

CLINICAL PRACTICE GUIDELINES

JUNE 2013

MOH/P/PAK/266.13[GU]

MANAGEMENT OF PSORIASIS VULGARIS



Ministry of Health Malaysia



Dermatological Society of Malaysia



Academy of Medicine Malaysia

**Improving care
with
Treatment Goals**

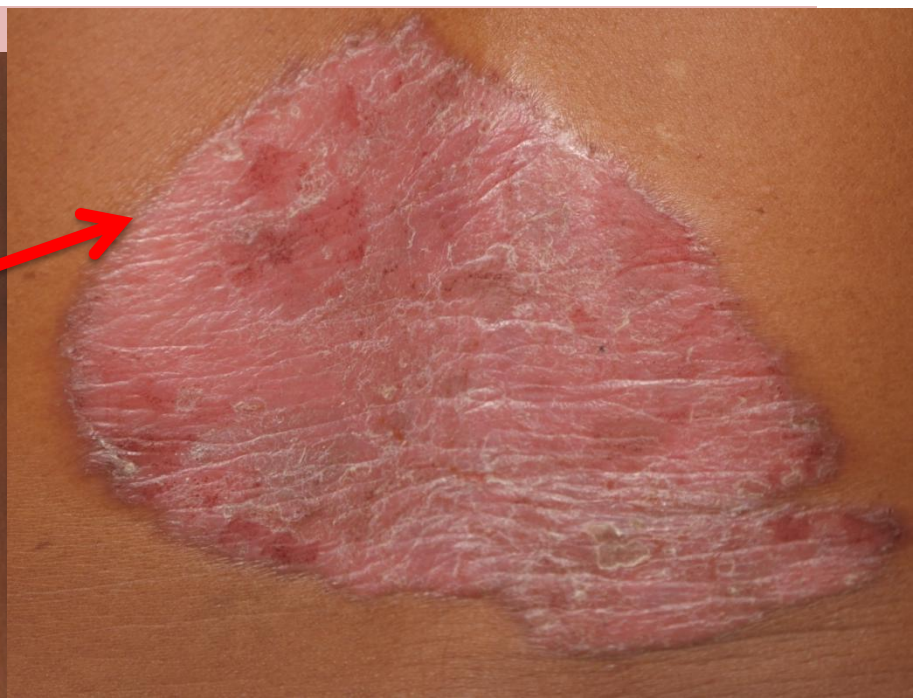
**Clinical Practice Guidelines
Management of Psoriasis
Development Group**

CASE 1

History

- 35 y/o man
- C / O: skin rash over scalp, trunk and limbs for 1 year
- Associated with itch
- No joint pain
- No family history of similar rash
- No past medical / surgical history
- Not on medication / TCM







Questions

- 1) What is your clinical diagnosis?
 - Chronic Plaque Psoriasis
- 2) What are the important assessment?
 - i. Assessment of disease severity
 - ii. Assess for arthropathy
 - iii. Assess for co-morbidities (Metabolic syndrome, CVS disease, Depression)-BP, BMI,FSL, FBS, ECG

