Topical treatment options for mild to moderate chronic plaque psoriasis of the trunk, limbs or scalp, February 2020

https://dermnetnz.org/topics/guidelines-for-the-treatment-of-psoriasis

**Topical treatment of mild to moderate chronic plaque psoriasis of the trunk, limbs or scalp**
- Optimise lifestyle, i.e. not smoking, avoiding excessive alcohol intake and maintaining a healthy weight
- Optimise use of emollients

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**Trunk and Limb Psoriasis in Children**
(consider specialist referral at presentation)

**Scalp Psoriasis in Adults and Children**
(for children consider specialist referral at presentation)

**Trunk and Limb Psoriasis in Adults**

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**Age < 1 year**
- Localised psoriasis (<5% BSA)
  - Calcipotriol for up to 4 weeks
    - age > 6 - twice daily
    - age < 6 - once daily
    - Calcipotriol once daily for up to 4 weeks

**Age > 1 year**
- Moderately widespread psoriasis (5%-10% BSA)
  - Tar, salicylic acid and a potent topical corticosteroid in combination for up to 4 weeks
  - Tar based shampoo daily for up to 2 weeks
  - Potent corticosteroid once daily for up to 4 weeks (if age > 1 year)
  - Calcipotriol twice daily for up to 8 weeks
  - Unsatisfactory response

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**Localised psoriasis (<5% BSA)**
- Soften with emollients, and consider combining with salicylic acid if significant scale is present
- Calcipotriol and a potent topical corticosteroid once daily for up to 4 weeks
  - (applied separately with one in the morning and the other in the evening or in a combined formulation)
  - Unsatisfactory response

**Moderately widespread psoriasis (5%-10% BSA)**
- Tar, salicylic acid and a potent topical corticosteroid in combination for up to 4 weeks
  - If unsatisfactory improvement after 4 weeks, consider:
    - 2%-5% topical salicylic acid/other keratolytic for very scaly plaques
  - Unsatisfactory response

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**Satisfactory Response at Any Stage**
Reduce the frequency of application and discontinue as tolerated.

For patients in whom lesions recur quickly, topical corticosteroids can be applied intermittently, such as on weekends, and calcipotriol on weekdays.

Refer to a dermatologist for consideration of:
1. Increased potency of corticosteroids
2. Short contact dithranol (adults only)
3. Phototherapy
4. Systemic therapy