

# PSORIASIS

DRM-3 Protocol and Pathway – Dermatology Specialty (29/03/2011)

## Patient presents

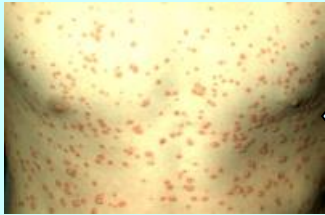
### Chronic plaque psoriasis

Localised stable plaques on extensor aspects with typical waxy scale.



### Guttate psoriasis

Acute onset of numerous small scaly lesions often after a throat infection. Usually self-limiting within 3 to 6 months.



### Scalp psoriasis

Scaly localised or diffuse plaques extending to scalp margin. May be associated with temporary thinning of scalp hair.



### Flexural psoriasis

Smooth, shiny well demarcated areas in body folds. May occur without psoriasis elsewhere.



### Nail psoriasis

Mild disease is a cosmetic problem requiring no treatment. Conceal with nail varnish.



### Primary Care by GP: (see next page for detail on treatment)

- Chronic plaque psoriasis
- Guttate Psoriasis
- Scalp Psoriasis
- Flexural Psoriasis
- Nail Disease

**Urgent referral for:**  
Generalised Erythrodermic  
or Pustular Psoriasis

Red  
flag

### Referral to Community Dermatology Service

- Patients who have not responded to Primary care treatment and have less than 30% body involvement.
- Psoriatic Nail disease.
- For additional advice and support.

### Referral to Consultant Dermatologist

- Patients who have extensive disease or recalcitrant disease requiring systemic or light therapy.
- Patients with severe Psychological effects of Psoriasis.

## Key

Patient  
presents

GP level  
intervention

Alternative  
Outpatient  
Service

Acute hospital

Red  
flag

## **Primary Care by GP:**

**Assess lifestyle factors which may precipitate or aggravate psoriasis: smoking, alcohol, certain medications, infections.**

### **Chronic plaque psoriasis**

- Emollient plus
- Vitamin D analogue +/- topical steroid
- Coal tar
- Dithranol cream as short contact therapy
- Topical retinoid

### **Guttate Psoriasis**

- Emollient plus
- Moderate potency topical steroid
- Vitamin D analogue
- Low concentration dithranol or coal tar
- If not settling on the above therapy after 6 weeks, consider referral for Phototherapy.

### **Scalp Psoriasis**

- Emollient plus
- Shift the scale (Cocis oint., Unguentum cream, Hydromol ointment)
- Remove the scale (Tar based shampoos)
- Active treatment; topical steroid, vitamin D analogue and coal tar scalp applications.

### **Flexural Psoriasis**

- Emollient plus
- consider mild tar preparations
- Use mild to moderate potency steroids combined with antibiotic/antifungals

### **Nail Disease**

Take scrapings to exclude fungal nail disease. Nail disease responds poorly to topical therapy.