INFORMATION LEAFLETS FOR PARENTS / CARERS OF A CHILD

Psoriasis in Children and Young People



Psoriasis is a skin condition that can cause red raised lesions resulting in scaling on the body and scalp. Psoriasis causes cells to build up rapidly on the surface of the skin 4 times faster than normal. The extra skin cells form thick, silvery scales and itchy, dry, red patches that are sometimes painful.

Types that children or adolescents may have:

- **Guttate** (small drop-like lesions), which is often triggered by a sore throat (streptococcal infection).
- **Local lesions** caused by trauma to the skin such as surgery(koebner phenomenon).
- **Plaque** (round shaped of different sizes).

In some cases there may be only one occurrence and others may have this condition into adulthood. There is no cure for psoriasis but treatments are usually effective. In children and young adults treatment will involve topical treatment as decided by the dermatology team.

Bathing

- A bath with an emollient is recommended as this helps to soften scale.
- Use a diluted emollient in the bath e.g._____.
- Add two tablespoons of_____into a jug.
- Add hot water and whisk with a fork for five minutes and then add to bath
- A solution called Oilatum can also be poured in the bath.
- Avoid perfumed products for washing.

Emollients

- Emollients or moisturisers help to soften scale
- Apply 30 minutes after applying topical treatment.
- Emollients should be applied in a downward motion after a bath/shower and before bedtime.
- Emollients come in creams and ointments however ointments work better if the psoriasis is scaly.

Topical Treatment

Treatment with topical steroids will be prescribed. They come in a variety of strengths: **Please use as prescribed by your Doctor.**

How to use

1. Steroids should be applied as prescribed by your doctor. Wash own hands before and after use.
2. Apply enough steroid to cover the area of psoriasis in a downward motion. Skin should be glistening in appearance after application
3. Once applied, allow to dry on the skin for 30 minutes before applying emollients.
4. Mild topical steroids are prescribed for sensitive areas face, neck, underarms and genitalia
5. e.g.: 1% **Hydrocortisone ointment or Daktacort cream**

6. Moderately Potent Steroid i.e. **Eumovate or Betnovate RD** or potent steroids will be prescribed for a limited time usually to the body.
7. In some cases a combination of steroid with a tar based cream e.g**. 5% LPC in Betnovate RD** may be prescribed. This should be applied once daily usually at night time. The tar may be smelly and may stain bed clothes so using old pajamas is advised. It can be washed off in the morning with a moisturising soap. If using this product apply moisturisers in the morning and afternoon.
8. A combination of creams called **Dovobet/Dovenex** containing an ingredient calcipotril (Vitamin D3). **Dovobet** contains a potent steroid. **It can be used on the body but NOT on the face. These will be prescribed for a limited time.**
9. **Protopic 0.03%** is used for the face, flexural and genitalia as an alternative to topical steroids. It will be prescribed once or twice daily

Scalp

1. In children and young adults psoriasis if in the scalp is always evident by scaly lesions covering raised red areas.

2. **Tar based shampoos** are useful when scale is present. To use, massage into scalp for 5 minutes to allow shampoo to penetrate the scale and then wash out.

3. A topical ointment called **Cocois** is often used and is effective at removing scale. Part the hair and massage into affected area. For first application leave on for 2 hours and if tolerated it can be left in overnight for subsequent treatments. Tar can stain clothes so use old pillowcases. Alternatively an old shower cap can be used. It should be used daily initially and then used according to the need as the scale builds up.

4. A steroid based lotion or mousse is often used to reduce the inflammation e.g. **Betacap Scalp** Application or **Betamousse**. It is applied to the scaly lesions and allowed to dry in. This scalp lotion is often used in conjunction with cocois. If both are prescribed: cocois can be applied at night, washed out the following morning and then steroid lotion or mousse applied.

Side-Effects

As with many treatments there are side effects so it is important to apply the treatment for the prescribed time as indicated by the doctor.

- A mild steroid will be prescribed to the face, under arms and groin area. Avoid steroid close to the eye and avoid the child rubbing the eye after application.
- Strong steroids will be prescribed for a limited time as they can cause skin thinning, increased growth of fine hair and affect growth of the child.
- **Cocois ointment** contains a substance called salicylic acid so caution not to overuse as it is very potent.
- Tar based creams can cause folliculitis (little red lumps), irritation. It is advised to avoid sun exposure while using same; therefore it can be applied at night time.
- **Protopic-** may cause some stinging on the first few applications. Avoid sun exposure apply at night time, a sun block is recommended during the day. It is recommended to apply a moisturiser 2 hours before or after the application of protopic. With vaccines a two week free period of protopic is recommended and with live vaccines this is extended to 28 days. Always inform your GP if using protopic.

If the psoriasis is not responding to topical treatments Phototherapy (measured amounts of light therapy may administered) or systemic (oral) medication will be prescribed. This is best discussed with your dermatology team.

Treatment Plan for Management of Psoriasis as per Dermatology Team

Moisturisers

Bathing

Shampoo

Limbs and Body

Face / Flexural

Scalp

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