

Scalp Psoriasis

The scalp is one of the most common areas to have plaque psoriasis. It can be persistent, itchy and uncomfortable and difficult to treat due to the presence of hair, and the difficulty in seeing the back of your own head.

Much of the information in the section below comes from the experiences and advice of Psoriasis Association members, enquirers and staff. This advice may not work or be suitable for everybody, so do check with a healthcare professional if you are not sure. GP Practice and Dermatology Nurses are often an excellent source of practical advice, so do ask them for any tips they may have regarding the treatment and care of scalp psoriasis.

Caring for and Treating the Scalp

As with psoriasis on other areas of the body, moisturising is important as it can improve irritation and the 'tight' feeling that is often reported with dry skin conditions. Moisturising on the scalp is especially important, as scalp psoriasis can be prone to thick 'plaques' or scaling. Experience has shown that some 'active' treatments, such as steroid, vitamin D or dithranol applications for example, are not well absorbed through thick plaques, meaning they aren't given a good chance to work. Moisturising can help to soften and gently lift these scaly areas. Coconut or olive oil are often used to moisturise the scalp, but moisturisers used for other parts of the body may also be effective — check with your doctor, nurse or pharmacist. It is often better to moisturise at night and then wash your hair in the morning, as moisturisers can make hair look greasy.

With scalp treatment, the method of application is very important. Applying the treatment involves parting the hair into sections and rubbing the treatment along the exposed area. If the scale or plaques are very thick, once they have been moisturised with the treatment they can be gently lifted using a comb. It is often easier to get somebody else to do this for you, as it is difficult to see the top of your head and know when it is appropriate to try to lift the scaly plaques.

The best time to apply scalp treatments may be before bed, because some treatments will make your hair look greasy and can smell. Try wearing a cotton 'night cap', a disposable shower cap or something similar and cover your pillows with old pillowcases to protect them (you can buy pillowcase protectors from bed-linen shops/departments, which give useful extra protection to your pillows), and wash your hair the next morning.



Some General Hints

- Always wash and dry, brush and comb the scalp gently. Do not scrub.
- Whilst it may be difficult, try not to pick at plaques on the scalp if you can, as this may make the condition worse, or may even cause it to become infected. Try to soften the plaques with moisturiser, and lift them gently instead.
- If the scalp is inflamed, postpone having any colour treatments or dyes put on your hair until the inflammation is less intense. When you do go for cosmetic hair treatments, tell the hairdresser about your psoriasis in advance so that the treatment is kept gentle.
- If you do not have areas of broken skin or active scale, hair dying may be fine. Always carry out a patch test 24 hours beforehand, to check that the dye does not irritate your scalp. If you are worried, visit a hairdresser and have it done professionally.
- A good hairdresser will have been trained in scalp conditions, and should not shy away from doing your hair. If you feel concerned, try telephoning first to explain your situation.

Scalp applications available for the treatment of psoriasis

PoM = Prescription Only Medication

 $\mathbf{P} = \mathbf{P}$ harmacy Medicines (you must ask your pharmacist for this treatment)

GSL = General Sales List (can be purchased directly from the shelves of the pharmacy)

The following shampoos and scalp applications are prepared by the manufacturer (proprietary). In exceptional circumstances (when the proprietary applications have not been successful, or for very severe scalp psoriasis), a dermatologist may prescribe a generic treatment that is mixed by the pharmacist (non-proprietary) such as coal tar and salicylic acid. This is often referred to as a 'special', with costs and availability varying around the country.

The information provided below regarding available products, their ingredients and directions for use was taken from the British National Formulary, was correct at the time of printing and is regularly reviewed. The suitability of the treatment for adults / children was taken from the Summary of Product Characteristics available from the Electronic Medicines Compendium (EMC). However it is recognised that in some situations, it may be necessary for a treatment to be prescribed and used under the supervision of a doctor or nurse outside of the general recommendations. When



treatments are being used on children, please follow the guidance of the healthcare professional who has prescribed the treatment.

It is important you also read the patient information leaflet enclosed with the treatment, and follow any advice given by a GP or Pharmacist.

There are currently a number of issues in the manufacture and supply of certain topical treatments. Those listed below with an asterix (*) are currently unavailable, but may return to the market at a future date.

Coal Tar Applications

Coal tar applications are known to have a descaling effect, making them good for removing some scaling and reducing dandruff-like flaking. Many coal tar applications and shampoos are available to buy without a prescription, making them a good option for people with mild scalp psoriasis who want to manage their treatment without going to the doctor. However, thicker or more severe scalp psoriasis will often require other treatments, or a combination of treatment types. Tar applications are traditionally thought of as being messy and smelly, although many of the newer varieties are much cleaner. The National Institute for Health and Care Excellence (NICE) guidance on the assessment and management of psoriasis (2017) states that coal tar shampoos should not be used alone on severe scalp psoriasis.