Assessment of severity – tools available

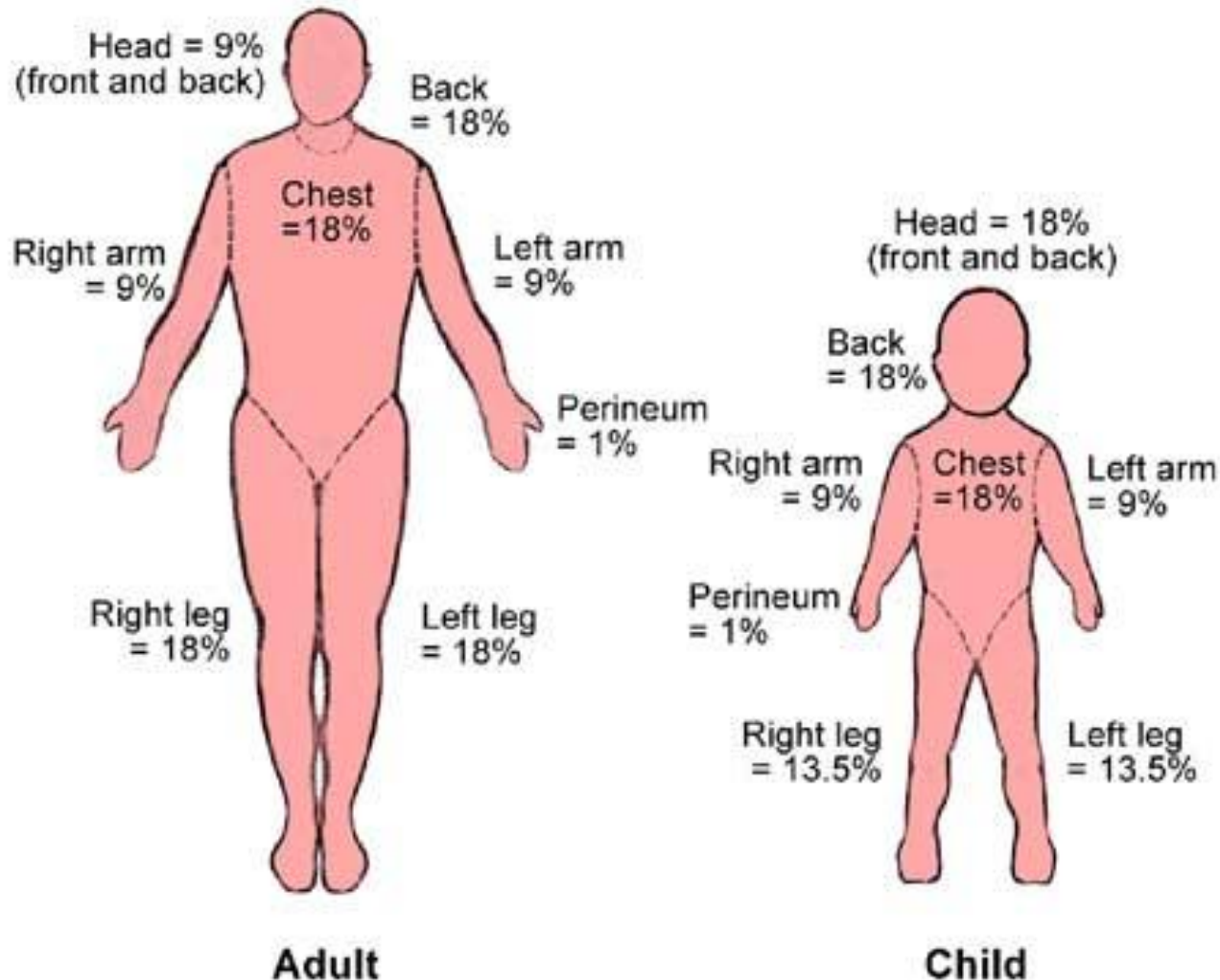
A. Extent of lesions

1. Body surface area (BSA) \pm
2. Psoriasis Area Severity Index (PASI)

B. Effect on quality of life

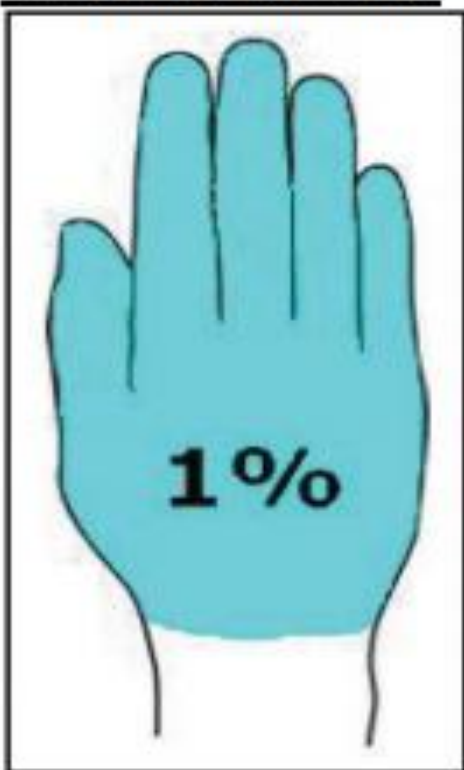
- Dermatology Life Quality Index (DLQI)

