

Psoriasis Treatments

- ## Four Major Types of Treatment
- Topical therapies
 - Phototherapy
 - Systemic therapies
 - Biologic therapies
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- ## Topical Therapies
- Corticosteroids
 - Vitamin D analogues
 - Retinoids
 - Coal tar
 - Dithranol
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Phototherapy

- UVB
 - Narrowband ultraviolet B radiation
- PUVA (photochemotherapy)
 - Ultraviolet A combined with light-sensitising drug psoralen

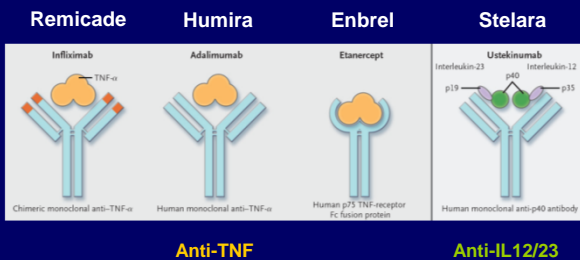
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Systemic immunosuppressive therapies

- Methotrexate
- Acitretin
- Cyclosporin

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Biological agents



Nestle et al., 2009, NEJM, 361: 5, pg 505 (permission to use this image granted by NEJM)

TOPICAL THERAPIES

■ **Topical corticosteroids**

Potent/very potent- trunk, limbs, scalp

Mild – face, flexures

Combination with non- steroidal topical therapies
<100 g of moderate/high potency steroids/month

■ **Vitamin D3 analogs**

Calcipotriol, Tacalcitol, Calcitriol

100g/week Face and flexures to be avoided

■ **Coal tar**

LPC +SA

Staining of skin and clothing, local skin irritation

■ **Dithranol**

Dithranol in zinc oxide (Lassar's paste)

0.1- 0.6%

Short contact

■ **Tazarotene**

Treatment of other forms of Psoriasis

■ **Guttate psoriasis**

Emollients

Topical steroids

Vitamin D3 analogs

NBUVB

■ **Chronic palmar- plantar psoriasis**

Potent/very potent steroids +/- occlusion

■ **Pustular and Erythrodermic psoriasis**

Potentially life threatening spectrum of diseases

In

SPECIAL SITES

■ **Scalp psoriasis**

Formulation – lotions, gels, shampoos

Mild- to – moderate scalp psoriasis

Coal tar shampoos, Ketoconazole

Corticosteroids (potent/very potent)

Calcipotriol +betamethasone dipropionate gel

Severe scalp psoriasis

Thick, adherent scale should be removed gently

15-30% salicylic acid in mineral oil

Tar pomade (LPC 10%+SA 6% in acq cream/sorbolene)

Scalp psoriasis

Salicylic acid 30% in mineral oil left on for 15 mins to loosen the scales.

Patient is then asked to comb out the scales with a wide-toothed comb.

Patient is then to apply a tar pomade cream to be left on for 3 hours

Tar pomade consists of LPC 10% + SA 6% in sorbolene/acq cream.

This is then washed off using a tar based shampoo before going to bed.

Flexural sites, the face and genitalia

■ **FACE**

Mild steroid +/- coal tar solution/antifungal agents

Tacrolimus, pimecrolimus

Methylprednisolone aceponate (Advantan)

■ **FLEXURAL**

Sec infection- bacterial/candidal

Topical steroid **creams**

Tacro/pimecrolimus

Weak antiseptic soaks (Burrows 1:40)

TAR Preparations

- 6% LPC, 3% Sal Acid in Aqueous cream/
Sorbolene
- 6% LPC, 3% Sal Acid in WSP
- 10% LPC, 6% Sal Acid in Aqueous
cream/Sorbolene/WSP
- 1%-2% Crude Coal Tar in Aqueous
cream
- 5% Crude Coal Tar in Aqueous cream
- Tar/Dithranol Cream (10% LPC,
Dithranol 0.1%, 6% Sal Acid in
Sorbolene)

DITHRANOL

- Lower concentrations in long contact regimen
Dithranol 0.1 to 2% with Salicylic acid 2-5% in WSP
Topically to lesions with care once daily
- Higher concentrations in short – contact regimen
*Dithranol 0.5 to 2% with Salicylic acid 2-5% in yellow soft
paraffin, topically to lesions with care once daily for 30
minutes before washing off.*

DITHRANOL

- 0.1%/0.2/0.5/1% Dithranol, 3% Sal Acid
Tar in WSP
- 2% Dithranol, 3% Sal Acid Tar in WSP
- 5% Dithranol, 3% Sal Acid Tar in WSP
- 0.5%- 2% Dithranol, in Lassar’s Paste

Nail psoriasis

General measures

Treatment of sec infection

Daivobet gel- nail folds

Very potent topical steroids – Clobetasol 0.05%

I/L KA 10mg/ml 1: 1 diluted with Xylocaine- PNF

MTX

Biologic agents
