

TOPICAL TREATMENT

Topical treatment is one of options available for treating psoriasis. In topical treatment, patients use special formulas, usually ointments, that are applied directly to the affected skin areas.

Medications for topical application typically contain alleviating substances that help eliminate mild skin manifestations. To be successful, topical treatment must be continued for a few to several weeks.

Emollients (ointments / creams) used in psoriasis

Mild psoriasis can be treated with products applied to and massaged into the skin to reduce the symptoms of psoriasis. Among many ointments and creams used in psoriasis, patients are usually advised to choose emollients containing urea, salicylic acid, sulphur, anthralin, corticosteroids, vitamin D3 analogues, coal tar, or retinoids. Below is a description of how these substances work:

Anthralin (dithranol)



Anthralin has been used in the treatment of psoriasis since the late 1980s. It is preferably used in the therapy of psoriasis vulgaris. Anthralin is not meant to be used for severe outbreaks of psoriasis as it can worsen its symptoms.

Anthralin slows down the excessive cell division and helps reduce scaling.

The use of anthralin should be avoided on sensitive body areas, ie. on the face because it has a strong effect on the skin. Ointments for psoriasis usually contain a combination of anthralin and salicylic acid. Common side effects include itching and irritation, so it is important to apply lubricating emollients to the skin after the anthralin is washed off. Transient dark purple-brown skin

discolourations can develop on the skin after anthralin-based therapy.

Patients must be aware that the use of anthralin may leave marks on the skin. For better results, anthralin can be combined with phototherapy or corticosteroids.

Corticosteroids (steroids)

Corticosteroids are more often known as steroids. They have an anti-inflammatory, immunosuppressive, and anti-allergic effect. Corticosteroids are in fact steroid hormones that are produced by the body. Synthetic corticosteroids have been in use since the 1950s. Today, corticosteroid-based therapies are typically short-term and prescribed for severe conditions. Corticosteroid resistance may develop as a consequence of long-term use.

Although corticosteroids can quickly alleviate the symptoms of psoriasis, patients are reluctant to use this therapy. This is because they experience a rebound of the disease shortly after discontinuation. Also, psoriasis symptoms can become worse or new symptoms can develop after corticosteroids are discontinued. Common side effects include skin discolourations, dermal atrophy, dilated skin vessels, as well as bacterial or fungal infections. Corticosteroids are available as liquids, sprays, or ointments. Corticosteroid formulas are either only steroid-based or include a combination of corticosteroids and other substances, such as salicylic acid.

Vitamin D3 analogues

These are formulas for topical use based on two vitamin D3 analogues: calcipotriol and tacalcitol. Vitamin D3 analogues inhibit excessive cell division and promote the normal maturation of skin cells. Vitamin D3 analogues are applied to skin areas affected by

psoriasis (including the scalp). The first effects of therapy can be observed after about 4 weeks of continuous usage. Vitamin D3 analogues are easy to use (they do not leave a greasy residue) and safe. Local irritation, itching, erythema, burning, and face dermatitis are the most frequently noted side effects. Currently, patients are most commonly prescribed a combination of calcipotriol and a steroid. This therapy was shown to be highly effective.

Coal tar

Coal tar has been used in the treatment of psoriasis since ancient times. Formulas used in psoriasis are made of a coal tar by-product obtained from long-term distillation of hard coal and various species of wood. Coal tar preparations are currently available as creams, ointments, shampoos, or soap, which is typically black and has an unpleasant odour. Coal tar treatment is used for psoriasis, eczema, seborrhoeic skin, or dandruff. Coal tar was recently found to be carcinogenic, although it was not confirmed in any studies. However, it has been banned from use in some countries. Coal tar was also confirmed to cause sensitivity to light, including sunlight, and irritation of the scalp.

Retinoids are vitamin A derivatives used in the management of psoriasis. Retinoid-based formulas are available as gels, creams, or solutions for topical application. Retinoids are immunomodulating agents that reduce inflammation and epidermal proliferation. The most common side effect of retinoids is irritation. Retinoids can be harmful to an unborn child and are contraindicated during pregnancy and in women who plan to become pregnancy within 2 years after discontinuation of therapy. In men, using retinoids for psoriasis was not confirmed to have any effects on progeny. Tazarotene has been used in the management of psoriasis. To get the best possible outcome, tazarotene is combined with UVB phototherapy or vitamin D3 derivatives.

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