Appendix 1. Effectiveness of Topical Treatments and Systemic Therapies

	Therapy Efficacy	**Suitability in inducing remission**	**Suitability as maintenance treatment**	**Patient acceptability**
Coal tar	✓	✓		
Corticosteroids*	✓✓✓✓	✓✓✓	✓	✓✓
Dithranol**	✓✓	✓✓		**- 2**
Tazarotene	✓✓	✓✓	✓✓	✓✓
Vitamin D analogues***	✓✓✓	✓✓✓	✓✓✓	✓✓

*Refers to potent or very potent corticosteroid. Also applies to fixed combinations with a vitamin D analogue

**More suitable for inpatient setting

***The maximum recommended weekly dose is 5mg of calcipotriol (which works out as 100g of cream, or just under one standard tube).

1% Tacrolimus ointment, though this is off-label for use on the face, is very effective for facial psoriasis and may be better than the risk of steroid side-effects on this area.

	Therapy Efficacy	**Suitability in inducing remission**	**Suitability as maintenance treatment**	**Patient acceptability**	**Effectiveness in PsA**
Methotrexate	✓✓	✓✓	✓✓	✓✓	✓✓
Acitretin	✓	✓	✓✓	✓	
Ciclosporin	✓✓✓	✓✓✓	✓	✓✓✓	✓
Phototherapy	✓✓✓	✓✓✓		✓✓	

APPENDIX 2

Annex 2

Dermatology Life Quality Index (DLQI)

DERMATOLOGY LIFE QUALITY INDEX

DLQI

Hospital No: Date:
Name: Score:
Address: Diagnosis:

The aim of this questionnaire is to measure how much your skin problem has affected your life OVER THE LAST WEEK. Please tick ✓ one box for each question.

1. Over the last week, how **itchy**, **sore**, **painful** or **stinging** has your skin been?	Very much ❐ A lot ❐ A little ❐ Not at all ❐		
2. Over the last week, how **embarrassed** or **self conscious** have you been because of your skin?	Very much ❐ A lot ❐ A little ❐ Not at all ❐		
3. Over the last week, how much has your skin interfered with you going **shopping** or looking after your **home** or **garden**?	Very much ❐ A lot ❐ A little ❐ Not at all ❐	Not relevant ❐	
4. Over the last week, how much has your skin influenced the **clothes** you wear?	Very much ❐ A lot ❐ A little ❐ Not at all ❐	Not relevant ❐	
5. Over the last week, how much has your skin affected any **social** or **leisure** activities?	Very much ❐ A lot ❐ A little ❐ Not at all ❐	Not relevant ❐	
6. Over the last week, how much has your skin made it difficult for you to do any **sport**?	Very much ❐ A lot ❐ A little ❐ Not at all ❐	Not relevant ❐	
7. Over the last week, has your skin prevented you from **working** or **studying**?	Yes ❐ No ❐	Not relevant ❐	
If "No", over the last week how much has your skin been a problem at **work** or **studying**?	A lot ❐ A little ❐ Not at all ❐		
8. Over the last week, how much has your skin created problems with your **partner** or any of your **close friends** or **relatives**?	Very much ❐ A lot ❐ A little ❐ Not at all ❐	Not relevant ❐	
9. Over the last week, how much has your skin caused any **sexual difficulties**?	Very much ❐ A lot ❐ A little ❐ Not at all ❐	Not relevant ❐	
10. Over the last week, how much of a problem has the **treatment** for your skin been, for example by making your home messy, or by taking up time?	Very much ❐ A lot ❐ A little ❐ Not at all ❐	Not relevant ❐	

Please check you have answered EVERY question. Thank you.

Annex 2

Dermatology Life Quality Index (DLQI) (continued)

Instructions for use

The Dermatology Life Quality Index questionnaire is designed for use in adults, ie patients over the age of 16. It is self explanatory and can be simply handed to the patient who is asked to fill it in without the need for detailed explanation. It is usually completed in one to two minutes.

Scoring

The scoring of each question is as follows:

Very much scored	3
A lot scored	2
A little scored	1
Not at all scored	0
Not relevant scored	0
Question unanswered scored	0
Question 7: “prevented work or studying” scored	3

The DLQI is calculated by summing the score of each question resulting in a maximum of 30 and a minimum of 0. The higher the score, the more quality of life is impaired. The DLQI can also be expressed as a percentage of the maximum possible score of 30.

Please Note: the scores associated with the different answers should not be printed on the DLQI itself, as this might cause bias

Meaning of DLQI Scores

0-1 = no effect at all on patient’s life

2-5 = small effect on patient’s life

6-10 = moderate effect on patient’s life

11-20 = very large effect on patient’s life

21-30 = extremely large effect on patient’s life

Interpretation of incorrectly completed questionnaires

There is a very high success rate of accurate completion of the DLQI. However, sometimes subjects do make mistakes.

