Management of Psoriasis in Primary Care

Psoriasis patient presenting in Primary Care

Assess severity
Assess vascular risk
Assess comorbidities
Assess degree of psychosocial disability

Articular symptoms suggestive of psoriatic arthritis?
Refer to RHEUMATOLOGY

Localised or mild-to-moderate psoriasis (<10% body surface area)
Offer active topical treatment as below (plus soap substitute & emollient as per formulary)

Moderate-severe trunk and limb psoriasis in adults (>10% but <30% body surface area)
Combination product once daily* – review after 4 weeks
Dovobet® ointment or Enstilar® foam

Erythodermic or pustular psoriasis, nail psoriasis or >30% body surface area

Refer to DERMATOLOGY

Review in 4 weeks after each topical treatment and if does not result in clearance, near clearance or satisfactory control, escalate treatment following stepwise management

TRUNK AND LIMBS IN ADULTS
Calcipotriol ointment or gel twice daily max 8-12 weeks

Potent corticosteroid once daily (see formulary choices) plus calcipotriol ointment or gel once daily (applied 12hrs apart) up to 4 weeks

Potent corticosteroid twice daily (formulary)
or
Coal tar preparation once to twice daily (coal tar and salicylic acid cream/ointment LPS or tar cream LPS)
or
Combination product once daily up to 4 weeks (Dovobet® ointment or Enstilar® foam)

Refer to DERMATOLOGY

SCALP
Potent corticosteroid once daily scalp application up to 4 weeks
Betacap® scalp application

Remove adhesive scale (advise apply Hydromol oint overnight to scalp then shampoo out with Polytar) before applying a potent corticosteroid up to 4 weeks
Diprosalic® scalp application

Potent corticosteroid with calcipotriol up to 4 weeks
Dovobet® gel - applicator

Very potent corticosteroid once daily up to 4 weeks;
Etrivex® shampoo
or
Coal tar applied once to twice daily then as required
Sebco® scalp ointment

Refer to DERMATOLOGY

TRUNK AND LIMBS IN CHILDREN AND YOUNGER PEOPLE
Calcipotriol ointment or gel (>6yrs old);
or
Potent corticosteroid once daily (>1yr old)

FACE, FLEXURES AND GENITALIA
Mild to moderate potent corticosteroid once to twice daily for up to 2 weeks
Hydrocortisone 1%, Clobetasone butyrate 0.05%

Refer to DERMATOLOGY

Mild to moderate potent corticosteroid once to twice weekly; Etrivex® shampoo
or
Coal tar applied once to twice weekly
Sebco® scalp ointment

Refer to DERMATOLOGY

Phototherapy and systemic non-biological agents such as ciclosporin, methotrexate or acitretin

Systemic biological therapies such as adalimumab, etanercept, infliximab or ustekinumab

Medication review 4 weeks with new topical treatment and 2 weeks for children

- Evaluate tolerability, toxicity and initial response to treatment
- Reinforce the importance of adherence when appropriate
- Reinforce the importance of a 4 week break between courses of potent/very potent corticosteroids
- If little or no improvement - discuss next treatment option
- If responding to topical treatment - discuss maintenance therapy / relapse / healthy lifestyle
- Reinforce regular use of emollients

If responding to topical treatment at any stage

Intermittent use of non-steroid based treatments as maintenance therapy / in those who cannot tolerate steroids / mild to moderate psoriasis

Approved by LMSG Apr 2017  Review due Apr 2020  Version 1
Acknowledgements to Greenwich CCG; algorithm adapted for LMSG by H Hardman, Dr R Burd, Dr J McKenna and Dr A Tincello