

Patient information from BMJ

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Psoriasis: what are the treatment options?

If you get red patches on your skin covered with silvery scales you may have psoriasis. There is no cure for psoriasis but there are treatments that can help control it.

We've brought together the best and most up-to-date research about psoriasis to see what treatments work. You can use our information to talk to your doctor and decide which treatments are best for you.

What treatments work?

The aim of treatment for psoriasis is to get the condition under control as much as possible. This means reducing how much of the body is affected by plaques, and reducing the number of skin plaques.

Your treatment will depend on how severe your psoriasis is. And treatments that work well for someone else may not work as well for you. So you may need to try a few before you find what works best for you.

Whatever treatments you have, you should have check-ups with your doctor every 3 to 6 months, to monitor how well your treatment is working.

Treatments for mild psoriasis

If your psoriasis is mild, a cream or ointment may be all the treatment you need. There are several types that you can try.

For mild psoriasis that flares up occasionally your doctor might recommend a **steroid cream**. The full name of this type of steroid is corticosteroid. Corticosteroids work by reducing inflammation. These creams can work well for mild psoriasis, but they are not suitable for longer-term use as they can cause side effects, including thinning of the skin.

You can buy low-dose steroid creams from a pharmacy. But it's best to talk to your doctor about this treatment. They can give you advice on using steroids and can prescribe stronger creams if you need them.

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Steroid creams are often recommended to be used alongside creams called **vitamin D analogs**, as this combination seems to be more effective in many people than just using either treatment on its own.

If you find that your skin reacts badly to steroids or vitamin D analogs you could try **moisturizers** such as Vaseline or E45 cream.

Unlike steroid creams, vitamin D analogs are suitable to be used by themselves for longer-term treatment of psoriasis that is under control.

You may have heard of **coal tar** cream being used to treat psoriasis. But it is not used as much as it used to be, as it is messy and less effective than newer treatments. There are also concerns that using it to treat psoriasis for long periods could cause cancer.

Dithranol is another cream treatment that has fallen out of favor because of concerns about side effects, and because it seems less effective than newer treatments. If your doctor suggests coal tar or dithranol they should explain why.

Treatments for moderate to severe psoriasis

If your symptoms are more severe you will probably see a skin specialist (dermatologist). Several types of medication can help with moderate to severe psoriasis, and you may be able to take them in combination with some of the creams and ointments described above.

Light treatment (phototherapy)

The first thing your specialist might recommend is treatment with light (called phototherapy). This treatment involves using a machine that's a little like a sunbed, which gives off ultraviolet (UV) light.

This treatment helps reduce symptoms in many people. It's often used alongside drug treatments for the best results. You will have to go to a hospital or a specialist clinic to have this treatment. The amount of treatment you have will be carefully regulated, as too much UV light can lead to skin cancer in some people.

Many people also find that ordinary sunlight helps with their symptoms. But it's important to use sunscreen to protect parts of your skin that aren't affected by psoriasis and to avoid sunburn.

Oral drug treatments (pills)

There are several medications that can help control psoriasis symptoms, but they can all cause side effects, some of them serious. Your doctor will try to balance the benefit you get from the drugs against their potential to cause you harm. So he or she will probably start you on a low dose of a particular drug and step up treatment as necessary.

One medication that works well in many people with moderate to severe psoriasis is **methotrexate**. It helps to reduce skin inflammation (swelling and redness) and stop plaques from spreading. But it can cause side effects, including liver damage. If you have this treatment your doctor should monitor you carefully. Pregnant women should not take methotrexate as it can harm unborn babies.

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A drug called **apremilast** can help reduce symptoms in some people. It doesn't seem to work as well as methotrexate, but it is less likely to cause side effects.

Drugs called **retinoids** work for some people, by regulating the growth of new skin cells. Like methotrexate they can harm unborn babies. They are not recommended at all for use in women of child-bearing age. These drugs can also cause other side effects, so your doctor should monitor you carefully if you take them.

A drug called **cyclosporine** can work very well to control symptoms. But it is usually only used for a few months at a time and in people with very severe symptoms. This is because it can cause severe side effects, including kidney damage and raised blood pressure.

Biological" drug treatments

Unlike most traditional medications, which are made from chemicals, biological drugs are made from living cells. They are able to target specific problems in the body in the way that many traditional drugs are not. So the hope is that they cause fewer side effects.

Biological drugs seem to work well against psoriasis in many people.

These medications are given as shots or by intravenous infusion (IV drip). Two that you may have heard of are etanercept and adalimumab.

Other treatments

Some people try other kinds of treatments to improve their skin, such as acupuncture, thermal baths (balneotherapy), fish oil supplements, and psychotherapy. But it's not clear from research whether any of them work.

Where to get more help

Coping with psoriasis from day to day can get you down. It might help to talk to other people who have the condition. There are charities and support groups that can offer many kinds of support. Your doctor may be able to put you in touch with one where you live, or you could search on the internet.

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