1. If one question is left unanswered this is scored 0 and the scores are summed and expressed as usual out of a maximum of 30.
2. If two or more questions are left unanswered the questionnaire is not scored.
3. If question 7 is answered ‘yes’ this is scored 3. If question 7 is answered ‘no’ or ‘not relevant’ but then either ‘a lot’ or ‘a little’ is ticked this is then scored 2 or 1.
4. If two or more response options are ticked, the response option with the highest score should be recorded.
5. If there is a response between two tick boxes, the lower of the two score options should be recorded.
6. The DLQI can be analysed by calculating the score for each of its six sub-scales (see above). When using sub-scales, if the answer to one question in a sub-scale is missing, that sub-scale should not be scored.

Appendix 3. Sources of further information

QRISK-2
www.qrisk.org To calculate cardiovascular risk, including an option which allows for psoriatic arthritis

British Association of Dermatologists (BAD)
Willan House, 4 Fitzroy Square, London, W1T 5HQ Tel: 0207 383 0266 www.bad.org.uk
Email: admin@bad.org.uk
One of the aims of the British Association of Dermatologists is to raise awareness of all facets of skin disease. This charity provides a range of patient information leaflets.

British Skin Foundation
4 Fitzroy Square, London, W1T 5HQ www.britishskinfoundation.org.uk
The British Skin Foundation supports research into skin conditions and provides a range of information on the treatment of psoriasis and psoriatic arthritis.

British Society for Rheumatology (BSR)
Bride House, 18-20 Bride Lane, London, EC4Y 8EE Tel: 020 7842 0900 www.rheumatology.org.uk
The British Society for Rheumatology is a registered charity in England and Wales. It promotes education, training and innovation in those working in the field of rheumatology. It has over 1,500 members including rheumatologists, scientists and other allied health professionals.

Psoriasis and Psoriatic Arthritis Alliance (PAPAA)
PO Box 111, St Albans, Hertfordshire, AL2 3JQ Tel: 01923 672 837 www.papaa.org • Email: info@papaa.org
PAPAA is a charity registered in England and Wales. PAPAA provides free access to an extensive range of patient information and education on all aspects of psoriasis and psoriatic arthritis. PAPAA produces a journal which is available on subscription.

Psoriasis Association
Dick Coles House, 2 Queensbridge, Bedford Road, Northampton, NN4 7BF Helpline: 0845 6 760 076 • Tel: 01604 251 620 www.psoriasis-association.org.uk • Email: mail@psoriasis-association.org.uk
The Psoriasis Association is a UK-wide membership organisation for people affected by psoriasis, including patients, families, carers and health professionals. The Association's aims are to support people who have psoriasis, to raise awareness about psoriasis, and to fund research into the causes, treatments and care of psoriasis. The Psoriasis Association publishes information booklets on a range of topics including psoriasis, PsA, scalp psoriasis, sensitive areas, and ultraviolet light therapy.

Psoriasis Scotland Arthritis Link Volunteers (PSALV) Tel: 0131 556 4117 www.psoriasisscotland.org.uk
Email: janice.johnson5@btinternet.com
PSALV is a Scottish patient-led membership charity working in and for the people of Scotland to improve the lives of psoriasis and psoriatic arthritis sufferers. It works with healthcare professionals and other organisations to raise awareness of the conditions and offers a range of information and support. PSALV produces information leaflets on psoriasis, PsA, nail and scalp psoriasis.

Arthritis Research UK
Copeman House, St Mary's Court, St Mary's Gate, Chesterfield, Derbyshire, S41 7TD Tel: 0870 850 5000
www.arc.org.uk • Email: info@arc.org.uk
Arthritis Research UK funds research into the causes and treatment of arthritis. They provide a range of information leaflets for people with arthritis.

Other useful publications
A booklet called "Psoriasis in the workplace" is available to download from:
www.unitetheunion.org/member_services/health_and_safety/health_and_safety_resources/skin.aspx

www.dermnetnz.org has a comprehensive coverage of all skin conditions with many photographs

www.pcds.org.uk has useful patient information leaflets on all skin conditions

APPENDIX 4: LEVELS OF EVIDENCE, AND GRADES OF RECOMMENDATIONS USED BY SIGN

LEVELS OF EVIDENCE

1^{++}	High quality meta-analyses, systematic reviews of RCTs, or RCTs with a very low risk of bias
1^{+}	Well conducted meta-analyses, systematic reviews of RCTs, or RCTs with a low risk of bias
1^{-}	Meta-analyses, systematic reviews of RCTs, or RCTs with a high risk of bias
2^{++}	High quality systematic reviews of case control or cohort studies High quality case control or cohort studies with a very low risk of confounding or bias and a high probability that the relationship is causal
2^{+}	Well conducted case control or cohort studies with a low risk of confounding or bias and a moderate probability that the relationship is causal
2^{-}	Case control or cohort studies with a high risk of confounding or bias and a significant risk that the relationship is not causal
3	Non-analytic studies, eg case reports, case series
4	Expert opinion

GRADES OF RECOMMENDATION – DESCRIBED IN THE INFO POINTS AS GRADE A, B, C OR D

Note: The grade of recommendation relates to the strength of the supporting evidence on which the evidence is based. It does not reflect the clinical importance of the recommendation.

