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# Topical Treatments

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Corticosteroids • Vitamin D analogs and combination products  
Retinoids • Over-the-counter products



NATIONAL  
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# Psoriasis

## What is this booklet about and who is it for?

The **Topical Treatment** booklet is part of a series of educational materials for people with psoriasis and psoriatic arthritis (together called psoriatic disease). The series is also for their friends, family members and caregivers.

This booklet gives an overview of psoriasis and topical treatments and answers questions such as:

- What are the different types of topicals?
- Who can use them and how are they used?
- What are the possible side effects or risks?

This booklet has been reviewed for accuracy by health care providers who have experience treating psoriatic disease.

Remember, people living with psoriatic disease are all unique. That means you should work with your health care provider to identify a treatment that's appropriate for your disease severity and medical history.

### **If you have questions about your psoriasis or psoriatic arthritis, contact an NPF Patient Navigator.**

Our navigators understand psoriatic disease and the issues that affect those living with it. Whether you were diagnosed yesterday or 20 years ago, Patient Navigators find solutions to help you live your healthiest life.

- **800-723-9166**
- **education@psoriasis.org**
- **psoriasis.org/navigationcenter**

## What is psoriasis (sore-EYE-ah-sis)?

Psoriasis is a chronic (lifelong) disease. It is related to the immune system. This means that immune system activity plays a role in causing the disease. When you have psoriasis, your immune system becomes overactive. The overactive immune system causes inflammation (swelling and redness) of the skin and speeds up skin cell growth. This results in itchy or painful, scaly, inflamed plaques (patches) on your skin.

The National Psoriasis Foundation's mission is to drive efforts to cure psoriatic disease and improve the lives of those affected.

Psoriasis is not contagious. You can't catch it from anyone. It tends to run in families, so it is linked to genes you inherit. The link between genes and psoriasis is not yet fully understood.

Psoriasis affects over 8 million people in the U.S. Symptoms often start between ages 15 and 25. But they can start at any age. Men, women and children of all skin colors and income levels can have psoriasis.

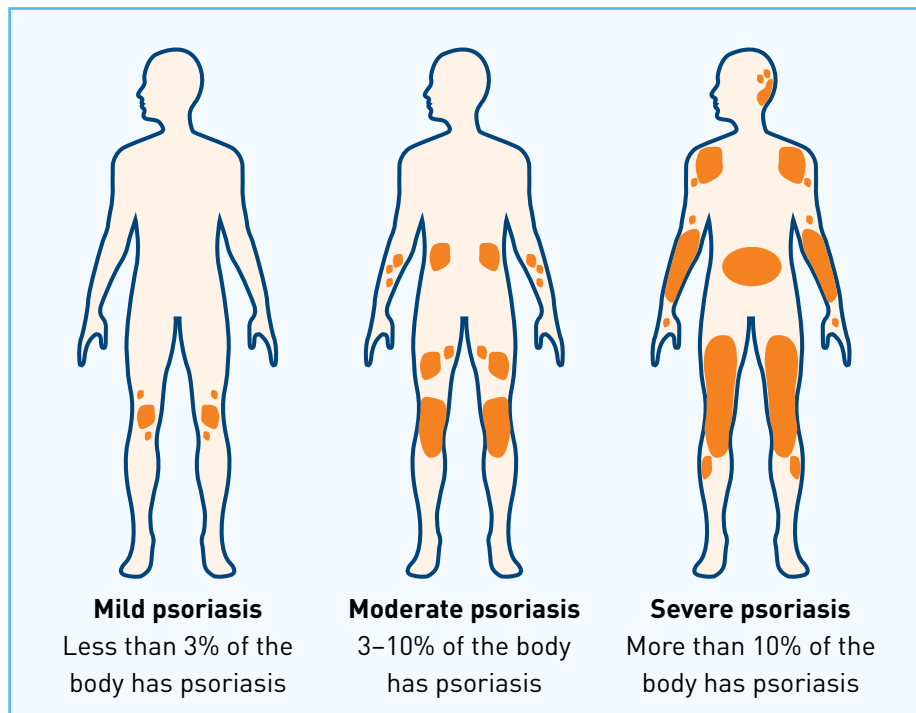
Psoriasis varies from person to person. It can be mild, moderate or severe, and easy or hard to treat. It affects your quality of life. It can limit your activities, cause constant pain and itch and raise your risk for other related health conditions, like diabetes, heart disease and depression. You may be self-conscious about how you look when you have a flare (a sudden outbreak of symptoms).