Capasal (Dermal) P

Shampoo, coal tar 1%, coconut oil 1%, salicylic acid 0.5%

For use in adults and children - Apply daily if necessary by massaging a small amount (approximately the size of a fifty pence piece for short hair) into the scalp, reducing to once or twice a week as the condition improves. Leave it on for a few minutes before washing out thoroughly. Repeat if necessary.

Cocois (RPH Pharmaceuticals AB) GSL

Scalp ointment, coal tar solution 12%, salicylic acid 2%, precipitated sulphur 4%, in a coconut oil emollient base

For use in adults and children over 12 years of age - To be applied to the scalp daily and left in place for one hour before being washed off with warm water. This should be continued for 3-7 days until improvement has been achieved. Intermittent repeated applications may be necessary afterwards. Cocois can be used in children aged between 6 and 12 years of age on the recommendation of a doctor or pharmacist. It is not recommended for use in children under 6 years of age.

Exorex Lotion (Teva UK Ltd) GSL

Lotion, 5% coal tar solution in an emollient base



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For use in adults and children over 12 years of age - Apply a thin layer two to three times per day to the affected areas. Massage gently and leave to dry.

For children under 12 years of age – Exorex may be diluted by mixing with a few drops of freshly boiled and cooled water in the palm of the hand.

Neutrogena T/Gel (Johnson & Johnson Ltd) GSL

Shampoo, coal tar extract 2%

For use in adults and children over 12 years of age - Apply liberally 2-3 times weekly by massaging into the wet scalp as you would a traditional shampoo. Leave for several minutes, before rinsing and repeating. If no improvement is seen after six weeks, see your GP.

It is not recommended for use in children under 12 years of age.

Polytar (Thornton & Ross Ltd) GSL

Shampoo, 4% coal tar solution

For use in adults and children over 12 years of age - Use once or twice weekly by wetting the hair and massaging the product vigorously into the scalp. Leave for 3-5 minutes before rinsing thoroughly and repeating. If no improvement is seen after four weeks, see your GP.

Children under 12 years of age – Polytar should only be used on the recommendation of a doctor or pharmacist.

Psoriderm Lotion (Dermal)

Scalp lotion (= shampoo), coal tar 2.5%

For use in adults and children - Use as a traditional shampoo, daily if necessary, by massaging into the affected area and leaving for a few minutes. Reduce usage to once or twice a week as the condition improves.

Psoriderm Cream (Dermal) P

Cream, coal tar 6%

For use in adults and children - Apply directly to the affected skin or scalp 1-2 times daily or as advised by your GP. Do not use on pustular psoriasis.

Sebco (Derma UK) GSL

Scalp ointment, coal tar solution 12%, salicylic acid 2%, precipitated sulphur 4%, in a coconut oil emollient base

For use in adults and children over 12 years of age - Apply to the scalp daily for the first 3–7 days, then once or twice a week as required. Shower off after 1 hour.

For children aged 6 years – 12 years of age – Sebco should only be used on the recommendation of a doctor or pharmacist. It is not recommended for use in children under 6 years of age.



Vitamin D Applications

If topical steroid and combined topical steroid and vitamin D products have not improved the psoriasis; or if topical steroids cannot be used due to allergy, Vitamin D applications, which tend to be clean and odour-free, can be used as an alternative.

Curatoderm Ointment (Almirall Ltd) PoM

Ointment, tacalcitol (as monohydrate) 4 micrograms/g

For use in adults - Apply once daily by spreading a thin layer over the affected areas, preferably at bedtime. It can be left overnight and shampooed out the following morning. Curatoderm Ointment is not recommended for use in children under 18 years of age.

Vitamin D Applications with Betamethasone (potent steroid)

The use of a combined topical steroid and Vitamin D application can be recommended for people who have used a steroid application alone for up to 8 weeks without improvement. The combined steroid and vitamin D application should not be used on the same area of skin for more than 4 weeks without a break. The gel formulation of the combined product makes it clean and easily absorbed.

Dovobet Gel (LEO Pharma) PoM

Scalp and body gel, betamethasone 0.5mg (as dipropionate), calcipotriol 50 micrograms/g (as monohydrate)

For use in adults - To be applied directly to the affected area once a day. Usually an amount between 1 g and 4 g per day is sufficient (4 g corresponds to one teaspoon). Leave overnight before shampooing off as usual. If no improvement is seen after four weeks, see your GP. Dovobet is not recommended for use in children under 18 years of age.

Enstilar Foam (LEO Pharma) PoM

Foam, betamethasone 0.5mg (as dipropionate), calcipotriol 50 micrograms/g (as monohydrate) For use in adults - If used on the scalp, Enstilar should be sprayed into the palm of the hand and then applied to affected scalp areas with the fingertips. Hair washing instructions are provided in the information leaflet. Let the foam remain on the scalp throughout the night, or during the day. Enstilar is not recommended for use in children under 18 years of age.

