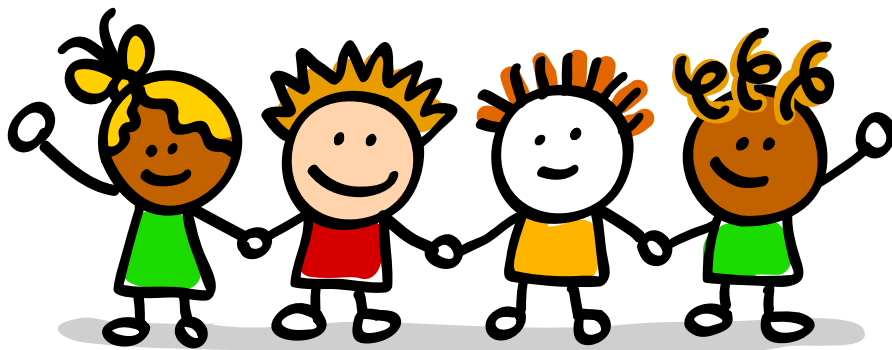


Psoriasis

Information for patients and families



Name: _____

Date: _____

Follow-up appointment: _____

Contact Details

Dermatology Nurse Specialists

Anne Speirs

Lizanne McInnes

Susan Milne

Further information and support
is available from:

www.psoriasis-association.org.uk

Psoriasis Association

Milton house

7 Milton Street

Northampton

NN2 7JG

Tel: 01604 711 129

What is Psoriasis?

Psoriasis is a common skin condition and can affect people of any age. It is not infectious, therefore you cannot catch it from another person. It is a genetic (inherited) condition which causes the skin cells to reproduce too quickly and to move up to the surface of the skin faster. This causes scaling (flaky skin).

It appears as red, raised, dry patches called plaques, which are usually covered with a silvery scale. These plaques can occur anywhere on the body and scalp. If the plaques are in the groin or nappy area or underarms they appear shiny and usually have little or no scale as friction and rubbing removes the scale. The plaques can be individual or joined together and may vary in size.

Some people find that psoriasis is very itchy, others do not have any itch.

Throat infections, emotional stress, trauma (such as cuts, wounds, piercings, tattoos) may cause a flare up.

Treatments

Bathing and moisturising

Have a bath, ideally once a day, using your prescribed bath oil and soap substitute. Apply moisturiser at least twice a day and more if you need to. You should apply the moisturiser in downward strokes all over. Do not rub it in as this irritates the hair follicles and can cause skin infections.

Moisturisers and bath oils help to soften the skin and reduce scaling and flaking. They also help to stop plaques from cracking and becoming painful and help reduce itching.

IMPORTANT

When using tubs of ointments or creams do not put your hand into the tub as this may contaminate the cream or ointment with germs and cause infection on the skin when you use it again. Instead always transfer a small amount onto a saucer or piece of kitchen towel and throw away what is left when you have finished.

Do not put it back into the tub.

Active Psoriasis treatments

- Coal Tar
- Vitamin D analogue preparations
- Dithranol
- Steroid creams or ointments
- Topical Calcineurin Inhibitors
- Shampoos

Scalp	Face	Body
Sebco®	Crude Coal Tar	Crude Coal Tar
Cocois®	Alphosyl HC®	Carbodome®
Dovonex® scalp application	Silkis®	Exorex®
Dovobet gel®	Curatoderm®	Psoriderm®
Locoid Crelo®	Hydrocortisone 1%	Dovonex®
Elocon® scalp lotion	Daktacort®	Silkis®
Bettamousse®	Eumovate®	Curatoderm®
Capasal® shampoo	Trimovate®	Zorac®
Polytar® shampoo	Tacrolimus -	Dovobet® (with steroid)
Ceanal® shampoo	Protopic®	Dithranol ointment
Alphosyl 2 in 1®		Dithrocream®
T/Gel®		Trimovate®
Dermax® shampoo		Eumovate®
Selsun® shampoo		Elocon® (mometasone)

Coal Tar

Preparations include:

Crude Coal Tar, which comes in different strengths. It is messy to apply so we usually put it on in hospital. However, if you prefer, you can do it at home.

Carbodome }
Exorex } these are classed as 'clean' creams and are easier to
Psoriderm } use at home

Sebco }
Cocois } are both scalp treatments

Vitamin D Preparations

Vitamin D preparations are easy to use and have no colour or smell. Occasionally they can cause irritation, particularly in sensitive areas such as the face and groin and are often combined with topical steroid to help counteract this.