While there's currently no cure for psoriasis, **there are many ways to manage symptoms**. Over the last 15 years, many new treatments have been approved for psoriasis and psoriatic arthritis. Today, there are more effective ways to manage your disease than ever before – and the results can be life-changing. Treatment is the best way to improve your quality of life and lower your risk of related diseases.

To treat your psoriasis, talk with a health care provider. It is important to find a health care provider who specializes in psoriasis, called a dermatologist (skin doctor). If you do not have a dermatologist, your primary care provider can refer you to one in your area.

## Is psoriasis the same for everyone?

Psoriasis differs from person to person. Psoriasis severity can be measured by how much it affects your body. How do we measure psoriasis severity? As a rule of thumb, the entire hand (the palm, fingers and thumb) is equal to about 1% of your body surface area.



Other factors to consider when measuring severity include the areas affected and how much it impacts your quality of life. Psoriasis can be severe even if it's only a small area of skin, like your hands, feet, face or genital area.

Psoriasis can change over time. Some people rarely have symptoms. Others have symptoms all the time. Symptoms can get better or worse, last a short or long time, and appear on different parts of the body at different times.

## How do you treat psoriasis?

Because psoriasis and psoriatic arthritis are chronic diseases, you and your health care provider may find that your treatment needs change over time. It is important to regularly assess how your current treatment is meeting your goals. There are many safe and effective treatments to lessen symptoms or help achieve remission (clearance of your symptoms for periods of time). Finding the treatment that gives you the most relief may take time. But reducing your symptoms or achieving remission is possible. So speak with your health care provider about your psoriatic treatment goals.

Your health care provider will recommend treatments based on:

- Whether you have psoriasis or psoriatic arthritis
- Whether your psoriatic disease is mild, moderate or severe
- Your health history and overall health
- Your experience with previous treatments

In 2016, the National Psoriasis Foundation Medical Board published defined psoriasis treatment targets to help you assess if your current treatment is successful. You and your dermatologist can use these targets to see if your treatment is meeting your goals or if an adjustment is appropriate.

### Here is how you and your health care provider can determine if your treatment is working:

- **3 months** after starting treatment, less than 1% of your body should be affected by psoriasis.  
(It may be acceptable to have less than 3% of your body affected by psoriasis or experience 75% improvement at this time.)
- **6 months** after starting treatment, less than 1% of your body should be affected by psoriasis.

# Topical treatments

Topical treatments (also called topicals) are medicines that are applied directly on the skin or affected areas. They can work to moisturize the skin, relieve pain and itch, reduce inflammation or slow down the high rate of cell growth. They can be purchased over-the-counter (OTC) or by prescription.

Types of topicals include:

- Corticosteroids (also called steroids)
- Vitamin D analogs and combination products
- Retinoids
- OTC products

For more details about other treatment options, read *Systemic Treatments: Biologics and Oral Treatments and Phototherapy* in our booklet series.

Topicals are often the first-line treatment options for treating mild psoriasis. This means that they are generally the first treatments recommended according to treatment standards. If you have moderate to severe psoriasis, ask your health care provider if biologics, oral treatments, phototherapy or combination therapy may be more appropriate for your psoriasis. Topicals may often be included in combination therapy for more severe psoriasis.

## Tips for topicals

Follow directions from your health care provider about how to apply your topicals.

**How to use it?** Your health care provider will prescribe specific instructions on how to use your topical. Some health care providers may recommend occlusion (covering) to increase the effects of topical products for certain areas. This can be done with plastic wrap, cellophane, cotton socks or fabric, waterproof dressing or a nylon suit.

