Psoriasis of the hands and feet

Treat acute flares of psoriasis on the hands and feet promptly and carefully. In some cases, cracking, blisters and swelling accompany flares. Traditional topical treatment of palm and sole psoriasis includes tar, salicylic acid and corticosteroids. Combinations of these three agents may work better than using each individually. Moisturizers and mild soaps are often used.

You may need to find ways to reduce built-up layers of skin for medications and phototherapy to be effective. Soaking hands and feet in warm water with oilated oatmeal powder or bath oil for 20 to 30 minutes can be helpful. After a soak, gently rub the affected skin with a sponge to remove scales.

Only occlude a topical medication when directed by a doctor. Occlusion intensifies the effect of the cream or ointment. Cotton or plastic gloves can be worn over creams or moisturizers on the hands.

Socks or special occlusive foot covers can be used on feet. An easy way to occlude feet is to put each foot in a plastic bag, then place a sock over the bag. Try occlusion while you sleep or for an hour or two before going to bed. Soaking hands or feet in warm water can reduce swelling. Follow a soak with an application of medications or moisturizers.

Prescription treatments

Calcipotriene can be effective to treat psoriasis on hands and feet. A regimen alternating calcipotriene and potent topical corticosteroids may be helpful.

Only occlude tazarotene when directed by a doctor. It can be useful for palm or sole lesions. You may also want to alternate tazarotene with a topical corticosteroid.

If topical medications do not work, your doctor may recommend PUVA, ultraviolet light B (UVB), methotrexate, cyclosporine or acitretin (brand name Soriatane). Special light therapy units for palms and soles are available.

Systemic treatments taken by mouth or injection for severe palm and sole psoriasis may be helpful. In this case, the benefits of treatment may outweigh the risk of side effects. Methotrexate can clear many cases of palm and sole psoriasis within four to six weeks.

Methotrexate has the potential for side effects to the liver and requires regular monitoring by a doctor. Cyclosporine is similarly effective for palm and sole psoriasis, but has the potential for kidney side effects. Biologics may be effective for treating psoriasis on the palms and soles. As a class of drugs, biologics were studied for chronic plaque psoriasis. After approval, doctors have seen success in treating all forms of psoriasis.

For people with scaling plaques of the palms and soles, oral retinoids such as acitretin will result in thinning of plaques over a period of weeks or months. Thinning the scale on the palms or soles may help topical treatments work better.

Combining retinoids with phototherapy is one of the most effective treatments available for palm and sole psoriasis.