Steroid Applications

Steroid based topical treatments are grouped in terms of their potency. There are four categories, mild, moderate, potent and very potent. A potent topical steroid is recommended as a first treatment for scalp psoriasis, for up to four weeks. After this, if no improvement is seen, a different type of steroid can be tried before moving on to other treatment types. Steroids should not be used on the



same body area for more than four consecutive weeks (two weeks for very potent steroids) without review by a healthcare professional.

Betacap (Dermal) PoM

Scalp application, betamethasone (as valerate) 0.1% containing coconut oil derivative. Potency: potent

For use in adults and children over 1 year - Apply twice a day in the morning and evening. Shampoo your hair as usual, apply a thin layer to the affected area and allow to dry naturally. Do not use a hair dryer.

Betnovate (GlaxoSmithKline) FoM

Scalp application, betamethasone (as valerate) 0.1%. Potency: potent

For use in adults and children over 1 year - Apply thinly and gently rub in using only enough to cover the entire affected area once or twice daily for up to 4 weeks

Bettamousse (RPH Pharmaceuticals AB) PoM

Foam, betamethasone valerate 0.1%. Potency: potent

For adults and children over the age of 6 years - Add no more than a golf ball sized amount to the affected area twice daily, in the morning and the evening, until the condition improves.

Clarelux Foam* (Pierre Fabre Ltd) FoM

Foam, clobetasol propionate 0.05%. Potency: very potent

For adults and children over the age of 12 years - Apply a thin layer of foam directly onto the affected area on the scalp. Gently massage into the skin until the foam subsides. Do not wash or rinse immediately after applying. The canister contains a pressurised, flammable liquid so should be stored away from naked flames.

Dermovate (GlaxoSmithKline) **FoM**

Scalp application, clobetasol propionate 0.05%. Potency: very potent

For adults and children over 1 year - Apply thinly and gently rub in using only enough to cover the entire affected area once or twice a day until improvement occurs. Treatment should not be continued for more than 4 weeks.

Diprosalic (Organon Pharma UK Ltd) FoM

Scalp application, betamethasone (as dipropionate) 0.05%, salicylic acid 2%. Potency: potent For adults and children - A thin film should be applied to cover the affected area twice daily. Do not use for more than 5 consecutive days in children.

Diprosone Lotion (Organon Pharma UK Ltd) **PoM** *Lotion*, betamethasone (as dipropionate) 0.05%. Potency: potent



For adults and children - A few drops should be applied and massaged gently into the affected areas twice daily. Do not use for more than 5 consecutive days in children.

Elocon (Organon Pharma UK Ltd) Pom

Scalp lotion, mometasone furoate 0.1%. Potency: potent

For adults and children - A thin layer should be applied to the affected areas of skin once a day. Do not use for more than 5 consecutive days in children.

Etrivex (Galderma) PoM

Shampoo, clobetasol propionate 0.05%. Potency: very potent

For use in adults - Apply thinly to a dry scalp once daily covering all of the affected areas. Rinse after 15 minutes without covering and dry your hair as usual. Your regular shampoo can be used if more shampoo is required to wash your hair. Use for a maximum duration of 4 weeks. Etrivex is not recommended for use in children or adolescents under 18 years of age.

Locoid (LEO Pharma) PoM

Scalp lotion, hydrocortisone butyrate 0.1%. Potency: potent

For use in adults and children - A thin and even layer should be applied to the affected area of the skin, 1 to 2 times daily. Do not use for more than 7 consecutive days in children.

Locoid Crelo (LEO Pharma) PoM

Topical emulsion, hydrocortisone butyrate 0.1%. Potency: potent

For use in adults - A thin and even layer should be applied to the affected area of the skin, 1 to 2 times daily. Do not use for more than 7 consecutive days in children.

Synalar (Reig Jofre UK Ltd) FoM

Gel, fluocinolone acetonide 0.025%. For use on scalp and other hairy areas. Potency: potent **For use in adults and children over 1 year** - Spread thinly onto the affected skin only. Do not use for more than 5 consecutive days in children.

Dithranol Applications

Dithranol is a traditional ointment treatment for psoriasis which is now only available via a specialorder prescription (it is no longer manufactured for sale in pharmacies or via standard prescriptions). In very rare occasions it can be used to treat scalp psoriasis.

The information in this resource is not intended to replace that of a healthcare professional: If you have any concerns or questions about your treatment, do discuss this with your doctor or pharmacist and always read the patient information leaflet to make sure you are using them correctly and for advice on potential unwanted side effects.



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For more information, or for a list of resources used in the production of this information sheet, please contact the Psoriasis Association.

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