

HOW TO CONTACT US

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

Helpline: 01604 251620
mail@psoriasis-association.org.uk

 www.psoriasis-association.org.uk

 www.psoteen.org.uk

 @PsoriasisUK

 @PsoriasisUK

 @PsoriasisUK

 Psoriasis Association

 @PsoriasisAssociation1

 07387 716 439

 @PsoriasisUK

 @PsoriasisUK



Patient Information Forum

Set in 12pt easy to read type

August 2024
(Review date 09/2027)

A charity registered
in England and Wales
1180666 and in
Scotland SC049563

psoriasis
association



Treatments from a GP



WHAT IS PSORIASIS?

Psoriasis is classed as an immune-mediated inflammatory disease (or IMID) which simply means that the immune system is not functioning correctly. In the case of psoriasis, the immune system is overactive, and this causes symptoms on the skin and can sometimes affect the joints.

When a person has psoriasis, their skin replacement process speeds up, taking just a few days to replace skin cells that usually take 21-28 days.

This results in a build-up of immature skin cells seen as raised patches of flaky skin covered with silvery scales (known as plaques) which can also be itchy. This process is usually the same wherever it appears on the body including the scalp although different types tend to occur in different areas. Scaling or thick plaques are not as common on the backs of the knees, armpits and genital areas.

Psoriasis is a long-term condition that can ebb and flow. There may be periods when you have no symptoms or mild symptoms followed by periods when it is more active. Whilst there is currently no cure available, it is possible to live well with psoriasis and there are many treatments available to help manage the condition.



TREATMENTS FROM A GP

Treating, managing and living with psoriasis is different for everyone and there are various treatments available to help. Some treatments can be purchased in a pharmacy, whilst others require a prescription from your GP, or a Dermatologist. For most people with psoriasis, the treatments that can be prescribed by your GP will be all that is required.

Your GP should discuss with you the different forms of treatment available and explain which might be best suited to you depending on your preferences. It is possible that you could be given more than one product to use on different parts of your body. Your emollient should be available on prescription, and you should not be expected to buy it due to the large amount of emollient people with psoriasis need to use.

Initial treatments are usually topical (applied to skin) and may involve other lifestyle changes to help manage your general health. People with psoriasis that does not respond to topical treatments, covers a large area of skin, or is in a high impact site such as the palms of the hands, soles of the feet or face, may be referred to a Dermatologist for a more specialised approach. More information on this is available from The Psoriasis Association.

Topical treatment usually involves applying creams, ointments or gels to the skin. It may also refer to shampoos or other applications for the scalp. It's important to use your treatment as prescribed, even if your psoriasis improves as continuous treatment can help prevent flare-ups and minimise side effects.



TYPES OF TOPICAL TREATMENT FOR PSORIASIS:

There are many different types of topical treatments that can look and smell different:

Ointment	Greasy and effective at holding in water in the skin and repairing the skin barrier. Good for use at night with fewer preservatives as they contain little water
Cream	Contain a mixture of oil and water. Not as greasy as ointments so better for daytime use. Useful for weeping skin
Lotions	Contain more water and less oil than creams as well as preservatives so they spread easily. Provide cooling properties and are useful for quick absorption and in more hairy areas. They are not usually as moisturising as creams or ointments
Gel	Have a high oil content but are light and non-greasy
Shampoo	Massage into the scalp
Foam	An aerosolised liquid with bubbles in it. Lighter and easy to cover large areas
Scalp application	Thin liquid designed for use on the scalp
Sprays	Liquid in a spray form. Useful for treating harder to reach places
Bath / Shower products	Used instead of soap. Can be added to bath or applied directly to the skin

It is important to give topical treatments enough time to work. Some can take up to six weeks to start to have an effect, and often longer to reach maximum effect. Do be honest with your doctor if you are not seeing an improvement or are finding a treatment difficult to use.

Emollients and Moisturisers – Psoriasis is a dry skin condition, and, as with other dry skin conditions, it is important to keep it well moisturised. Emollients and moisturisers can help in a number of ways, including reducing itching and scaling of the skin and making it feel more comfortable.

There is also evidence that certain topical treatments work better on well-moisturised skin as they soften cracked areas and allow the topicals to get through the skin, although you should try to leave at least half an hour between applying an emollient and another topical treatment.

