Algorithm 5: Topical treatment strategies – CHILDREN AND YOUNG PEOPLE

The treatment pathway in this guideline begins with active topical therapies. The GDG acknowledged that the use of emollients in psoriasis was already widespread and hence the evidence review was limited to active topical therapies for psoriasis. Please refer to the BNF and cBNF for guidance on use of emollients.

Site Trunk and limbs Face, flexures and genitals Scalp Offer¹ a potent corticosteroid applied once daily as initial treatment. (See also #) Consider1 either: Offer a short-term mild or moderate potency corticosteroid applied ¹Please refer to the BNF for children for information on appropriate dosing and duration of treatment. calcipotriol applied once daily (only for those over 6 years of age) or once or twice daily a potent corticosteroid applied once daily (only for those over 1 year of age). ¹Please refer to the BNF for children for information on appropriate dosing and duration of treatment Please refer to the BNF for children for information on appropriate dosing and duration of treatment. ^ Please refer to recommendation 55 and the footnote for off-label usage. If treatment with a potent corticosteroid does not result in clearance, near clearance or satisfactory control, consider1 a different formulation of the potent corticosteroid (eg a shampoo or mousse) and/or topical agents to remove adherent scale (eg agents containing salicylic acid, emollients and oils) before application of the potent corticosteroid. lease refer to the BNF for children for information on appropriate dosing and duration of treatment. If the response to treatment with a potent corticosteroid remains unsatisfactory, a combined product containing calcipotriol monohydrate and betamethasone dipropionate applied once daily or *CYP not controlled with topical vitamin D or a vitamin D analogue applied once daily (only in those who therapy, see: cannot use steroids and with mild to moderate scalp psoriasis). Algorithm 6: Phototherapy Algorithm 7: Systemic (non-¹Please refer to the BNF for children for information on appropriate dosing and duration of treatment. In people whose psoriasis has not responded satisfactorily* to a topical treatment strategy, before changing biological) treatment Please refer to recommendation 51 and the footnote for off-label usage discuss with the person whether they have any difficulties with application, cosmetic acceptability or tolerability and where relevant offer an alternative formulation If continuous treatment with either a combined product containing calcipotriol consider other possible reasons for non-adherence in line with NICE CG76. monohydrate and betamethasone dipropionate applied once daily or vitamin D or a vitamin D analogue applied once daily does not result in clearance, near clearance or satisfactory control offer1 coal tar applied once or twice daily or referral to a specialist for additional support with topical applications and/or advice on other treatment options. ease refer to the BNF for children for information on appropriate dosing and duration of treatment.

General points

When offering topical therapy

Offer practical support and advice about the use and application of topical treatments. Advice should be provided by healthcare professionals who are trained and competent in the use of topical therapies.

- take into account patient preference, cosmetic acceptability, practical aspects of application and the site(s) and extent of psoriasis to be treated
- discuss the variety of formulations available and, depending on the patient's preference, use:
 - cream, lotion or gel for widespread psoriasis
 - lotion, solution or gel for the scalp or hair-bearing areas
 - o ointment to treat areas with thick adherent scale
- be aware that topical treatment alone may not provide satisfactory disease control, especially in people with psoriasis that is extensive (eg more than 10% of body surface area affected) or at least 'moderate' on the static Physician's Global Assessment.

Maintaining control

Discuss with people whose psoriasis is responding to topical treatment:

- the importance of continuing treatment until a satisfactory outcome is achieved (eg clear or nearly clear) or up to the recommended maximum treatment period for corticosteroids (see section 8)
- that relapse occurs in most people after treatment is stopped
- that after the initial treatment period topical treatments can be used when needed to maintain satisfactory disease control.

Offer a supply of their topical treatment to keep at home for self-management.

Aim for a break of 4 weeks between courses of treatment with potent corticosteroids.

Consider topical treatments that are not steroid-based (eg vitamin D or vitamin D analogues or coal tar) as needed to maintain psoriasis disease control during this period.

Using corticosteroids safely

Do not use very potent corticosteroids in children and young people.

Offer a review at least annually to those using corticosteroids of any potency (either as monotherapy or in combined preparations) to assess for the presence of steroid atrophy and other adverse effects.

Be aware that continuous use of potent corticosteroids may cause:

- irreversible skin atrophy and striae
- psoriasis to become unstable
- systemic side effects when applied continuously to extensive psoriasis (eg more than 10% of body surface area affected).

Explain the risks of these side effects and discuss how to avoid them.