

Psoriasis overview

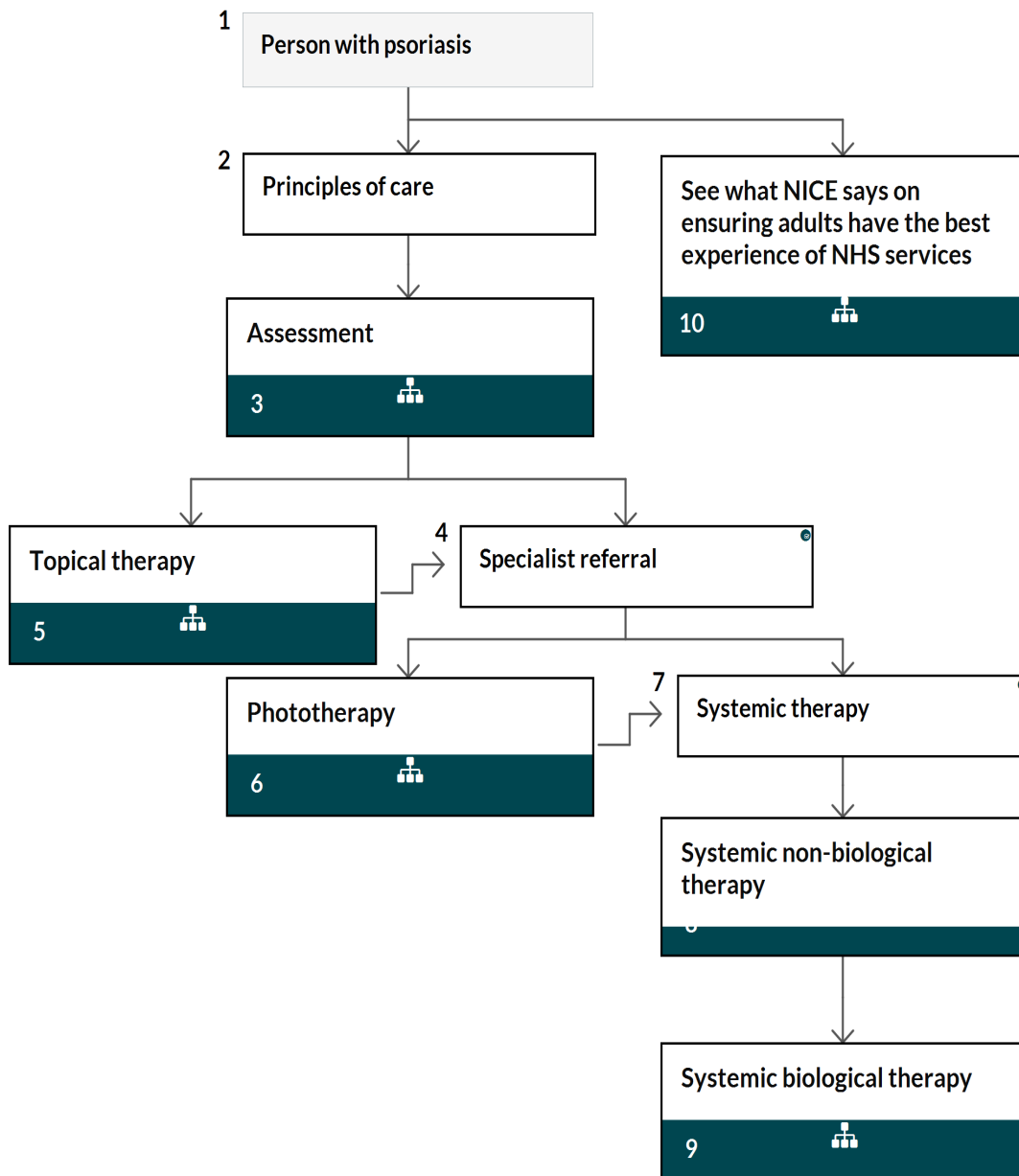
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/psoriasis>

NICE Pathway last updated: 20 August 2019

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Person with psoriasis

No additional information

2 Principles of care

Offer people with any type of psoriasis support and information tailored to suit their individual needs and circumstances, in a range of different formats, so they can confidently understand:

- their diagnosis and treatment options
- relevant lifestyle risk factors
- when and how to treat their condition
- how to use prescribed treatments safely and effectively (for example, how to apply topical treatments and how to minimise the risk of side effects through monitoring for safety of medicines)
- when and how to seek further general or specialist review
- strategies to deal with the impact on their physical, psychological and social wellbeing.

Also see what NICE says on [behaviour change](#).