Do not occlude a prescription or OTC topical unless your provider has directed you to do so. There may be an increased risk for side effects.

**How much?** Do not use more than you were told to. This can increase the chance of systemic absorption (absorption of the drug into the blood stream and carried throughout the body). Usually, a fingertip unit (the amount of topical that fits on your fingertip) is enough to treat an area the size of your hand.

**When?** Your health care provider may recommend how often to apply your topical, such as once or twice per day. You can then include applying your topical as part of your daily routine, such as after brushing your teeth or showering.

If you are using more than one topical including OTC moisturizers, speak with your health care provider about the order to apply them and if they should be applied at different times.

**Where?** It is generally recommended to only apply topicals directly to the affected areas. This helps to avoid irritating unaffected areas. Be careful to avoid applying topicals near sensitive areas unless instructed by your health care provider. This includes your face, eyes, genital area or other sensitive areas. Wash your hands after applying, unless your hands are also being treated.



# Corticosteroids (steroids)

## What are they and how do they work?

Steroids are one of the most commonly used topicals for treating psoriasis. They are anti-inflammatory, meaning they work by reducing the swelling and redness of psoriasis lesions (abnormal changes to the skin in the form of plaques, pustules or areas of redness and swelling). The way that steroids work is not completely understood, but they are known to decrease immune system activity in the skin.

Steroids come in a variety of bases that can have an effect on how much is absorbed into the skin, including:

Cream	Foam	Gel
Lotion	Ointment	Shampoo
Solution	Spray	Tape

Steroids also come in various strengths. These range from very strong or super-potent (Class 1) to very weak or least potent (Class 7). Stronger steroids can be more effective. But there are greater risks of side effects with stronger steroids. The chart on pages 8 to 9 is a guide to the strengths of commonly used steroids.

They can be used for adults and children. Generally, health care providers feel that mild- to mid-strength steroids are safe for children if used on small areas of the body. If you are pregnant or nursing, ask your health care provider if steroids are appropriate for you.

## How are they used?

Steroids are usually applied once or twice per day. As with other topicals, your health care provider will recommend the dose, frequency and treatment period that is most appropriate for your psoriasis. Following the prescribed instructions from your health care provider will help to reduce the risk for possible side effects.

- Weaker steroids are often used to treat thin and sensitive skin due to higher risk for side effects. These areas include the face, on or around the eyes, the genital area and breasts. Steroids should only be used for sensitive areas as directed by your health care provider and should not be used for long periods of time.
- Stronger steroids can be used for thicker skin, such as the knees and elbows. It is still important to use super-potent steroids with caution.
- Do not occlude a steroid unless your health care provider has instructed you to do so. Steroid occlusion can increase the risk for possible side effects such as skin atrophy (thinning of the skin), skin sensitivity and systemic absorption.

Using steroids long-term can be safe. Your health care provider may recommend a treatment plan called pulse-dosing (using a topical every day until clear, followed by using a topical only a few days per week).

Do not suddenly stop using a steroid because that can cause your psoriasis to flare. Speak with your health care provider before making any changes to your steroid treatment plan. We recommend also asking your health care provider for instructions on how to taper (lessen the dosage) and slowly stop treatment.

Steroids are often combined with other treatments. They can be used with other topicals, phototherapy, biologics or oral treatments.

## Steroid potency chart

The following is a list of the most common brand name and corresponding generic name steroids listed by their potency (strength). Keep in mind that the percentage of ingredients in the topical is not the same as the strength of the steroid. This is not a complete list of all topical steroids.

