Psoriasis

Address patients concerns and expectations. Make sure patients have agreed treatment plan for managing further flares

Topical treatments:

Emollients:	Aqueous cream is no good as an emollient but can be used as a soap substitute
Coal tar: Refined:	Alphosyl and Exorex
Vitamin D:	Silkis, Curatoderm, Dovonex [don't used for the face – too irritant!], Xamiol good for scalp
Steroids:	Only 4 certain sites. Match potency to appropriate site. Dovobot OD upto 4 weeks

Tell them to stop topical steroids when can no longer feel the psoriasis. Any residual colour changes will improve without any further active treatment – continue with emollients.

Palmoplantar putolosis: difficult to treat. Not infected. Can use very strong steroid for 2-3 weeks. Use cream not ointment as a moisturizer. 2 pairs of sock to minimize friction. Much more common in smoking women – suggest they stop smoking!

Scenarios:

Flexural psoriasis:	e.g. under breast: canest HC or trimovate
Face:	Daktacort cream. Cream during day ointment at night
Scalp:	Xamiol/Synalar. If severe: Ung cocois under occlusion. Shampoo=ceanel

Refer to specialist if psoriasis>30% of body area, pustular/concerned at erythroderma