Water and detergents such as shower gel and bubble bath can cause the skin to dry out and can irritate psoriasis. There are a number of washes, cleansers, gels and oils for the shower and bath which contain emollients which can be used to wash with instead. These help to moisturise rather than dry out the skin and keep the protective skin barrier intact.

What is an emollient?

Emollients are moisturising treatments applied directly to the skin to soothe and hydrate it. They cover the skin with a protective film to trap in moisture.



Vitamin D derivatives – Vitamin D derivatives are a common and effective treatment for psoriasis. There are three Vitamin D treatments available in the UK and listed in the British National Formulary:

- Calcipotriol (Dovonex)
- Calcitriol (Silkis)
- A calcipotriol and steroid combination treatment that comes in different formulations (Dovobet, Enstilar, Dalbecal and Wynzora).

Vitamin D derivatives come in gel, ointment, lotion, foam and scalp solution applications, and are often considered relatively easy to apply. They are also non-staining and do not smell.

Vitamin D treatments slow down the production of skin cells and have an anti-inflammatory effect. They are not steroids and can therefore be safe for longer-term use, although this should be under the careful monitoring of a doctor. Some Vitamin D treatments can be used on sensitive areas such as the face or genitals, but some should not be, so always check the information leaflet before use. These treatments are only available on prescription and should be used as directed by a doctor or pharmacist.



Topical steroids – Topical steroids such as Eumovate / Betnovate / Dovobet / Dermovate (others are available) are used to treat psoriasis. They are easy to apply and can have very positive results. When used over a long period of time, there is a small chance they can cause the skin to thin, so it is important to always to follow a GP's instructions on dosage and application.

Many topical treatments have more than one treatment in them and are known as combination treatments. Most of these will contain a topical steroid plus another active ingredient such as Vitamin D like chemicals or salicylic acid. They are often one of the first treatment options for people with psoriasis.

The commonly used Dovobet and Enstilar are examples of a combination of a potent steroid and a Vitamin D derivative and are used to treat mild to moderate plaque psoriasis. Although they contain a steroid, they are recognised as being a safe effective primary care treatment as long as they are used sensibly.



Tar preparations – Creams and lotions such as Exorex or Psoriderm are available for the scalp and body. There are also many other specific scalp applications, shampoos and bath additives available from your pharmacy or GP. Modern tar preparations are less smelly and messy than the traditional unrefined products. Many tar products can be purchased over the counter, although some products do require a prescription. Tar based preparations may stain clothes or irritate the skin and can be messy; so many people find it best to apply treatments at night and use old bedclothes.

You should read the information leaflet that comes with the product, or check with your doctor or pharmacist, for how often to apply the treatment and to which areas of the body.



Calcineurin inhibitors – such as Protopic or Elidel work by blocking the chemical calcineurin. This chemical triggers inflammation in the skin, causing redness and itching. They are also sometimes referred to by the broader term of ‘topical immunomodulators’ – ‘topical’ meaning they are applied to the skin, and ‘immunomodulator’ meaning a drug that is able to regulate or alter the immune system in some way.

Calcineurin inhibitors are licensed for atopic eczema but are frequently used ‘off licence’ in other inflammatory skin conditions, such as psoriasis, because of their ability to reduce inflammation. Calcineurin inhibitors can be used longer-term than some other topical treatments. Because of this, they make a useful alternative to topical steroids and can be used in sensitive areas including the face, genitals and skin folds that can be difficult to treat.

OTHER TREATMENTS FROM A GP

Psychological

Living with psoriasis can be challenging and so it is important to talk to your GP about how your psoriasis makes you feel and how it affects your daily life.

This means that both the physical signs of psoriasis (how much of your skin is affected by it) and the psychological aspects of psoriasis (how you cope with the condition) are regularly assessed together, so that the most appropriate treatment can be prescribed. The psychological impact is not always related to the clinical severity of psoriasis, so do not be afraid to be honest with your healthcare professional and tell them how you are feeling.



