

## Shampoos and scalp preparations for the treatment of psoriasis of the scalp and seborrhoeic dermatitis

This briefing focuses on shampoos and scalp preparations for the treatment of psoriasis of the scalp and seborrhoeic dermatitis. QIPP projects in this area are aimed at reviewing the appropriate use and duration of treatment. Support materials are available on the link below.

### Key recommendations

#### Psoriasis of the scalp

- Ensure that a potent topical steroid is only used for up to four weeks. It should not be added to repeat prescribing lists.<sup>1</sup>
- Very potent corticosteroids should only be applied up to twice daily for two weeks in adults only if less potent treatments (for up to eight weeks) do not control scalp psoriasis.<sup>1</sup>
- Dovobet® (calcipotriol 50 micrograms and 0.5mg betamethasone) gel and vitamin D preparations are third line agents.<sup>1</sup> See PrescQIPP bulletin 90, <http://www.prescqipp.info/resources/viewcategory/326-dovobet-in-psoriasis>
- Consider coal tar preparations applied once or twice daily as an alternative to very potent corticosteroids.<sup>1</sup> These may be considered as part of a self care ongoing management plan.
- Do not offer coal tar-based shampoos alone for the treatment of severe scalp psoriasis.<sup>1</sup>
- Evidence of the effect of complementary and alternative topical therapies in psoriasis is lacking and these preparations should not be used.<sup>1</sup>

#### Seborrhoeic dermatitis of the scalp and beard

- Seborrhoeic dermatitis can be managed with self care using therapies that are available to purchase over the counter (e.g. medicated shampoos as well as ketoconazole shampoo and selenium sulphide shampoo)
- Ketoconazole 2% shampoo is recommended as a first-line treatment for adolescents and adults.
- For severe itching of the scalp consider prescribing four weeks of treatment with a potent topical corticosteroid scalp application such as Betacap® scalp application.<sup>2</sup>

### Background

Particular challenges in managing scalp psoriasis include choosing an appropriate treatment option, difficulties of applying topical treatments and deciding how to treat severe disease.<sup>3</sup> Lack of treatment adherence is well recognised as an important issue in the management of psoriasis.<sup>4</sup> Moreover, there is a lack of good-quality evidence on which to base treatment decisions.<sup>3</sup>

The recommendations regarding the choice and sequencing of treatments in scalp psoriasis are based on evidence from a clinical and cost effectiveness analysis of topical treatments used to treat scalp psoriasis conducted by the National Institute for Health and Care Excellence (NICE).<sup>1</sup>

The evidence for the treatment of seborrhoeic dermatitis is limited and based on expert opinion.<sup>2</sup>

An algorithm for the topical treatment of scalp psoriasis is available in attachment 1.

### Savings

The annual spend on shampoos and scalp preparations across England is over £12.3 million (ePACT May to July 2015). NICE guidance states that a potent corticosteroid should only be used for up to four weeks. A 30% reduction in prescribing across England could result in **potential annual savings of over £1 million or £1,752 per 100,000 patients.**

A very potent corticosteroid should only be used for up to two weeks only in adults. A 50% reduction in prescribing across England could result in potential annual savings of £427,000 or £748 per 100,000 patients. Patient education and adherence to treatment is a crucial part of management.

If 80% of prescribed ketoconazole or selenium shampoo were purchased for seborrhoeic dermatitis, **potential annual savings could be £2.4 million or £4,259 per 100,000 patients across England.**

The annual spend on preparations of limited clinical value across England is over £1.3million.

## References

1. National Institute for Health and Care Excellence (NICE). Clinical Guideline, CG 153. The assessment and management of psoriasis. October 2012. Available at <http://www.nice.org.uk/guidance/cg153>
2. National Institute for Health and Care excellence. Clinical knowledge summaries (CKS). Seborrhoeic dermatitis . Last revised February 2013. Available via <http://cks.nice.org.uk/seborrhoeic-dermatitis#!management>
3. Topical therapy for scalp psoriasis in adults. Drug and Therapeutic bulletin (DTB) 2012;50:33-36 doi:10.1136/dtb.2012.02.0093 Available via <http://dtb.bmj.com>
4. Zaghoul SS, Goodfield MJ. Objective assessment of compliance with psoriasis treatment. Arch Dermatol. 2004; 140: 408–4. Available via <http://archderm.jamanetwork.com/article.aspx?articleid=480453>
5. Prescription Pricing Division (PPD). NHS Business Services Authority. Drug Tariff. February 2015. Accessed at [www.ppa.org.uk/edt](http://www.ppa.org.uk/edt)

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Additional resources available: <https://www.prescqipp.info/resources/viewcategory/436-shampoos-and-scalp-preparations>



Bulletin



Data pack



Patient letter and audit