Brand name	Generic name
<b>Class 1 – Super-potent</b>	
Clobex Lotion/Spray/Shampoo, 0.05%	Clobetasol propionate
Cormax Cream/Solution, 0.05%	Clobetasol propionate
Diprolene Ointment, 0.05%	Augmented betamethasone
Olux E Foam, 0.05%	Clobetasol propionate
Olux Foam, 0.05%	Clobetasol propionate
Psorcon Ointment, 0.05%	Diflorasone diacetate
Temovate Cream/Ointment/Solution, 0.05%	Clobetasol propionate
Topicort Topical Spray, 0.25%	Desoximetasone
Ultravate Cream/Ointment, 0.05%	Halobetasol propionate
Vanos Cream, 0.1%	Fluocinonide
Cordran Tape, 0.05%	Flurandrenolide
<b>Class 2 – Potent</b>	
Diprolene Cream AF, 0.05%	Augmented betamethasone
Elocon Ointment, 0.1%	Mometasone furoate
Florone Ointment, 0.05%	Diflorasone diacetate
Halog Ointment/Cream, 0.1%	Halcinonide
Lidex Cream/Gel/Ointment, 0.05%	Fluocinonide
Psorcon E Cream, 0.05%	Diflorasone diacetate
Psorcon Cream, 0.05%	Diflorasone diacetate
Topicort Cream/Ointment, 0.25%	Desoximetasone
Topicort Gel, 0.05%	Desoximetasone
<b>Class 3 – Upper Mid-Strength</b>	
Cutivate Ointment, 0.005%	Fluticasone propionate
Kenalog Ointment, 0.1%	Triamcinolone acetonide
Lidex-E Cream, 0.05%	Fluocinonide
Luxiq Foam, 0.12%	Betamethasone valerate

<b>Class 4 – Mid-Strength</b>	
Cordran Ointment, 0.05%	Flurandrenolide
Elocon Cream/Lotion, 0.1%	Mometasone furoate
Kenalog Cream/Spray, 0.1%	Triamcinolone acetonide
Synalar Ointment, 0.025%	Fluocinolone acetonide
Topicort Cream/Ointment, 0.05%	Desoximetasone
Westcort Ointment, 0.2%	Hydrocortisone valerate
<b>Class 5 – Lower Mid-Strength</b>	
Capex Shampoo, 0.01%	Fluocinolone acetonide
Cordran Cream/Lotion, 0.05%	Flurandrenolide
Cutivate Cream/Lotion, 0.05%	Fluticasone propionate
Dermatop Cream, 0.1%	Prednicarbate
DesOwen Lotion, 0.05%	Desonide
Locoid Cream/Lotion/Ointment/Solution, 0.1%	Hydrocortisone butyrate
Pandel Cream, 0.1%	Hydrocortisone probutate
Synalar Cream, 0.025%	Fluocinolone acetonide
Westcort Cream, 0.2%	Hydrocortisone valerate
<b>Class 6 – Mild</b>	
Aclovate Cream/Ointment, 0.05%	Alclometasone dipropionate
Derma-Smothe/FS Oil, 0.01%	Fluocinolone acetonide
Desonate Gel, 0.05%	Desonide
Synalar Solution, 0.01%	Fluocinolone acetonide
Verdeso Foam, 0.05%	Desonide
<b>Class 7 – Least Potent</b>	
Cetacort Lotion, 0.5%/1%	Hydrocortisone
Cortaid Cream/Spray/Ointment, 1%	Hydrocortisone
Hytone Cream/Lotion, 1%/2.5%	Hydrocortisone
Micort-HC Cream, 2%/2.5%	Hydrocortisone
Nutracort Lotion, 1%/2.5%	Hydrocortisone
Synacort Cream, 1%/2.5%	Hydrocortisone

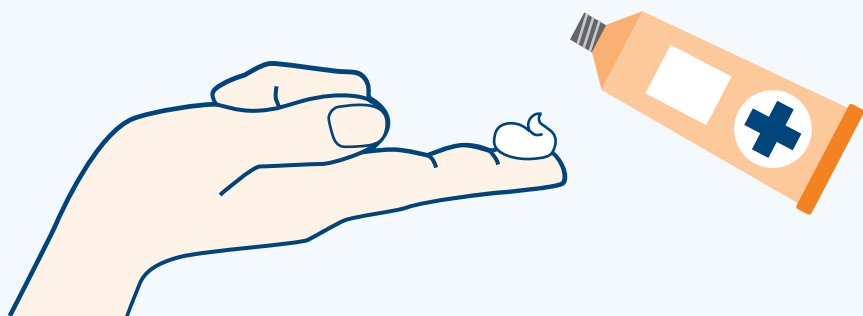
## What are the possible side effects and risks?