LIFESTYLE CHANGES

Looking after your general health can be good for your psoriasis too, and self-care should be an essential part of your daily life. As part of your self-care routine, there are some lifestyle changes that can help to reduce inflammation in the body and possibly help with psoriasis management:

- Work with your GP to manage the risk factors for heart disease and stroke
- Adopt a healthy lifestyle and eat a balanced diet whenever possible
- Exercise regularly and maintain a healthy weight
- Quitting smoking and reducing your alcohol intake
- Find ways to reduce stress whenever possible
- Keep your skin well moisturised to prevent dryness and cracking

SUNLIGHT

It is possible that your skin will be more sensitive to sunlight when using topical treatments, meaning you may burn more easily. Limit or avoid excessive exposure to either natural or artificial sunlight whilst using topical treatments (your dermatology team will advise you when to use treatments if you are having UV therapy).

When exposed to sunlight it's important to wear sunscreen with a high Sun Protection Factor (SPF) (the NHS recommends SPF 15 or above) and re-apply it regularly. You could also wear loose fitting clothing or a hat to cover the skin and avoid the most intense hours of sunlight in the middle of the day.



POINTS TO NOTE

Some topical treatments can be used during pregnancy or whilst breastfeeding, but some should be avoided. Always follow the information on the treatment's patient information leaflet, and any directions given by a doctor or pharmacist and make sure the correct daily and weekly dosage is adhered to.

It is important to remember that there is no 'one size fits all' approach for psoriasis and that what works for one person may not necessarily work for another.

REVIEWING TREATMENT WITH TOPICAL MEDICATIONS

As psoriasis is usually a long-term condition, you may be in regular contact with your GP. They may monitor and treat your blood pressure and cholesterol levels, as they can sometimes be higher in people with psoriasis. You may also be more at risk of diabetes and so your GP may wish to measure your blood sugar levels every year.

For adults, it is recommended by the National Institute of Health and Care Excellence (NICE) that a review appointment is arranged four weeks after starting any new topical treatment (two weeks for children), so that your doctor can assess the results of the treatment so far, and to check if you need any help with using the treatment. For adults with plaque psoriasis on the trunk and/or limbs, it is recommended that topicals are tried in the order on the chart on page 13.

It is important to remember that this process will be different for children, as not all of the medications named in this leaflet may be suitable. For children, a review appointment should be made 2 weeks after starting a new topical treatment.

Similarly, it may need to be adapted depending on your own personal preferences and other health needs. Different treatment approaches are required for non-plaque psoriasis and psoriasis in other areas of the body, details of which can be found on the relevant information resources from The Psoriasis Association.

PAYING FOR TREATMENTS

Prescription costs can often add up particularly for people who have to pay for several treatments at a time. If you live in England and require more than 3 items in 3 months or 11 items within 12 months, you can buy an NHS prescription pre-payment certificate (PPC) to help with prescription costs. Most people with psoriasis find this a sensible option.

These are available to purchase online or ask in your local pharmacy for more information.



NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE (NICE) GUIDANCE

The NICE guideline on the assessment and management of psoriasis (CG153) makes a number of recommendations regarding the use of topical treatments for psoriasis. These are recommendations and not rules – experienced doctors may take different approaches. However, it is useful for people with psoriasis to be aware of the guideline so that they understand the care and treatments they are entitled to.

Topical potent steroid + topical Vitamin D
once daily (applied separately) – up to 4 weeks



If no adequate response
in maximum 8 weeks

Topical Vitamin D alone twice daily



If no adequate response
in 8-12 weeks

Topical potent steroid twice daily -
up to 4 weeks OR coal tar once/twice daily



If above cannot be used or a
once-daily application is preferred

Topical Vitamin D and steroid combination
treatment once daily – up to 4 weeks

FURTHER INFORMATION

If you would like more information, or a list of resources used in the production of this leaflet, please contact The Psoriasis Association.

The information on treatments listed above, although correct at the time of printing, is regularly subject to change. You can find regularly updated information on products and treatments that are unavailable or experiencing supply issues via our website or by contacting The Psoriasis Association helplines.

The information in this resource is not intended to replace that of a healthcare professional. If you have any concerns or questions about your treatment, do discuss them with your doctor. If you are buying products over the counter, discuss them with the pharmacist and always read the label to make sure you are using them correctly.



