

# GP PSORIASIS GUIDELINES

**HEALTH EDUCATION  
EXPECTATIONS FROM TREATMENT**  
General emollient (patients choice) helps with the build up of scale and moisturises the plaques improving absorption and effectiveness of other topical treatments



**Guttate psoriasis or small flat superficial patches**

**Well defined plaques**



- Vitamin D analogue. (not to be used on faces)
- Vitamin D analogue used in conjunction with a tar based preparation at night such as Exorex lotion or Psoriderm, taking into account practicalities for patient's compliance

**Facial psoriasis**



- Medium potency topical steroid i.e. Alclometasone Dipropionate ointment/cream
- Mometasone Furoate ointment for hairline

- Dovobet gel/ointment nocte (Unsuitable if psoriasis is widespread due to possible rebound effect)
- For a few isolated plaques then short contact dithro cream (0.5%-2% gradually increasing)
- Vitamin D analogue used in conjunction with a tar based preparation at night such as Exorex lotion. Alphosyl HC or Psoriderm, taking into account practicalities for patient's compliance

**Widespread psoriasis  
Plaque or Guttate**



- Referral to Secondary care for Phototherapy

**Flexural psoriasis**



- Moderate potent topical steroid (betamethasone valerate 0.025%, cream/ointment)
- Trimovate cream if likelihood of mild secondary bacterial or yeast infection.