



## **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 main type of treatment prescribed for most patients with psoriasis. More severe psoriasis may need a variety of other treatments including ultraviolet light or 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 (second line) treatments will still need to continue to use topical treatments.

### **What is psoriasis?**

Psoriasis is a common skin disorder affecting about 1-3% of the UK population. It occurs equally in men and women, may occur at any age, and tends to come and go unpredictably. It is not contagious from one person to another and does not form scars on the skin. Patches of psoriasis are red and covered by silvery white scale. These patches (also called plaques) usually occur on the knees, elbows, trunk or scalp, but may occur on any area of the skin.

The patches of psoriasis are the result of a process occurring in the skin that leads to thickened, inflamed scaly skin. The cause of psoriasis is not known. It sometimes occurs in family members or family members from a previous generation (genetic cause). Sometimes psoriasis is triggered by an outside event such as a sore throat, stress or an injury to the skin.

## Can psoriasis be cured?

Unfortunately there is no cure for psoriasis. However, treatments for psoriasis are usually effective. Psoriasis may clear after a course of treatment, but it may return (relapse). Relapse may not occur for years, but it can occur within a few weeks. There is no evidence that any treatments alter the future of psoriasis (prognosis). Delaying treatment or using treatment early does not affect the future outcome of psoriasis.

## What are the main topical treatments used for psoriasis?

The aim of the treatment of psoriasis is to reduce the inflamed, thickened scaly patches. Quite often different treatments will be recommended for different body sites and for most stubborn areas combinations of different treatments may produce better results. Treatments for psoriasis include the following:

- **Emollients (moisturisers).** Emollients help to moisturise dry skin. They ease itching and dryness, reduce scaling, soften cracked areas and help promote 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 the specific topical psoriasis treatment prescribed. It is usual to allow about 30 minutes after applying an emollient before applying other psoriasis treatments. Very mild psoriasis may respond to treatment with emollients alone. Emollients should be applied liberally and often.
- **Emollients containing salicylic acid.** Topical preparations that contain salicylic acid can help reduce excessive scaling but may sometimes irritate the surrounding skin.
- **Topical steroids.** Topical steroids can help inflamed skin. The weaker topical steroids can be helpful on the face or in the skin folds (e.g. under the arms) for short courses. The stronger topical steroids may be useful on thickened plaques of psoriasis and on the palms and soles.
- There is a tendency for psoriasis to return quickly when topical steroid treatment stops especially if stronger steroids have been used. The use of topical steroids should be closely monitored by your doctor.
- **Tar preparations.** Your doctor may prescribe a 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 or shampoos. These help most patients, but many find them messy and they can stain clothing. Crude tar, which is messy, can be applied by a dermatology nurse in a hospital setting.
- **Dithranol.** Dithranol is good for chronic scaly psoriasis in selected areas and can be prescribed for use at home. Dithranol is almost always used as short contact therapy and by trained nursing staff.

*Short contact dithranol therapy.* The dithranol is applied, sparingly, only to areas of skin affected by the psoriasis. It should be rubbed in gently until it is absorbed. 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 continue with your daily 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. Dithranol use should be avoided on the face and the body folds because it can be too irritating at these sites.

- **Vitamin D analogues.** Preparations based on variations of vitamin D (calcipotriol, tacalcitol, and calcitriol) have been introduced with considerable success. They are helpful, safe and cosmetically acceptable. They are not used during pregnancy and breastfeeding. Treatment is applied either once or twice a day, and can be continued for as long as required. Some Vitamin D analogues are combined with steroid ointments and are used in the short term.
- **Vitamin A analogues.** Tazarotene is a vitamin A gel that is applied once daily to patches of psoriasis. It should not be used on the face or skin folds or on large areas of the body, where it can cause irritation. Avoid use if you are pregnant or breastfeeding.

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 scalp is affected in up to 80% of patients with psoriasis. The presence of hair makes the use of ointments and cream-based topical treatments difficult. Scalp psoriasis requires special scalp treatments including strong topical steroid liquid preparations. Special gels, sprays and shampoos may also be helpful.

### **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

4 Fitzroy Square, London W1T 5HQ  
Tel: 020 7383 0266 Fax: 020 7388 5263 e-mail: [admin@bad.org.uk](mailto:admin@bad.org.uk)  
Registered Charity No. 258474

Web: [www.psoriasis-association.org.uk](http://www.psoriasis-association.org.uk)

*Links to other internet sites:*

<http://www.patient.co.uk/health/psoriasis>

**This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: its contents, however, may occasionally differ from the advice given to you by your doctor.**

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