These include:

Dovonex®
Silkis®
Curatoderm®
Zorac®
Dovobet® (with steroid)
Dovonex scalp application®

Dithranol

Dithranol is generally only used on the body, arms and legs, as it can cause irritation in sensitive areas. It stains clothes and the skin but skin staining fades when treatment is stopped. It is best used when there are a few large thickened plaques.

Commonly used preparations are Dithrocream and Dithranol in Vaseline or Lassers paste.

Dithrocream is available in 5 strengths; 0.1%, 0.25%, 0.5%, 1% and 2%. You can use it at home as a short contact treatment, which means that it is applied for a set time then washed off.

Dithranol in Vaseline or Lassers paste, is mainly used in hospital for inpatient treatment when it is left on overnight.

Steroid creams/ointments

Topical steroids have no smell and are clean to use. Mild or moderate strength steroids can be very effective for managing psoriasis on the face and in the groin or underarms. We sometimes recommend strong steroids for use on the body for short periods. On the body they are often used in combination with a Vitamin D analogue (Dovobet®). You can also use them twice weekly for maintenance.

There are many different topical steroids. Commonly prescribed ones include:

- Mild:** Daktacort® or hydrocortisone 1%-
- Medium:** Eumovate® (Clobetasone) or Trimovate®-
- Strong:** Elocon® (Mometasone), Betnovate® (Betamethasone Valerate), Synalar (fluocinolone), Locoid® (Hydrocortisone Butyrate)

Topical Calcineurin Inhibitors (Tacrolimus)

Tacrolimus comes in ointment form. It doesn't smell and is clear so most patients like it. It isn't well absorbed through thick plaques on the body but usually works well for psoriasis on the face, groin and underarms.

Shampoos

Mainly coal tar based and include: Polytar®
Capasal®
Ceanal®
Alphosyl 2 in 1®
T/Gel®
Dermax® } not coal tar based
Selsun® }

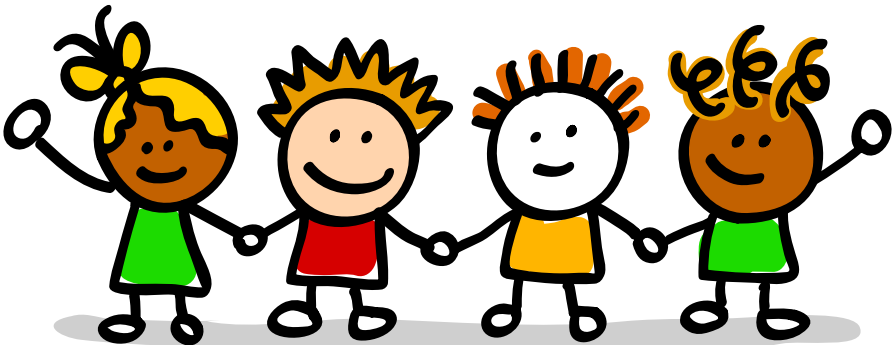
After applying your moisturiser all over, apply the active topical treatment to the plaques only. Do this once or twice a day as instructed by the doctor or nurse.

It is best to wear old pyjamas/nightdress to bed and also use old bedding as some of the treatments stain. You may prefer to wear tubular bandages (Comfast®, Tubifast®) to cover the creams before putting your nightclothes on.

Scalp Psoriasis

Apply your scalp treatment at night before bed and wash it off in the morning with the shampoo you have been prescribed. It is best to divide the hair into sections when applying the treatment. The dermatology nurse will show you how to do this.

Massaging olive oil into the scalp and gently combing before applying the treatment helps remove the scale and helps the treatment work better.



My Treatment Plan

My bath oil is: _____

My Soap Substitute is: _____

My moisturiser is: _____ times a day

My Psoriasis Treatments (only apply to the plaques)

For the face

Morning _____

Night _____

For the body

Morning _____

Night _____

For groin/nappy area/underarms

Morning _____

Night _____

For the scalp

Morning _____

Night _____

If you use Dithrocream, use the plan on the next page

Dithrocream Plan

Apply Dithrocream _____ % for _____ minutes then wash off
Increase time by 5-10 minutes each day until _____

Change to

Apply Dithrocream _____ % for _____ minutes then wash off
Increase time by 5-10 minutes each day until _____

Change to

Apply Dithrocream _____ % for _____ minutes then wash off
Increase time by 5-10 minutes each day until _____

Change to

Apply Dithrocream _____ % for _____ minutes then wash off
Increase time by 5-10 minutes each day until _____

If there is any discomfort or burning sensation, remove the cream and apply your moisturiser. Apply it the next day for the time you managed to tolerate it previously.

