folds (e.g. under the arms). The stronger steroids have side effects, one of which is to make your skin thinner. This is why their use needs to be closely monitored by your doctor. There is also a tendency for psoriasis to return quickly when topical steroid treatment stops.
- **Tar preparations.** Your doctor may prescribe a cosmetically acceptable, medicated tar bath that will help to remove loose scales from the patches of psoriasis. Other tar preparations take the form of creams or ointments. These help most patients, but many find them messy and they can stain clothing.
- **Dithranol.** Dithranol is good for uncomplicated psoriasis and can be prescribed for use at home if you have mild or moderate psoriasis, particularly if water washable creams are prescribed. Dithranol is almost always used as short contact therapy.

1. **Short contact dithranol therapy.** The dithranol cream is applied, sparingly, only to areas of skin affected by the psoriasis. It should be rubbed in gently until it is absorbed. After doing so you should wash your hands. The dithranol should be removed after the prescribed length of time (from 10 to 60 minutes) according to the manufactures instructions.

Dithranol stains clothes, and you should therefore wear old clothes whilst the treatment is on the skin, though you can still carry on with your everyday activities. You should also clean the bath or shower immediately with a proprietary cleanser to avoid permanent staining. Treatment is usually carried out once a day. As the psoriasis clears, you will notice that the treated areas stain brown, but this will gradually fade after treatment is complete.

Occasionally dithranol irritates the skin, causing inflammation and soreness in and around the treated areas. Psoriasis in the bends of the elbows or knees should not be treated with dithranol without a doctor's advice, as irritation is more likely there. Similarly, you should not treat your face with dithranol without a doctor's advice, as contact with the eyes must be avoided and skin staining may prove unsightly.

The strength of the dithranol is gradually increased every 3-5 days. If treated areas become inflamed, treatment should stop until this settles, but may then be resumed at a lower concentration. Once you can no longer feel the patches of psoriasis, treatment can stop.

Many patients can clear their psoriasis in 6 weeks and the staining will go away over the next couple of weeks. Any new patches can be treated with dithranol in the same way. Please note that all concentrations of any brand of dithranol can be dispensed for the cost of a single prescription charge.

2. Outpatient treatment or hospital admission. Some patients do not respond to short contact therapy, or their psoriasis may be too extensive for them to undertake this treatment at home. In such circumstances you may be treated in a dermatology outpatient unit or even be admitted to a dermatology ward for 3-4 weeks. As an out-patient, you will come each day for 1 to 2 hours, during which you may be given a tar bath, ultraviolet light, and applications of dithranol in a stiffer paste than is used for short contact treatment. When dithranol is used under hospital supervision it is left on the skin for up to several hours under a tube-gauze dressing suit. This should reduce dithranol staining of your clothing and linen and limit the spreading of dithranol to areas of unaffected skin.

- **Vitamin D analogues** New preparations based on variations of vitamin D (calcipotriol, tacalcitol, and calcitriol) have been introduced with considerable success. They are helpful, safe and cosmetically acceptable - but it is important that you tell your doctor if you are already pregnant or breast-feeding, or if you become pregnant during your treatment. Treatment is applied either once (with tacalcitol) or twice (with calcipotriol or calcitriol) a day, and can be continued for as long as required. The treatment should be applied to the areas of skin where psoriasis is present.

Irritation may occur, especially on the face, bottom and genitals. Treatment should only be applied to those areas on the specific instructions of your doctor.

One of the newest treatments, Dovobet, combines a strong steroid with calcipotriol. This may give added benefit, but also added side effects, and is normally recommended only for 3 weeks at a time, with breaks in treatment. The widespread use of large quantities should be avoided.

- **Vitamin A analogues.** Tazarotene is a new vitamin A gel that is applied once daily to patches of psoriasis. It should not be used on the face or skin folds, where it can cause irritation, or if you are pregnant or breastfeeding.

Can all of these treatments be used on all parts of the skin?

No. The treatment of psoriasis on the limbs and trunk will usually be with the preparations described above, and prescribed by your doctor: but some areas need special treatments:

- **The skin folds and face.** A weak steroid cream or ointment, or a tar preparation, may be prescribed and should be used once or twice a day. Regular review by your doctor is necessary to ensure that the quantities used stay within safe limits.
- **The scalp.** Your doctor may prescribe a medicated tar or coconut oil shampoo, as well as a steroid or calcipotriol scalp lotion, or a tar or coconut oil preparation. Very mild flaky scalp psoriasis can be treated with a medicinal shampoo alone. You should wet their hair, massage the shampoo into the hair and scalp, and leave it for 10 minutes before rinsing it off. This should be done at least 3 times a week. The dryness can also be helped by using a simple emollient (oil or lotion) massaged into the affected area.
For more scaly scalp psoriasis, an oil can be used to soften very adherent scale, which can then be gently combed away. To apply other ointments, gels or lotions, the hair should be parted using a comb and the preparation can then be smeared onto the exposed area with a finger. A comb can then be used gently to loosen any scales from that area. This technique should be performed methodically around the whole scalp, section by section. A shower cap, worn overnight, helps the treatment to penetrate and will protect your pillowcase from stains. The treatment can be washed out in the morning using a tar shampoo.
- **Nails.** There is no very effective topical treatment. Nails should be trimmed to prevent them catching and breaking. Your doctor may advise you on using topical treatments such as steroids, vitamin D or Vitamin A preparations; but these take time to work and lessen rather than clear the problem.

Where can I get more information about topical treatments for psoriasis?

Links to patient support groups:

The Psoriasis Association, Dick Coles House, 2 Queensbridge, Northampton, NN4 7BF

Tel: 0845 676 0076 Web: www.psoriasis-association.org.uk

Psoriatic Arthropathy Alliance, PO Box 111, St Albans, Herts, AL2 3JQ

Tel: 01923 672 837 Web: www.paalliance.org

Psoriasis Scotland Arthritis Link Volunteers, 54 Bellevue Road, Edinburgh, EH7 4DE

Tel: 0131 556 4117 Web: www.psoriasisScotland.org.uk

(Whilst every effort has been made to ensure that the information given in this leaflet is accurate, not every treatment will be suitable or effective for every person. Your own doctor will be able to advise in greater detail.)

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