

NATIONAL CLINICAL GUIDELINE ON PSORIASIS

Quick guide

Topical treatment	
√	It is good practice either to switch to another relevant evidence-based topical treatment or refer the patient to a dermatologist, if there is no observed effect following 28 days of relevant evidence-based topical treatment.
Phototherapy and systemic treatment	
↑	Consider offering either methotrexate or narrowband UVB to patients with psoriasis vulgaris in case of failure of sufficient topical treatment. (⊕○○○)
↑	Consider using methotrexate rather than acitretin as first-line treatment for patients with psoriasis vulgaris when systemic treatment is indicated. (⊕⊕○○)
Climatotherapy	
↑	Consider offering narrowband UVB rather than climatotherapy with salt water baths and narrowband UVB to patients with psoriasis, since the beneficial additive effect of salt water baths cannot be documented. (⊕⊕○○)
√	It is good practice to offer narrowband UVB rather than climatotherapy with salt water baths and sunlight to patients with psoriasis.
√	It is good practice to offer treatment with methotrexate rather than climatotherapy (salt water baths and narrowband UVB) to patients with psoriasis.
√	It is good practice to offer methotrexate rather than climatotherapy (salt water baths and sunlight) to patients with psoriasis.
Assessment for psoriatic arthritis	
√	It is good practice to offer assessment for psoriatic arthritis on a regular basis to patients with psoriasis vulgaris.
Assessment for risk factors for the development of cardiovascular diseases	
√	It is good practice to offer annual systematic cardiovascular risk assessment to patients with severe psoriasis vulgaris.
√	It is good practice that the treating doctor is aware of the fact that patients with mild psoriasis have a slightly to moderately increased risk of developing cardiovascular diseases and in this context carries out an assessment of relevant risk factors.

About the quick guide

This quick guide contains the key recommendations from the national clinical guideline on psoriasis. The guideline was prepared by the DHA.

The national clinical guideline focuses on the treatment of adult patients (≥ 16 years of age) with psoriasis vulgaris (plaque-type psoriasis).

Thus, the guideline contains recommendations for selected parts of the field only and therefore must be seen alongside the other guidelines, process descriptions etc. in this field.

The recommendations are preceded by the following indications of their strength:

↑↑ = a strong recommendation for
↓↓ = a strong recommendation against
↑ = a weak/conditional recommendation for
↓ = a weak/conditional recommendation against

The symbol (√) stands for good practice. This symbol is used in case of lack of evidence, when the working group wants to emphasise particular aspects of the established clinical practice.

The recommendations are followed by the following symbols which indicate the strength of the underlying evidence – from high to very low:

(⊕⊕⊕⊕) = high
(⊕⊕⊕○) = moderate
(⊕⊕○○) = low
(⊕○○○) = very low

In case of lack of evidence, a recommendation is not followed by a symbol. This applies to the good practice recommendations.

Further information at sundhedsstyrelsen.dk

At sundhedsstyrelsen.dk, a full-length version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

About the national clinical guidelines

The national clinical guideline is one of the 47 national clinical guidelines to be prepared by the DHA during the period 2013-2016.

Further information about the choice of subjects, method and process is available at sundhedsstyrelsen.dk.
