Psoriasis Treatments

Four Major Types of Treatment

- Topical therapies
- Phototherapy
- Systemic therapies
- Biologic therapies

Topical Therapies

- Corticosteroids
- Vitamin D analogues
- Retinoids
- Coal tar
- Dithranol
**Phototherapy**

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

**Systemic immunosuppressive therapies**

- Methotrexate
- Acitretin
- Cyclosporin

**Biological agents**

- **Remicade**
- **Humira**
- **Enbrel**
- **Stelara**

Anti-TNF

Anti-IL12/23
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
  - NBUBB

- **Chronic palmar-planter psoriasis**
  - Potent/very potent steroids +/- occlusion

- **Pustular and Erythrodermic psoriasis**
  - Potentially life threatening spectrum of diseases
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)

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**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.

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**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

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
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<tbody>
<tr>
<td>6% LPC, 3% Sal Acid in Aqueous cream/Sorbolene</td>
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</tr>
<tr>
<td>6% LPC, 3% Sal Acid in WSP</td>
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</tr>
<tr>
<td>10% LPC, 6% Sal Acid in Aqueous cream/Sorbolene/WSP</td>
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<tr>
<td>1%–2% Crude Coal Tar in Aqueous cream</td>
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<tr>
<td>5% Crude Coal Tar in Aqueous cream</td>
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</tr>
<tr>
<td>Tar/Dithranol Cream (10% LPC, Dithranol 0.1%, 6% Sal Acid in Sorbolene)</td>
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### 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