When offering treatments to a person with any type of psoriasis:

- ensure the treatment strategy is developed to meet the person's health goals so that the impact of their condition is minimised and use relevant assessment tools to ensure these goals are met
- take into account the age and individual circumstances of the person, disease phenotype, severity and impact, co-existing psoriatic arthritis, comorbidities and previous treatment history
- discuss the risks and benefits of treatment options with the person (and their families or carers where appropriate). Where possible include use of absolute risk and natural frequency (see the [appendix](#) of the NICE guideline).
- discuss the importance of adherence to treatment for optimising outcomes.

See what NICE says on [shared decision-making about medicines](#) and [supporting adherence to medicines](#).

Assess whether support and information need updating or revising at every review or interaction with the person, in particular:

- during transition from children's services to adult services

- when new interventions become available
- when the person's disease severity or circumstances (for example, in terms of comorbidities or lifestyle) change.

Provide a single point of contact to help people with all types of psoriasis (and their families or carers where appropriate) access appropriate information and advice about their condition and the services available at each stage of the care pathway.

NICE has produced guidance on the components of good patient experience. Follow the recommendations in [patient experience in adult NHS services](#).

NICE has written information for the public on [psoriasis: assessment and management](#).

See NICE's recommendations on [transition from children's to adults' services](#) and [multimorbidity](#).

3 Assessment

See [Psoriasis / Assessing psoriasis and comorbidities](#)

4 Specialist referral

Refer children and young people with any type of psoriasis to a specialist at presentation.

Following assessment in a non-specialist setting, refer people for dermatology specialist advice if:

- there is diagnostic uncertainty **or**
- any type of psoriasis is severe (as defined on the static PGA) or extensive, for example more than 10% of the body surface area is affected **or**
- any type of psoriasis cannot be controlled with topical therapy **or**
- acute guttate psoriasis requires phototherapy **or**
- nail disease has a major functional or cosmetic impact **or**
- any type of psoriasis is having a major impact on a person's physical, psychological or social wellbeing.

People with generalised pustular psoriasis or erythroderma should be referred immediately for same-day specialist assessment and treatment.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

3. Referring to specialist services

5 Topical therapy

[See Psoriasis / Topical therapy for psoriasis](#)

6 Phototherapy

[See Psoriasis / Phototherapy for psoriasis](#)

7 Systemic therapy

Responsibility for use of systemic therapy should be in specialist settings only. Certain aspects of supervision and monitoring may be delegated to other healthcare professionals and completed in non-specialist settings, in which case, such arrangements should be formalised.

When offering systemic therapy, tailor the choice of agent and dosing schedule to the needs of the individual and include consideration of:

- the person's age
- disease phenotype, pattern of activity and previous treatment history
- disease severity and impact
- the presence of psoriatic arthritis (in consultation with a rheumatologist)
- conception plans
- comorbidities
- the person's views.

Be aware of the benefits of, contraindications to and adverse effects associated with systemic treatments. Explain the risks and benefits to people undergoing this treatment (and their families or carers where appropriate), using absolute risks and natural frequencies when possible. Support and advice should be provided by healthcare professionals who are trained and competent in the use of systemic therapies. See [appendix](#) of the NICE guideline for details of the risk-benefit profiles of interventions recommended in this guideline.

Offer adjunctive topical therapy to people with psoriasis using systemic therapy to optimise treatment outcomes.

Offer people with psoriasis who are starting treatment with a systemic non-biological or biological drug the opportunity to participate in long-term safety registries (for example [BADBIR](#)).

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

6. Monitoring systemic therapy

8 Systemic non-biological therapy

[See Psoriasis / Systemic non-biological therapy for psoriasis](#)

9 Systemic biological therapy

[See Psoriasis / Systemic biological therapy for psoriasis](#)

10 See what NICE says on ensuring adults have the best experience of NHS services

[See Patient experience in adult NHS services](#)

Glossary

BAD's

British Association of Dermatologists's

CDLQI

children's dermatology life quality index

DLQI

Dermatology Life Quality Index

Difficult-to-treat sites

encompass the face, flexures, genitalia, scalp, palms and soles and are so-called because psoriasis at these sites may have especially high impact, may result in functional impairment, requires particular care when prescribing topical therapy and can be resistant to treatment

First-line treatment

this describes traditional topical therapies (such as corticosteroids, vitamin D and vitamin D analogues, dithranol and tar preparations)

PASI

Psoriasis Area and Severity Index

PEST

psoriasis epidemiological screening tool

PGA

Physician's Global Assessment

PUVA

psoralen and long-wave ultraviolet radiation

Second-line treatment

this includes the phototherapies (broad- or narrow-band ultraviolet B light and PUVA) and systemic non-biological agents such as ciclosporin, methotrexate and acitretin

Third-line treatment

this refers to systemic biological therapies such as the tumour necrosis factor antagonists adalimumab, etanercept and infliximab, and the monoclonal antibody ustekinumab that targets interleukin-12 (IL-12) and IL-23

UVB

ultraviolet B

Sources

[Psoriasis: assessment and management](#) (2012 updated 2017) NICE guideline CG153

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline

should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.