



## TREATMENTS FOR MODERATE OR SEVERE PSORIASIS

### What are the aims of this leaflet?

Patients with [psoriasis](#) are usually treated with creams and ointments, which are applied to the skin. These are discussed in a separate leaflet ("[Topical treatments for psoriasis](#)"). Sometimes other forms of treatment are required and this leaflet has been written to help you to understand more about them. It tells you what they are, how they are used, and where you can find out more about them.

### What types of treatment are available?

Treatment options include:

1. *Phototherapy.* Ultraviolet light can be used in several different ways to treat psoriasis.
2. *Treatments with a variety of tablets.*
3. *Treatments with a variety of injections.*

Tablets or injections to treat psoriasis can be very effective but can also have potentially severe side effects. They are usually started by a dermatologist, and some can only be prescribed from a hospital because:

- They require regular clinical assessments and blood tests.
- Most have the potential to interfere with other medicines.
- Female patients should not become pregnant whilst on some of the tablets or injections used to treat psoriasis. Additionally, it is important that male patients taking some of these tablets should not father a child. These pregnancy issues may apply for some time after stopping the tablets.

Treatments with tablets or injections tend to be used:

- When psoriasis has failed to respond to topical treatments or comes back quickly after it has cleared.

- If the psoriasis is severe.
- If creams and ointments are difficult to apply at certain sites.
- If treatment with phototherapy has been unsuccessful

### **Which of these treatments is most suitable for my psoriasis?**

The various treatments with light, tablets and injections are discussed individually below, and should also be discussed in detail by your dermatologist before commencing the treatment. All are effective, but the choice will vary from patient to patient for reasons that are outlined below. All of them carry some potential risks, so they are not used for psoriasis that can be reasonably kept under control with simpler measures. Most patients will need to use some topical therapies as well.

### ***Phototherapy***

Two types of phototherapy are used, known as **UVB** and **PUVA**. UV stands for ultraviolet. UVA and UVB are different parts of normal sunlight. PUVA refers to when UVA is used with a medication called psoralen, which can be taken as a tablet or applied directly to the skin. Usually treatment with phototherapy can be given 2-3 times a week dependent on patient and clinician preference. With both of these treatments it is important that you let the staff know about any tablets that you are taking, as some can make the skin unduly sensitive to sunlight, and particularly about any changes in these tablets during your course of treatment. Tablets for joint problems, water tablets (diuretics), and tablets for diabetes are examples of those that can make the skin sensitive to light (please refer to a separate Patient Information Leaflet on [Phototherapy](#)).

### ***Tablets used to treat severe psoriasis (systemic non-biological therapy)***

#### **1. METHOTREXATE**

Methotrexate has a number of actions that account for its helpful effects in psoriasis. It slows down the rapid division of skin cells that is characteristic of psoriasis, and also reduces inflammation by altering the way the immune system works. It can be associated with toxic effects to the liver and bone marrow and requires regular blood tests to monitor for this (please refer to a separate Patient Information Leaflet on [Methotrexate](#)).

#### **2. CICLOSPORIN**

Ciclosporin (previously called cyclosporin) has been used extensively for many years to prevent the body rejecting organ transplants. It is also effective in controlling severe psoriasis. It starts working relatively quickly (3-4 weeks) and is sometimes used for women who are pregnant or considering having children. (please refer to a separate Patient Information Leaflet on [Ciclosporin](#)).

### **3. ACITRETIN**

Acitretin is one of a group of drugs known as retinoids, which are related to Vitamin A. It is often the first tablet medication started when psoriasis is severe on the hands and feet. Women should not get pregnant whilst taking Acitretin or for 3 years after they stop. For this reason it is rarely used in women of childbearing age (please refer to a separate Patient Information Leaflet on [Acitretin](#)).

### **4. APREMILAST**

This drug may be considered if other therapies such as the ones mentioned above have failed to work. [Apremilast](#) interferes with chemicals in the body that are involved with inflammation and contribute to psoriasis. (please refer to a separate Patient Information Leaflet on Apremilast).

### **5. Other tablets less commonly used**

Other tablets that are less commonly used to treat psoriasis include [Hydroxycarbamide](#), [mycophenolate mofetil](#) and [fumaric acid esters](#) (please refer to a separate Patient Information Leaflet on each one of these tablets)

Most patients with severe psoriasis will be helped by at least one of the tablets discussed above, but from time to time your doctor may stop or change the treatment to control the disease better and to minimise the risk of side effects.

### ***Injections used to treat severe psoriasis (systemic biological therapy)***

Biologic injections are a relatively new treatment for psoriasis. They are different types of medicines which all alter the way the immune system works to improve psoriasis. Most of them are injections into fat under the skin and one may be given through a drip into a vein (Infliximab).. They are used for patients with severe psoriasis who have tried or are unable to take the standard treatments listed above. Please refer to the separate patient information leaflets on [Adalimumab](#), [Etanercept](#), [Infliximab](#), Ustekinumab,

Brodalumab, Guselkumab, Ixekizumab, [Risankizumab](#), Certolizumab peg, [Tildrakizumab](#) and Secukinumab.

**Where can I get more information about psoriasis and its treatment?**

**British Skin Foundation**

Web: <http://www.britishskinfoundation.org.uk/>

**Psoriasis and Psoriatic Arthritis**

Web: <http://www.papaa.org/>

**Psoriasis help Organisation**

Web: <http://www.psoriasis-help.co.uk/>

*Links to patient support groups:*

The Psoriasis Association, Dick Coles House, 2 Queensbridge, Northampton, NN4 7BF.

Tel: 0845 676 0076

Email: [mail@psoriasis-association.org.uk](mailto:mail@psoriasis-association.org.uk)

Web: [www.psoriasis-association.org.uk](http://www.psoriasis-association.org.uk)

The Psoriasis and Psoriatic Arthritis Alliance, Mr David Chandler/Mrs Julie Chandler PAPAA PO Box 111 St Albans Herts AL2 3JQ. Tel: 01923 672 837

Email: [info@papaa.org](mailto:info@papaa.org) Web: [www.papaa.org](http://www.papaa.org)

### **The BAD Biologic Interventions Register (BADBIR)**

If you are being treated for moderate to severe psoriasis, you may be asked to take part in the national biologics register. This register is to compare the safety of different treatments for psoriasis and to see how well they work. It was set up to monitor some new treatments for psoriasis called biological treatments. The register will give doctors information on how best to use the treatments available for moderate to severe psoriasis. No information will be passed to the register without your informed consent.

For details of source materials used please contact the Clinical Standards Unit ([clinicalstandards@bad.org.uk](mailto:clinicalstandards@bad.org.uk)).

**This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.**

*This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel*

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