1) Body surface area: Rule of Nine



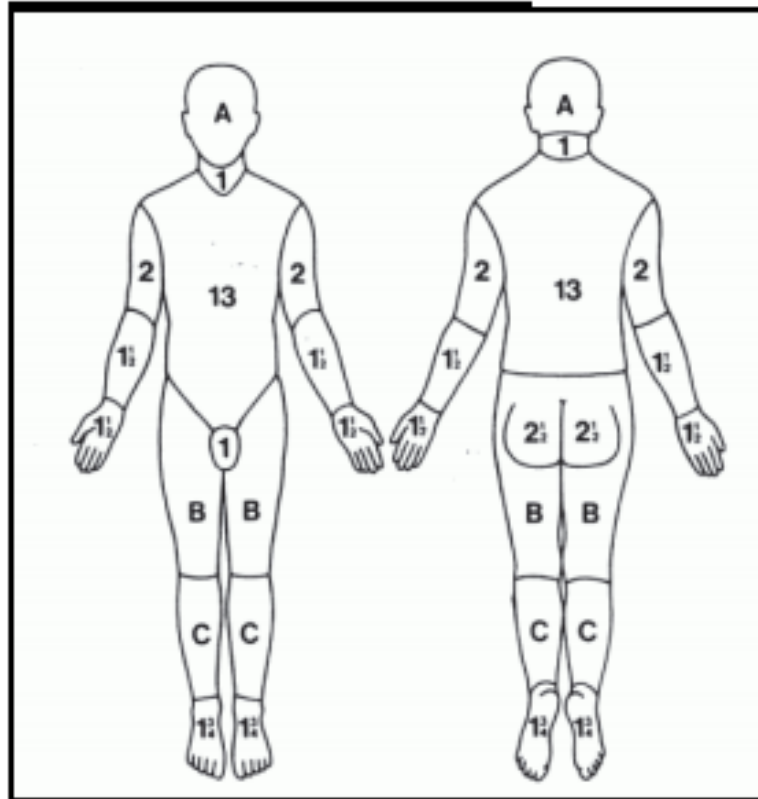
Body surface area: other methods

Or Hand Method



Palm and fingers
of the patient =
1% TBSA

Or Lund & Browder Chart



Age	0	1	5	10	15	Adult
A	9.5	8.5	6.5	5.5	4.5	3.5
B	2.75	3.25	4	4.5	4.5	4.75
C	2.5	2.5	2.75	3	3.25	3.5

2) PASI

=**P**сориаз **A**rea and **S**everity **I**ndex

- A tool used to measure the severity and extent of psoriasis
- Widely used in clinical research
- PASI combines the assessment of the severity of lesions and the area affected into a single score
 - Score : 0 (no disease) to 72 (maximal disease)

Psoriasis Area and Severity Index (PASI*): assessment

Patient's nameUR/Patient no.

DateTime

Assessor.....

$$\text{Head: } 0.1 \times \boxed{\text{Area}} \times \left(\boxed{\text{Erythema}} + \boxed{\text{Scaliness}} + \boxed{\text{Thickness}} \right) = \boxed{}$$

$$\text{Trunk: } 0.3 \times \boxed{\text{Area}} \times \left(\boxed{\text{Erythema}} + \boxed{\text{Scaliness}} + \boxed{\text{Thickness}} \right) = \boxed{}$$

$$\text{Legs: } 0.4 \times \boxed{\text{Area}} \times \left(\boxed{\text{Erythema}} + \boxed{\text{Scaliness}} + \boxed{\text{Thickness}} \right) = \boxed{}$$

$$\text{Arms: } 0.2 \times \boxed{\text{Area}} \times \left(\boxed{\text{Erythema}} + \boxed{\text{Scaliness}} + \boxed{\text{Thickness}} \right) = \boxed{}$$

Minimum PASI score = 0; Maximum PASI score = 72

Total
PASI score

*Fredriksson T, Pettersson U. Severe psoriasis – oral therapy with a new retinoid. *Dermatologica* 1978; 157: 238–44.

