Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

# Management of **PLAQUE PSORIASIS** in Primary care

**Patient information**
- British Association of Dermatologists – www.bad.org.uk
- Psoriasis Association – www.psoriasis-association.org.uk
- Primary Care Dermatology Society – www.PCDS.org.uk

Prescribe **copious emollients** - these make the skin more comfortable and reduce the amount of scale—See Formulary for cost-effective choices

The active treatments below should be used for psoriasis flare-ups until the plaques are controlled, with a treatment holiday between flare-ups (aim for 4 weeks) when the use of regular emollients should be still be encouraged. All patients with psoriasis will require annual medication/skin review, joint and cardiovascular risk assessment.

## SCALP—Children

**Initial treatment**
**For 2 weeks**
Betamethasone scalp application (>1y) (Betacap®) daily

Consider add on therapy: coal tar shampoo—Capasal®

**Maintenance**: Emollients +/- coal tar shampoo. Consider above steroid application twice weekly to sustain improvement.

## FACE—Children

**Initial treatment**
**For 2 weeks**
Hydrocortisone 1% **OR** clobetasone 0.05% daily

If ineffective contact dermatology (via Advice & Guidance) for further treatment options e.g. off-label topical Pimecrolimus (Elidel®) or tacrolimus [Protopic®) – (note that GPs with a special interest may initiate).

**If fungal infection suspected**: Daktacort®

**Maintenance**: Emollients.

## FLEXURES/GENITALS—Children

**Initial treatment**
**For 2 weeks**
Hydrocortisone 1% **OR** clobetasone 0.05% daily **OR**
If over 12 years old: calcitriol ointment (Silkis®)

**If fungal infection suspected**: Daktacort® or Trimovate®

If ineffective contact dermatology (via Advice & Guidance) for further treatment options.

**Maintenance**: Emollients.

## TRUNK - Children

**Initial treatment**
**For 2 weeks**
Betamethasone 0.025% or 0.1% (>1y) once daily for 1 week then alternate days for 1 week OR calcipotriol once daily (if over 6 years old)

**Maintenance:** Emollients. Consider above steroid application twice weekly to sustain improvement.

**When to Refer:**
Rheumatology – if symptoms are suggestive of psoriatic arthritis or
PEST score > 3/5
The_PEST_screening_questionnaire_updated_aug_2013_v5_1.pdf (pcds.org.uk)

Acute medical team – Erythrodermic psoriasis
Dermatology outpatient – persistent symptoms, severe psoriasis

**Medication review at 2 weeks with new topical treatment:**
- Evaluate tolerability, toxicity and initial response to treatment
- Reinforce the importance of adherence when appropriate
- Reinforce the importance of a 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 emollient

Created: April 2023 Review: April 2025