CURRENT THINKING ON...

THE TREATMENT OF MILD TO MODERATE PSORIASIS

Welcome to our CPD module series for community pharmacy technicians. Written in conjunction with the Pharmacy Magazine CPD series, it will mirror the magazine’s programme throughout the year. The series has been designed for you to use as part of your continuing professional development. Reflection exercises have been included to help start you off in the CPD learning cycle.

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Psoriasis is a chronic inflammatory skin disease that follows a relapsing and remitting course. It affects about two per cent of the UK population. Most patients have mild to moderate psoriasis that can be managed with topical treatment. Nevertheless, the impact of psoriasis on quality of life can be as great as the impact of psoriasis on quality of life. Nevertheless, the impact of psoriasis on quality of life can be as great as the impact of psoriasis on quality of life.

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Yellow soft paraffin or one to five per cent in white or preparations, crude coal tar, addition to proprietary keratolytic, with some anti-treatment of psoriasis for Coal tar has been used in the first-line treatment. Vitamin D or corticosteroids. Vitamin D or systemic side effects. In order to minimise the risk of side effects, there should be a four-week break between courses of treatment with potent or very potent corticosteroids. Vitamin D or coal tar products may be used during this time.

Vitamin D
Vitamin D and vitamin D analogues normalise skin cell behaviour in psoriatic plaques and can clear psoriasis in six to eight weeks. The most effective way to use them is in combination with a topical potent corticosteroid (current first-line treatment). Vitamin D products do not smell or stain like tar and dithranol. Nor do they carry the risk of the skin thinning, which is seen with topical steroids.

Tar preparations
Coal tar has been used in the treatment of psoriasis for decades. It is believed to keratolytic, with some anti-inflammatory and anti-proliferative effects. In addition to proprietary preparations, crude coal tar, one to five per cent in white or yellow soft paraffin or emulsifying ointment has been used. Crude coal tar stains clothing and smells unpleasant to many people. In addition, it is less effective than vitamin D derivatives. Coal tar is present in a number of OTC products.

Dithranol
Dithranol has been used for the treatment of psoriasis for many years. It is believed to exert a direct anti-proliferative effect on epidermal keratinocytes. It is profoundly irritant to normal skin, causing inflammation and severe blistering. It causes a purplish-brown temporary staining of skin and also stains clothing and bathroom fittings permanently. For many years, dithranol has been incorporated into Lasser’s paste (zinc and salicylic acid paste BP) so that it can be applied to psoriasis plaques and kept away from uninvolved skin. This is made in concentrations from 0.1 per cent up to two per cent and the concentration used is gradually increased according to the patient’s response. In recent years, short-contact dithranol treatment (SCDT) has been used, which involves application of dithranol in concentrations of up to eight per cent for between 15 and 30 minutes, with or without UVB irradiation. For some patients, SCDT is suitable for home use. A response can be expected within 20 days, but care must be taken to avoid contact with normal skin and facial skin. Dithranol treatment is impractical if there are multiple small plaques and it is not suitable for the treatment of flexural psoriasis because of its irritant nature.

Treatments for scalp psoriasis
When psoriasis affects the scalp, it can be itchy, tight or sore. Some people appear to have a bad attack of dandruff, shedding large numbers of silvery-white skin flakes, while others have a thick, unshiny layer of scales. Treatments for scalp psoriasis include products to soften and loosen the scales, products to treat inflammatory lesions, and shampoos. A tar-containing shampoo may be sufficient to control mild scalp psoriasis. More severe instances of the disease require treatment with oils and keratolytic agents to remove the scales and then treatment with topical corticosteroids and/or vitamin D products to treat the inflammation.

Systemic non-biological treatment
Systemic non-biological (immunomodulatory) agents are methotrexate, ciclosporin and acitretin. Each requires careful monitoring to minimise the risk of harmful side effects.

“All patients should be encouraged to use an emollient regularly”

Table 1: OTC products for psoriasis

<table>
<thead>
<tr>
<th>Class of product</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emollients containing coal tar</td>
<td>Psoderm (coal tar 6%), Carbo-Dome (coal tar solution BP 10%), Exorex lotion (coal tar solution 5%)</td>
</tr>
<tr>
<td>Scalp ointments</td>
<td>Cococy / Sebco (coal tar solution 12%, salicylic acid 2%, precipitated sulfur 4%, in a coconut oil emollient basis)</td>
</tr>
<tr>
<td>Shampoos containing coal tar</td>
<td>Polytar, Alphosyl, Neutrogena T/Gel Therapeutic Shampoo</td>
</tr>
<tr>
<td>Bath additives containing coal tar</td>
<td>Polytar, Psoderm</td>
</tr>
<tr>
<td>Products containing salicylic acid</td>
<td>Capasal shampoo can be useful if there is heavy shedding of skin scales from the scalp</td>
</tr>
</tbody>
</table>

SCOPE FOR MURS
Patients using topical treatments are likely to have four different topical products, which means there is plenty of scope for misunderstandings and forgotten information. It is estimated that up to 40 per cent of patients with psoriasis are not-adherent to their treatment regimens, and this is often because they experience problems applying the treatments. An MUR provides an opportunity to check that products are being used correctly, to assess the response, to explain other treatment options if appropriate and to signpost the patient appropriately.

Further reading
- JUNE 2015 TRAINING MATTERS
- NICE Technology Appraisals 103, 134, 146 and 180. A Final Appraisal Determination (FAD) recommendation for use of secukinumab on the NHS was released by NICE this month.

OTC treatments
The OTC products that can be helpful to patients with psoriasis are limited to emollients, products containing coal tar and products containing salicylic acid. These can be useful to patients with mild psoriasis (see table 1).

Apremilast (Otezla from Celgene) – the first of a new class of systemic non-biological drugs – was approved in Europe in January 2015. The dose has to be titrated up over the first week to minimise the occurrence of GI side-effects. Unlike the agents described above, apremilast does not require intensive monitoring for toxicity.

Systemic biological therapy
The biologics act by blocking components of the immune response that play a part in psoriasis. The major advantage of biologics is that the treatment is given by injection and, in general, the side effects appear to be less wide-ranging than with the conventional systemic agents. The main disadvantages are:
- Patients need to learn to self-inject, or be prepared to spend time in hospital at regular intervals for intravenous (IV) infusions
- The long-term effects of these agents are as yet unknown

Guidance on the use of biologic agents is set out in NICE Technology Appraisals 103, 134, 146 and 180. A Final Appraisal Determination (FAD) recommendation for use of secukinumab on the NHS was released by NICE this month.

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