Score	Area	Erythema	Scaliness	Thickness
0	No psoriasis involvement for the region			
1	<10%	Slight pink	Fine scale	Slight plaque elevation
2	10<30%	Pink	Coarse scales with most lesions partially covered by scale	Moderate elevation with rounded or sloped edges
3	30<50%	Red	Coarse scales with almost all lesions covered and a rough surface	Marked elevation with marked sharp edges
4	50<70%	Dark red/purple	Very coarse thick scales covering all lesions, very rough surface	Very marked elevation with very hard sharp edges
5	70<90%			
6	90-100%			

3) Dermatology Life Quality Index

DERMATOLOGY LIFE QUALITY INDEX

Hospital No: _____ Date: _____
 Name: _____ DLQI
 Address: _____ Score:

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	<input type="checkbox"/>
A lot	<input type="checkbox"/>
A little	<input type="checkbox"/>
Not at all	<input type="checkbox"/>
2. Over the last week, how embarrassed or self conscious have you been because of your skin?

Very much	<input type="checkbox"/>
A lot	<input type="checkbox"/>
A little	<input type="checkbox"/>
Not at all	<input type="checkbox"/>
3. Over the last week, how much has your skin interfered with you going shopping or looking after your home or garden?

Very much	<input type="checkbox"/>
A lot	<input type="checkbox"/>
A little	<input type="checkbox"/>
Not at all	<input type="checkbox"/>
4. Over the last week, how much has your skin influenced the clothes you wear?

Very much	<input type="checkbox"/>
A lot	<input type="checkbox"/>
A little	<input type="checkbox"/>
Not at all	<input type="checkbox"/>
5. Over the last week, how much has your skin affected any social or leisure activities?

Very much	<input type="checkbox"/>
A lot	<input type="checkbox"/>
A little	<input type="checkbox"/>
Not at all	<input type="checkbox"/>

6. Over the last week, how much has your skin made it difficult for you to do any sport?

Very much	<input type="checkbox"/>
A lot	<input type="checkbox"/>
A little	<input type="checkbox"/>
Not at all	<input type="checkbox"/>
7. Over the last week, has your skin prevented you from working or studying?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If "No", over the last week how much has your skin been a problem at work or studying?

A lot	<input type="checkbox"/>
A little	<input type="checkbox"/>
Not at all	<input type="checkbox"/>
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	<input type="checkbox"/>
A lot	<input type="checkbox"/>
A little	<input type="checkbox"/>
Not at all	<input type="checkbox"/>
9. Over the last week, how much has your skin caused any sexual difficulties?

Very much	<input type="checkbox"/>
A lot	<input type="checkbox"/>
A little	<input type="checkbox"/>
Not at all	<input type="checkbox"/>
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	<input type="checkbox"/>
A lot	<input type="checkbox"/>
A little	<input type="checkbox"/>
Not at all	<input type="checkbox"/>

