Our aims

We aim to help people with psoriasis by:

- Providing information and advice
- Increasing public acceptance and understanding
- Collecting funds for and promoting research
- Representing the interests of members at a local and national level

Members of the Psoriasis Association receive:

- A quarterly magazine
- An invitation to the Annual Conference and AGM
- Information about local and national events
- Up to date information about treatments.

If you would like to join The Psoriasis Association, please contact us on 01604 251620, mail@psoriasis-association.org.uk or write to us at the address overleaf.

Make a donation

I would like to make a donation of £ _____ to the Psoriasis Association

☐ I enclose a cheque ☐ Please debit my card

Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ CV2 ☐☐☐

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The Psoriasis Association will reclaim 25p of tax on every £1 donated. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I must notify the Psoriasis Association if I no longer pay sufficient tax or wish to cancel this declaration.

We rely on the generosity of people like you...

Each year the Psoriasis Association helps thousands of people whose lives have been affected by psoriasis via our websites, telephone and email helplines and by raising awareness amongst the general public, healthcare professionals and Members of Parliament.

We rely on your generosity to help us continue our vital work in supporting people, raising awareness and funding research.

More information

More information on these and other treatments for psoriasis is available from the Psoriasis Association.

The information in this resource is not intended to replace that of a healthcare professional. If you have any concerns or questions about your treatment, do discuss this with your doctor. Always read the instructions that come with a treatment or medication to ensure you are using it correctly.

How to contact us

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Charity registration number 1180666

The Information Standard Certified member
This organisation has been certified as a producer of reliable health and social care information.
www.theinformationstandard.org

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October 2018 (Review: 10/21)

psoriasis information

treatments from a specialist

You may be referred by your GP to see a Dermatologist if your psoriasis isn't responding to topical treatments...

psoriasis association

Specialist Care for Psoriasis

There are a number of reasons why a GP might refer someone with psoriasis to specialist care. If your psoriasis is particularly widespread or severe, or if it is in an area which has a high impact on your day to day life, (such as the hands, feet, face or genitals), then specialist care may be needed. Rare and difficult to treat forms of psoriasis, such as pustular or nail psoriasis may also need to be referred. If you and your GP have tried to control your psoriasis with a number of different topical treatments which have not worked well enough, you may also be referred to a specialist. Sometimes you might be referred to another GP who has a special interest in Dermatology. However, being referred usually means going to see a Dermatology Consultant in a hospital.

A Dermatologist will talk to you about treatments that you have already tried, assess your skin and ask about how your psoriasis is impacting on your life. They will also ask you about any other health problems you may have, and if you are receiving any other medication. It is important that you are honest with the Dermatologist about anything else you are taking, whether this is prescribed by another doctor, purchased over the counter, or a vitamin, supplement or herbal remedy. This is because anything you may be taking could impact on the treatments a Dermatologist may prescribe.

Dermatologist Treatment for Psoriasis

Topical treatment – although a Dermatologist is able to prescribe light therapy, tablets and injections, in many cases there is still a place for treatments that are applied to the skin. Dermatologists are specialised in treating the skin, and therefore may use topical treatments you have already used, but in a different way (for example, a different dosing regime, on a different part of the body, or a higher strength). They may also prescribe two or more topical treatments to be used at the same time, or topical treatments to be used alongside a non-topical treatment, such as light therapy, systemic tablets or biologic injections.

Ultraviolet light therapy – depending on the type of therapy prescribed, this will require you to attend the Dermatology department two or three times a week for around six to twelve weeks. Your Dermatologist will calculate the amount of Ultraviolet light that you should receive based on your skin type, and previous UV exposure. You will stand in a UV cabinet for a period of a few seconds to several minutes. There are two different types of Ultraviolet light therapy used in psoriasis:

Narrowband UVB therapy (also referred to as TL01) uses the UVB part of the light spectrum, and is most commonly used to treat plaque psoriasis and guttate psoriasis that has not responded well to topical treatments.

PUVA therapy uses a combination of the UVA part of the light spectrum, and a chemical called psoralen. Psoralen makes the skin more sensitive to UVA light, and can either be taken by mouth, or applied to the skin in the area to be treated.

Systemic treatments (tablets) – the most commonly prescribed are methotrexate, ciclosporin or acitretin although others have become available more recently. These tablets work by decreasing the overactivity in the immune system that causes psoriasis. Before starting any of these treatments you will need to have a blood test (which may look at your liver or kidney function and / or cholesterol) and a blood pressure check. The Dermatologist will also ask you about your lifestyle, in particular if you drink alcohol regularly, as alcohol can interfere with some of the tablets used to treat psoriasis. Ongoing blood tests and blood pressure checks will also be required, and you may need an annual flu jab.

Biologic treatments (injections) - These work by targeting specific processes in the immune system that cause inflammation. Guidelines issued by the British Association of Dermatologists, the National Institute for Health and Care Excellence and the Scottish Intercollegiate Guidelines Network recommend that biologic injections are considered for people with severe psoriasis who have not responded to other systemic medications. If systemics cannot be taken for other medical reasons, biologics may also be considered. Before starting a biologic treatment you will need to have blood tests and a tuberculosis (TB) check, and you should have an annual flu jab. Like the systemic treatments, regular blood tests will be required.

National Institute of Health and Care Excellence (NICE) Guidance

The NICE Guideline on the assessment and management of psoriasis (CG153) makes a number of recommendations about referral to a Dermatologist and second line treatments. It is recommended that a person with psoriasis is referred for Dermatology specialist advice if:

- They are a child or young person
- Their psoriasis is severe or extensive (for example, more than 10% of the body is covered)
- Their psoriasis cannot be controlled with topical treatments
- They have nail psoriasis which is having a major cosmetic (how it looks) or functional (how the hand or foot is used) impact
- They have guttate psoriasis which is widespread or has not responded to topical treatments
- Their psoriasis is having a major impact on physical, psychological or social wellbeing

Guideline CG153 also makes recommendations on when each of the second line treatments may be suitable, and for the order in which they should be tried, which is summarised below. Further information on this is available from the Psoriasis Association.