GENERAL practice is usually the first point of contact the patient with psoriasis will have with health professionals. This first consultation can greatly influence the patient’s experience of the disease and compliance with treatments. Patients who feel that their condition has been trivialised will delay in seeking further advice. Conversely, an empathetic approach by a knowledgeable professional that can advise on the daily management of the disease will do much to improve the patient experience. Some practical tips on psoriasis management will be outlined here.

Emollients

All patients with psoriasis should be advised on the use of emollients and on skin protection. In psoriasis, emollients improve skin texture, reduce skin scaling, promote skin comfort and prepare the skin for active topical therapies.1

There is a wide choice of emollients to choose from. The choice should depend on the patient’s symptoms, lifestyle and preference.2 For patients with thick scale and skin fissuring, an ointment-based moisturiser such as emulsifying ointment is more effective. Ointment-based creams will be soothing on cracked skin and will be more efficacious at breaking up a thick plaque with scale. However, ointment-based moisturisers are messy and can be difficult to use.3 Cream-based emollients (eg. Aqueous cream, Silcock’s base) are often easier to use and less messy. In addition, if stored in a cool place or in the fridge they can act as cooling creams which is useful in pruritus management.

When applying moisturisers, patients should be instructed to apply downwards in the direction of the hairs and to apply generously to affected and non-affected areas.4 Practical demonstrations of emollients and their application can greatly enhance patient compliance.2

In addition, ensuring that the patient has sufficient quantities of emollients is equally important.

Emollients also include soap substitutes. Soap has a drying effect on the skin and can irritate inflamed psoriasis.5 The aforementioned moisturisers have the advantage that they can also be used as a soap substitute. Emulsifying ointment can be applied directly to the skin and then gently washed off. This method is particularly useful if psoriasis is inflamed and the patient finds water on the skin painful. Alternatively, two tablespoons of emulsifying ointment can be dissolved in hot water and added to running bath water. Aqueous cream and Silcock’s base should be applied to wet skin and then washed off.

The problem with all the aforementioned soap substitutes is that they can be difficult to rinse out of the bath or shower. In addition, some patients will find tubs of cream cumbersome while bathing. To meet this need there is a wide variety of medicated bath oils and shower gels that are available as over-the-counter medications eg. Oilatum bath oil, Balneum bath oil, Elave shower gel and Oilatum shower gel. These products can be particularly useful when the patient is travelling or using communal shower facilities in gyms or swimming pools.

Emollients are a useful adjunct to treatment. They can be the mainstay of treatment or can be used to prepare the skin for active treatment. Their advantage is that they are cheap and easily available. However, if the patient is to benefit from their use, the patient will need guidance on a suitable emollient and advice on their application.

Scalp management

Scalp psoriasis affects 50% of all patients with psoriasis.3 Since the scalp cannot be easily visualised by the affected person and is difficult to reach, it is difficult for the patient to treat on their own. The detachment of scale from the scalp can give the appearance of severe dandruff. Consequently, this can limit a patient’s choice of clothing to light coloured clothing as the scale will be easily seen on dark clothing.5

However, with the appropriate advice most cases can be successfully managed. Scalp preparations include shampoos, lotions, foams and ointments. Shampoos are usually tar-based. When using tar shampoos, increased penetration of the tar is facilitated if the shampoo is applied to a wet scalp and left on for 10-15 minutes.

A once/twice weekly tar-based shampoo is usually sufficient in treating mild disease. In moderate disease, where there is little to no scaling, steroid lotions or foams are useful. To apply the medication, the hair should be parted in 1cm sections with a comb and then applied directly to the scalp.7 Any loose adherent scale should be removed with the comb. Ideally, another person should apply the medication as the scalp cannot be visualised by the affected patient.7

Where there is thick adherent scale the use of tar-based ointments (eg. Cocos, Tar Pomade), oil and vitamin D analogues (eg. Dovonex) are effective agents. In the case of pityriasis amiantacea, the use of oil and tar-based ointments are the most
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In severe cases, the removal of scale in these cases is essential to a successful treatment outcome. In resistant disease, polythene occlusion with a shower-cap or clingfilm will increase effectiveness of the treatment.2

Scalp psoriasis is generally responsive to treatment. However, this treatment must be consistent until the condition resolves. Most patients will find it easier to apply these treatments overnight. However, some patients will find it easier to apply in the evening for three to four hours and wash out prior to sleeping. The correct application of treatment including descaling of the scalp is essential to an effective outcome.

As scalp treatments can be difficult for the patient to manage, encouragement and advice regarding expected outcomes will aid compliance.

Psychosocial

Psoriasis can be as debilitating a disease mentally and socially as it is physically. The psychosocial disability of psoriasis has been equated with that suffered by patients with cancer, arthritis, hypertension, heart disease, diabetes and depression.8 The psychosocial aspect of psoriasis can often be underestimated in consultation, especially if the patient displays symptoms of mild disease.

There are many reasons why psoriasis is associated with a high psychosocial morbidity. As a skin disease, the condition is often visible to others and always visible to the sufferer. However, with psoriasis there are the added complications of adherent scale and pinpoint bleeding. This means that if the patient successfully hides the disorder from the public there are still these intrusive symptoms to contend with. Scale will drop onto clothing, bedding and furniture, thus serving as a constant reminder of the problem.9

Blood-stained clothing will serve as a reminder of a vigorous scratching period. In addition to the physical effects of the disease there are the treatments for the disease. These treatments, especially in the past, are often messy and intrusive on the patient’s lifestyle.

Patients with psoriasis experience social rejection in normal activities such as attending swimming pools, gyms and hairdressers.10 These experiences and fear of encountering rejection lead to personal problems in forming relationships.8 To be effective in helping the patient cope with psoriasis, an awareness of the psychosocial effects of the disease is essential. An evaluation of the psychosocial effects should be included in the patient’s assessment. This evaluation is essential to the establishment of an effective treatment regime that will meet all the patient’s needs.

In general practice, patients with psoriasis may present for advice on disease management or for another complaint. All patients with psoriasis will benefit from general advice on skin care. Furthermore, information about support groups such as the Psoriasis Association can equip the patient with a lifelong source of information and advice.

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References