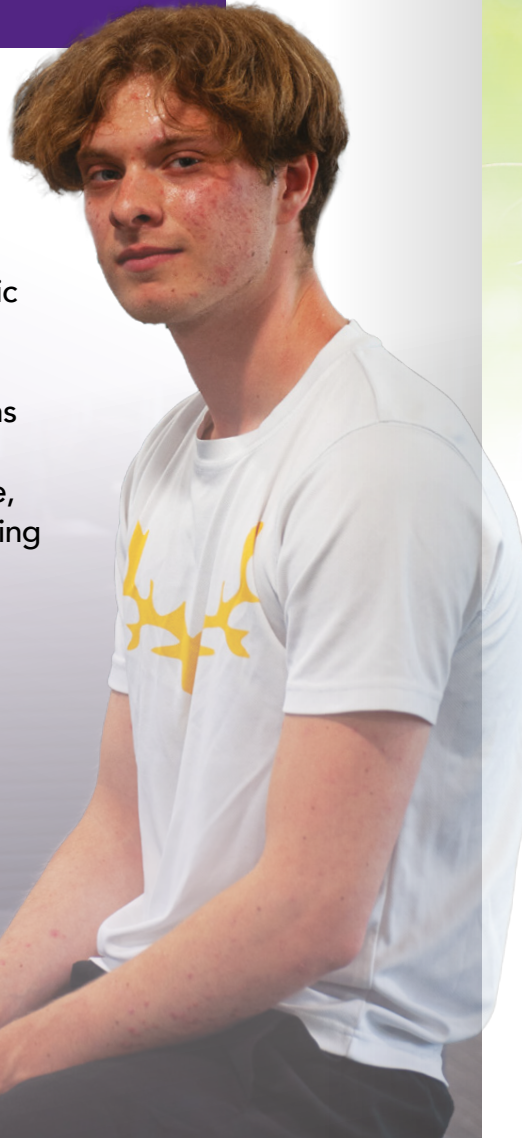
THE PSORIASIS ASSOCIATION

We aim to help people with psoriasis by:

- Providing information, support and advice
- Raising public awareness and understanding
- Promoting and funding research
- Representing members interests at a local and national level

Become a member and you'll join a community of people who play a vital part in shaping our work – and who are determined to make sure that no-one has to face psoriasis and psoriatic arthritis alone.

Our members give a voice to the millions of people in the United Kingdom who live with psoriasis by pushing for change, sharing their own experiences and offering peer to peer support and advice.



THE BENEFITS

Members of The Psoriasis Association receive:

- Our printed quarterly membership magazine, Pso, in the post
- A discounted rate to attend our renowned Annual Conference and AGM
- The chance to have your say in the way the organisation is run by voting for our trustees or by becoming a trustee yourself
- To be part of a community and to meet other people with psoriasis and psoriatic arthritis
- A full membership pack on application
- Access to a wealth of information and support resources, including our telephone, email and WhatsApp helpline services, websites and peer to peer support networks

Scan the QR code to donate online



MAKE A DONATION

I would like to make a donation of £_____ to The Psoriasis Association.

Please debit my card

Number CV2

Start _____ Expiry _____ Issue _____

Name _____

Address _____

I enclose a cheque for £_____

Gift Aid

The Psoriasis Association will reclaim 25p of tax on every £1 donated.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference. I must notify The Psoriasis Association if I no longer pay tax or wish to cancel this declaration.

giftaid it

WE RELY ON THE GENEROSITY OF PEOPLE LIKE YOU...

Each year The Psoriasis Association helps thousands of people whose lives have been affected by psoriasis via our website, helplines, our information resources and by raising awareness amongst the general public, healthcare professionals and parliamentarians. We invest in research to improve diagnosis, treatment and management for all types of psoriasis.

We do not receive any government funding and so rely entirely on your generosity to help us continue our vital work in supporting people, raising awareness and funding research.

MORE INFORMATION

If you would like more information, or a list of resources used in the production of this leaflet, please contact The Psoriasis Association.

The information in this resource is not intended to replace that of a healthcare professional. If you have any concerns or questions about your treatment, do discuss this with your doctor. If you are buying products over the counter, discuss them with the pharmacist and always read the label to make sure you are using them correctly.