

TOPICAL TREATMENT

Topical treatment is the primary measure in all psoriasis patients. With mild cases, topical treatment a basic treatment. Topical medication comes in various forms, from creams, ointments, lotions, to gels, or dermal solutions. General physician or a dermatologist prescribe the most suitable topical treatment.

Topical medication has an anti-inflammatory properties which reduce redness, flakiness, and thickened skin in the areas affected. Apply them directly following the GP's instructions or in accordance with instructions provided. Topical treatment can be done independently or in combination to other treatments (phototherapy or systemic treatment).

Topical treatment for psoriasis may include various topical preparations such as topical keratolytic, topical corticosteroids, and vitamin D analogs. When removing flakiness, patients are prescribed topical keratolytic such as salicylic acid or urea. After the flakiness has diminished continue treatment with an anti-inflammatory topical preparation – corticosteroids and/or calcipotriol.

Common topical treatment

Commonly known as nourishing and moisturizing ointments or emollients, their function is to soften the skin. Regular application will reduce itching and

flakiness and should be done at least once daily. It is suitable for all psoriasis patients.

Topical keratolytic



When the affected area shows flakiness, the first step in the treatment is the healing of the scaling or flakiness. Topical keratolytic such as salicylic acid and urea are used to treat the flakiness. A keratolytic agent can also be added to other medication. Salicylic acid is used in concentration of 5 to 10 per cent in base oils or ointments. 20 per cent in Vaseline is usually used with patients where the thickening of the skin occurs on palms and soles or in severe cases. A combination of salicylic acid and corticosteroid can be used in ointments, creams, lotions and dermal solutions.

Topical corticosteroids

Topical corticosteroids preparations are available as ointments, creams, lotions or gels. They have anti-inflammatory and immunosuppressive characteristics. They are safe and very effective when treating mild to moderate psoriasis with patients when used properly. They can also be used as a complementary treatment for patients suffering from moderate to severe psoriasis. Apply to the affected areas according to the physician's instructions, usually once daily. Prolonged use can cause skin thinning, telangiectasia (spider veins) and increased hair growth.

Vitamin D3 analogs

Vitamin D3 analogs – our patients are prescribed calcipotriol - have anti-inflammatory characteristics, inhibit excessive cell division and promote a normal skin maturation cycle. The affected areas on torso or scalp are applied once daily for at least 6-8 weeks. Combining this treatment with corticosteroids is possible as well. Prolonged usage does not affect the thinning of the skin. Regardless of their long-term use they do not cause the thinning of the skin which makes them a sensible choice.

References:

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