

Shampoos and scalp preparations

Key recommendations

Scalp psoriasis

- Follow scalp psoriasis treatment choices recommended by the [National Institute for Health and Care Excellence \(NICE\) in the clinical guideline on the management of psoriasis \[CG153\]](#).
- Discuss the variety of formulations available and take into account patient preference, cosmetic acceptability, practical aspects of application at the site(s) and extent of the psoriasis.
- Depending on the person's preference, use lotion, solution or gel for the scalp or hair-bearing areas.
- Before changing to an alternative treatment discuss with the person whether they have any difficulties in adhering to their treatment.
- If a single-component vitamin D preparation for the scalp is indicated: consider if tacalcitol lotion is suitable and acceptable for the patient in preference to calcipotriol scalp solution, which currently costs significantly more than tacalcitol lotion.
- Do not offer coal tar-based shampoos alone for the treatment of severe scalp psoriasis.
- Check adherence before changing to an alternative treatment (including escalating to a more potent corticosteroid).

Topical corticosteroids

- Show people how to safely apply corticosteroid topical treatment.
- Use topical corticosteroids as courses rather than used continuously.
 - » Do not use very potent corticosteroids continuously at any site for longer than four weeks.
 - » Do not use potent corticosteroids continuously at any site for longer than eight weeks.
- Aim for a break of four weeks between courses of potent or very potent corticosteroids. Consider non-steroid topical treatments (e.g. vitamin D preparations or a coal tar preparation) to maintain disease control during this period.
- Practices should ensure that systems are in place to avoid and detect overuse of topical corticosteroids.
- Prescribe topical corticosteroids as acute prescriptions, or as a 'variable use' repeat where clinically appropriate (and where the practice's clinical system has this facility). If practices do use repeat templates for topical corticosteroids ensure that treatment breaks are scheduled in.
- Review at least annually adults with psoriasis who are using intermittent or short-term courses of potent or very potent corticosteroids.

Seborrhoeic dermatitis in adults

- For scalp and beard areas ketoconazole 2% shampoo is recommended.
- If needed, remove scales before shampooing by applying warm mineral oil (for mild crusting) or a keratolytic preparation (e.g. salicylic acid and coconut oil for thicker scale) for several hours before shampooing.
- If ketoconazole is not appropriate or acceptable to the person, other medicated shampoos such as zinc pyrithione, coal tar, or salicylic acid can be used in seborrhoeic dermatitis although, there is little published evidence to support their efficacy.
- Encourage self care with over the counter (OTC) products for milder cases where ongoing medical review is not required.
- NHS England advise that treatments for dandruff are purchased rather than prescribed (guidance applies in England).

Prescribing review and potential savings

In England, Scotland and Wales, approximately £60.8million is spent annually on the prescribing of shampoo and scalp products (it is not possible to specify the spend that relates to other indications).[NHSBSA (May-Jun22) and Public Health Scotland (Apr-Jun22)]

Topical corticosteroids should be used for a limited time period.¹ Ensure that systems are in place to review these products and avoid overprescribing or continuous use.

Products containing calcipotriol monohydrate and betamethasone dipropionate are a third line treatment option in scalp psoriasis that should be used as a four week course.¹ They are relatively expensive compared to the first and second line treatment options. **Deprescribing in 30% of clinically appropriate patients could release savings of £10.1 million in England, £564,280 in Wales and £1.5 million in Scotland [NHSBSA (May-Jun22) and Public Health Scotland (Apr-Jun22)].**

Calcipotriol scalp solution is expensive relative to other topical treatments for scalp psoriasis. Where a single-component vitamin D analogue scalp preparation is indicated, consider if tacalcitol lotion (which is 2.9 times cheaper) is suitable. **An 80% shift in prescribing from calcipotriol scalp solution to tacalcitol lotion represents savings in the order of £3 million in England, £136,269 in Wales and £408,239 in Scotland [NHSBSA (May-Jun22) and Public Health Scotland (Apr-Jun22)]. This equates to £5,038 per 100,000 population.**

Approximately £10.2 million is spent annually across England, Wales and Scotland on therapeutic shampoos for seborrhoeic dermatitis containing coal tar, ketoconazole and benzalkonium chloride (It is not possible to specify the spend that relates to other indications.). **Deprescribing in 20% of clinically appropriate patients (i.e. where OTC self care is suitable) could release savings of £2 million in England, Wales and Scotland [NHSBSA (May-Jun22) and Public Health Scotland (Apr-Jun22)]. This equates to £2,876 per 100,000 population.**

References

1. NICE. Psoriasis: assessment and management. Clinical guideline [CG153]. Published 24/10/12, last updated 01/09/17. <https://www.nice.org.uk/guidance/cg153>

Additional resources available	Bulletin	https://www.prescqipp.info/our-resources/bulletins/bulletin-312-shampoos-and-scalp-preparations/
	Tools	
	Data pack	https://data.prescqipp.info/?pdata.u/#/views/B312_Shampoosandscalppreparations/FrontPage?:iid=1

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