A	At least one meta-analysis, systematic review, or RCT rated as 1^{++}, and directly applicable to the target population*; or* A body of evidence consisting principally of studies rated as 1^{+}, directly applicable to the target population, and demonstrating overall consistency of results
B	A body of evidence including studies rated as 2^{++}, directly applicable to the target population, and demonstrating overall consistency of results*; or* Extrapolated evidence from studies rated as 1^{++} or 1^{+}
C	A body of evidence including studies rated as 2^{+}, directly applicable to the target population and demonstrating overall consistency of results*; or* Extrapolated evidence from studies rated as 2^{++}
D	Evidence level 3 or 4*; or* Extrapolated evidence from studies rated as 2^{+}

In the information section and appendices to this module the above letters, A to D, appear as superscript, showing the level of evidence which supports a particular info point.

A number of "recommended best practice" points, based on the clinical experience of the Guideline Development Group, are described in SIGN, and these have been noted in the information section with the superscript letter R.

Dermatology Referral and Management Pathway | Psoriasis

This clinical pathway has been developed in conjunction with the Scottish Dermatological Society

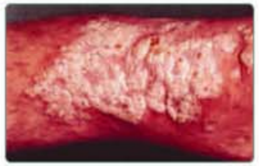
NHS SCOTLAND

Patient presentation

Psoriasis is a chronic relapsing condition that can usually be managed by self-care or in primary care.

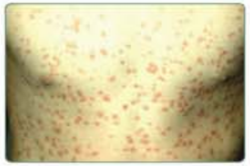
Chronic plaque psoriasis

- Localised stable plaques on extensor aspects with typical waxy scale



Guttate psoriasis

- Acute onset of numerous small scaly lesions often after a throat infection.
- Usually self-limiting within three to six months.



Scalp psoriasis

- Scaly localised or diffuse plaques extending to scalp margin.
- May be associated with temporary thinning of scalp hair.

Flexural psoriasis

- Smooth, shiny well demarcated areas in body folds.
- May occur without psoriasis elsewhere.

Nail psoriasis

- Mild disease is a cosmetic problem requiring no treatment.
- Conceal with nail varnish.

GP

Assess lifestyle factors which may precipitate or aggravate psoriasis i.e. smoking, alcohol, certain medications and infections.

Severe psoriasis is associated with increased risk of metabolic syndrome. Advise healthy lifestyle and consider annual BMI, lipids and diabetes screen.

Chronic plaque psoriasis

- Emollient.
- Vitamin D analogue +/ topical steroid.
- Coal tar.
- Dithranol cream as short contact therapy.
- Topical retinoid.

Guttate psoriasis

- Emollient.
- Vitamin D analogue +/– moderate potency topical steroid.
- Coal tar.
- Consider referral for Phototherapy.

Scalp psoriasis

- Combination of keratolytic and antiinflammatory agents.
- Calcipotriol scalp application.
- Tar based shampoo.
- Potent topical steroid scalp application.
- Severe cases use keratolytic e.g. coconut, tar and salicylic ointment.

Flexural psoriasis

- Use mild to moderate potency steroids combined with antibiotic/antifungals.

Nail psoriasis

- Nail disease responds poorly to topical treatment
- Podiatry referral for painful toe nails.
- Dermatology referral for severe disease.

Primary Care follow up

Practice Nurse or GP review to encourage compliance.

Dermatology Consultant

Criteria for referral

- Diagnostic uncertainty.
- Extensive disease.
- Occupational disability or excessive time lost from work or school.
- Involvement of sites which are difficult to treat, e.g. the face, palms and genitalia.
- Failure of appropriate topical treatment after 2 or 3 months' use.
- Adverse reactions to topical treatment
- Severe or recalcitrant disease requiring systemic therapy.
- Emergency referral is indicated for generalised erythrodermic or pustular psoriasis

Secondary Care follow up

- Very severe disease.
- Systemic medication–shared care.

Dermatology Nurse Specialist

Criteria for referral

- Diagnosis established previously in Secondary Care.
- Relapse of the disease which failed to respond to topical therapy in Primary Care.
- Request for further counselling and/or education including demonstration of topical treatment.

Patient Information

NHS Inform www.nhsinform.co.uk
NHS24 Tel: 08454 24 24 24
Text phone: 18001 08454 24 24 24

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