National Institute for Health and Clinical Excellence

Psoriasis
Stakeholder Comments – Draft scope

Please enter the name of your registered stakeholder organisation below. **NICE is unable to accept comments from non-registered organisation or individuals. If you wish your comments to be considered please register via the NICE website or contact the registered stakeholder organisation that most closely represents your interests and pass your comments to them.**	
Stakeholder organisation:	**British Association Of Dermatologists**
Name of commentator:	**Michael J. Tidman** Chair, Therapy & Guidelines Subcommittee

Comment No.	**Section number** Indicate **number** or **'general'** if your comment relates to the whole document	**Comments** Please insert each new comment in a new row. Please do not paste other tables into this table, as your comments could get lost – type directly into this table
Example	3.4.6	Our comments are as follows …….
Proformas that are not correctly submitted as detailed in the line above may be returned to you		
1	General	Our overall impression is that this scope looks satisfactory, although it was noted that the shortly-to-be-published SIGN guideline for psoriasis covers much the same ground.
2	4.1	We would like to question the exclusion of children (<15 years of age) from the scope of this psoriasis guideline. When all is said and done, children are "young people", and the management of psoriasis in children can be challenging and certainly merits guideline assistance. The majority of children with psoriasis are managed by general practitioners and general (not paediatric) dermatologists, and the management of psoriasis in children does not differ significantly from that in adults. Thus it appears illogical to exclude children. Surely, the inclusion of children within the remit of this guideline will obviate the need for a separate guideline in due course, and thereby avoid unnecessary duplication.
3	4.3.1(b) & 4.3.2 (b)	It is intended that the *diagnosis* of psoriatic arthritis will be covered by this guideline, yet not its *management*. Perhaps either both or neither of these aspects of psoriasis should be considered, at the discretion of the guideline developers.

4	4.3.1(c)	We consider that, in the evaluation of phototherapy and photochemotherapy, *access* to these therapies by patients is addressed. As mentioned in 3.2c, access to phototherapy services for a significant proportion of the UK population is currently poor, and such patients are effectively excluded from these treatments on the basis of where they live. The need for more phototherapy units, strategically-sited and with opening hours defined by local need, should be emphasised. In addition, the provision of "home phototherapy" facilities should be considered, especially for patients living in remote areas and for those unable to attend during routine opening times. There is concern that certain psoriasis patients, who could be very adequately managed by topical medication and phototherapy, are being discriminated against by the uneven provision of phototherapy facilities.
5	4.3.1(c)	It is felt that, in addition to the oral therapies listed, consideration should be given to the use of both hydroxyurea and mycophenolate mofetil.
6	4.3.1 (c)	It is noted that this new guideline will incorporate existing NICE technology appraisal guidance on the use of biological therapy in psoriasis. However, we feel strongly that this should not prevent or restrict the guideline developers from addressing aspects of biological therapy usage in psoriasis that may not have been adequately covered by the technology appraisals.
7	4.3.1 (c)	Doubt was raised as to the necessity of a *detailed* assessment of conventional and established topical therapies, such as coal tar products, dithranol and vitamin D analogues.
8	4.3.1 (d)	The section on self-management has been given a separate sub-heading, yet it is not entirely clear as to what is considered relevant to this heading that is not included elsewhere.
9	4.3.1 (e)	We welcome the fact the management of the psychological impact of psoriasis will be considered, although this draft scoping document does not go into detail. We hope that the guideline will address the relative lack of NHS resource for psychological intervention for non-malignant disease.
10	General	We feel this guideline should address the requirements for in-patient care for patients with severe and debilitating psoriasis. Dedicated dermatology beds are the ideal, but patients admitted to "general" wards should, we believe, receive daily care from appropriately trained nursing staff.

Please add extra rows as needed

Please email this form to: Psoriasis@nice.org.uk

Closing date: 5pm on 1st October 2010

PLEASE NOTE: The Institute reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion or the Institute, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.