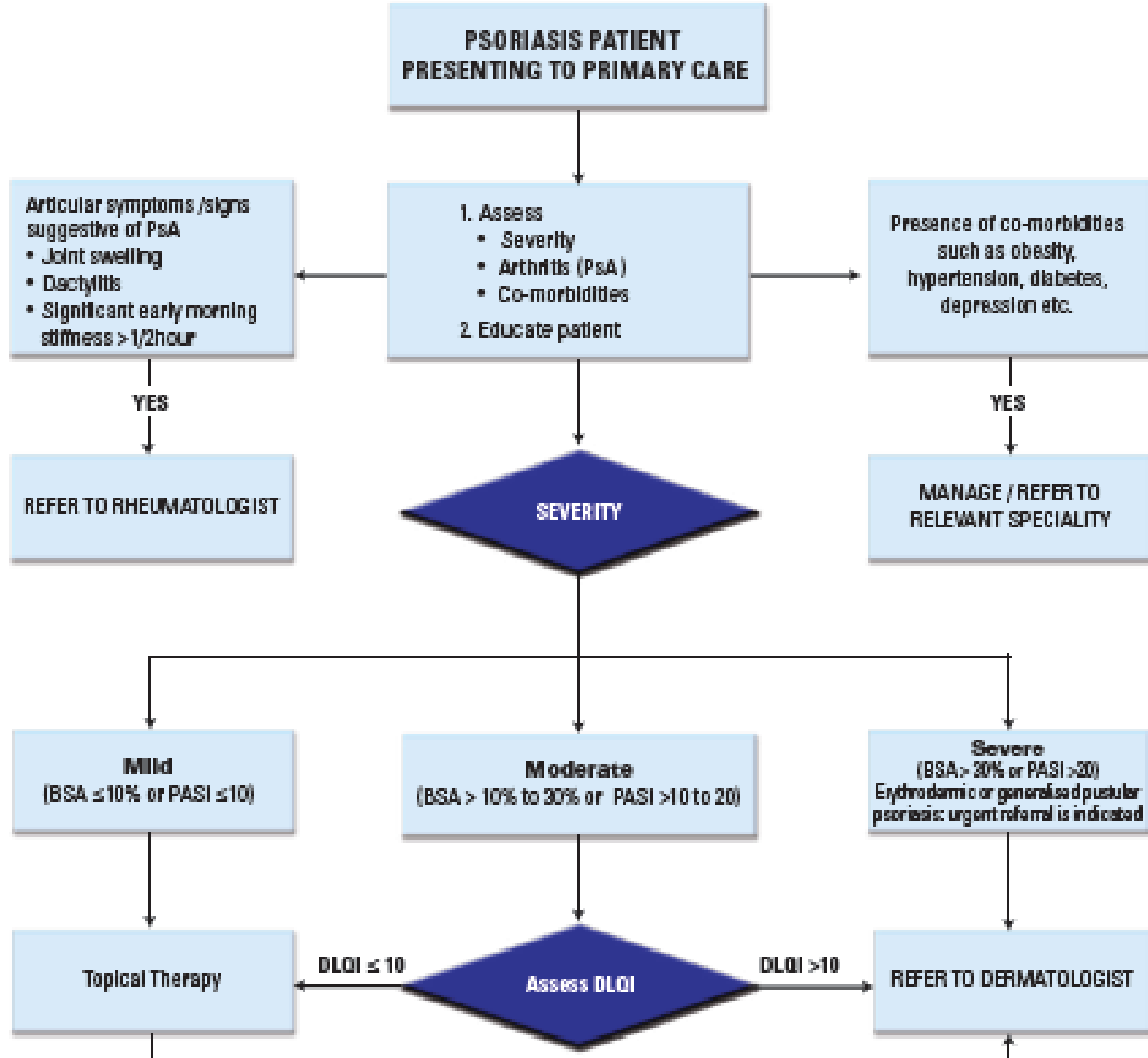
Please check you have answered EVERY question. Thank you.

Question

How do you classify the disease severity?

Definition of Psoriasis Severity:

Psoriasis Severity	Definition		
	BSA	PASI	DLQI
Mild	$\leq 10\%$	≤ 10	≤ 10
Moderate	$>10\% - 30\%$	$>10-20$	$>10-20$
Severe	$>30\%$	>20	>20



Treatment Goals

TABLE: TREATMENT GOALS OF VARIOUS MODALITIES

TREATMENT	MINIMAL TARGETS	TIME FOR EVALUATION (WEEKS)	SUBSEQUENT EVALUATION (MONTHS)
Topical therapy	\downarrow BSA ≥ 50 or PASI ≥ 50 or DLQI ≤ 5	6	6 – 12
Phototherapy	\downarrow BSA ≥ 75 or PASI ≥ 75 or DLQI ≤ 5	6	6
Methotrexate		16	
Cyclosporine		16	
Acitretin		12	
Infliximab	PASI ≥ 75 OR PASI 50 to <75 plus DLQI ≤ 5	10	6
Adalimumab		16	
Ustekinumab		16	
Etanercept		24	