

Psoriasis Topical and Scalp Treatment Patient Handout

The mainstay of treatment for psoriasis is topical (applied directly to the skin) treatments. A combination of medications has been shown to be more effective than any single agent. Below is a guide to the proper use of topical medications. All topical treatments should be continued even if other treatments have been prescribed, i.e. light treatments, methotrexate, enbrel, humira, acitretin, etc.

The first 2 weeks:

1. Use calcipotriene (dovonex – a vitamin D type medicine) twice daily every day
2. Use a steroid ointment [i.e. clobetasol (temovate), betamethasone, fluocinonide (lidex), triamcinolone] twice a day every day with the calcipotriene
3. Mix the medications in your hand or just apply one on top of the other and gently rub into skin.
4. These are medications and not moisturizers, and therefore, only a thin layer is needed to just “disappear” into the skin.

After 2 weeks:

1. Continue dovonex twice a day every day
2. Use the topical steroid twice daily on Saturday and Sunday only. This way, the medication works as a steroid burst and has less potential for side effects common to steroids: atrophy (thinning of the skin), tachyphylaxis (when the medication stops working), telangiectasias (dilated blood vessels), etc.

Other topical medications:

Tazorac (tazarotene gel 0.05% or 0.1%): Tazarotene helps decrease thickness and scaling of lesions. It is typically used in combination with steroids and calcipotriene. Tazarotene is a pregnancy category X and should not be used by females who are or may become pregnant.

Coal tar: Tar has been used for over 100 years and is usually compounded (added) to steroid medications. These compounds are often messy to use but may be more effective.

Salicylic acid- SA can be compounded with a topical steroid to help remove the scaliness of lesions.

SCALP TREATMENTS FOR SEBORRHEIC DERMATITIS OR PSORIASIS:

When using shampoos, massage the shampoo into the scalp and let it stand for 5 minutes. Then rinse the shampoo out and use your shampoo and/or conditioner of choice. There are shampoos available by prescription [Capex (fluocinolone), Nizoral 2% (ketoconazole), Loprox (ciclopirox)] and over-the-counter (nizoral, selsun blue, products containing tar (T-GEL/DHS tar/Zetar), products containing salicylic acid (T-sal/DHS sal), products containing zinc pyrithione (DHS zinc/head and shoulders). They seem to work best if used three times a week. Often alternating different types work better than either one alone.

A number of prescription medications containing steroids may also be used. Dermasmoothe oil/solution (fluocinolone) may be used on a nightly basis. Olux (strong and used only for 2 weeks at a time: clobetasol) and Luxiq (medium: betamethasone) are two steroid foams that may also be used and are easily rubbed into the scalp area. Carmol Scalp kit is a non-steroidal combination product containing 10% sulfacetamide lotion, a shampoo with 10% urea and a treatment brush.

SENSITIVE TREATMENT AREAS.

A number of treatment modalities have been used to include antifungals (ketoconazole), immunomodulators (elidel/Protopic) and lower class topical steroids (hydrocortisone, desonide, cutivate).

In the morning Apply _____

In the evening Apply _____