Short-term side effects are related to the strength of the steroid and the sensitivity of the areas that it is applied to. The most common side effects of steroids include:

- Skin atrophy (thinning of the skin)
- Dilation (widening) of tiny blood vessels just below the skin's surface that may appear as red lines or patterns on the skin
- Skin discomfort, such as itch, irritation or a burning sensation
- Dry skin

Steroids may raise your risk for suppression (lowered function) of the hypothalamic-pituitary-adrenal (HPA) axis that may lead to Cushing's syndrome (a hormonal disorder), hyperglycemia (high blood sugar) and glucosuria (glucose in the urine). This is related to systemic absorption. The risk of systemic absorption is higher when you apply steroids over large areas of the body, use them for long periods of time or occlude when not advised by your health care provider.

Usually, the amount of topical that fits on your fingertip is enough to treat an area the size of your hand.



# Vitamin D analogs and combination products

Vitamin D (also called the sunshine vitamin) has been shown to be an effective treatment for psoriasis in slowing down skin cell growth and reducing inflammation from the overactive immune system. This is why vitamin D analog topicals are effective in treating psoriasis and slowing overactive skin cell growth.

Research on the use of vitamin D dietary supplements for treating psoriasis is limited. However, vitamin D, like other vitamins and minerals, are important for overall health. We recommend speaking with your health care provider if you have questions about taking a vitamin D supplement.

## Dovonex (calcipotriene)

### What is it and how does it work?

Dovonex is a synthetic (man-made) form of vitamin D3 (one of the forms of vitamin D). It helps to slow skin cell growth, flatten lesions and remove scale. Dovonex has been found to be effective in treating psoriasis of the scalp and nails.

Dovonex is approved for use in adults. If you are pregnant or nursing, ask your health care provider if Dovonex is appropriate for you.

### How is it used?

Dovonex comes in a cream or scalp solution. The recommended dose is a thin layer applied twice per day. Dovonex is normally prescribed for up to 8 weeks. But your health care provider may recommend it for long-term treatment and maintenance.

Dovonex can be used with many other treatments:

- Combining it with steroids can increase efficacy and reduce risk for skin irritation compared to using Dovonex alone.

- Dovonex increases the effectiveness of phototherapy. However, Dovonex should only be applied after phototherapy. This is because different types of phototherapy can make Dovonex ineffective or increase your sensitivity to ultraviolet (UV) light and risk for burns.
- If you have moderate-to-severe psoriasis, Dovonex may be combined with biologics or oral treatments.

## What are the possible side effects and risks?

The most common side effects of Dovonex include:

- Skin irritation
- Rash, including dermatitis (also called eczema)
- Itch
- Worsening of psoriasis symptoms

Dovonex may raise your risk for hypercalcemia (increased levels of calcium in your blood). If your calcium levels increase over the normal range, your health care provider will stop this treatment until your calcium levels are back to normal.

## Enstilar and Taclonex (calcipotriene and betamethasone dipropionate)

### What are they and how do they work?

Enstilar and Taclonex are topicals that are made from a combination of calcipotriene (a synthetic form of vitamin D) and betamethasone dipropionate (a potent steroid). They work to slow skin cell growth, flatten lesions and remove scale.

- Enstilar is approved for use in adults.
- Taclonex is approved for use in adults and adolescents over 12 years

If you are pregnant or nursing, ask your health care provider if Enstilar or Taclonex are appropriate for you.

### How are they used?

Enstilar is a foam product that should be shaken before use. It can be used to treat large areas of the body. The recommended dose is once daily for up to 4 weeks.

Taclonex comes as a topical suspension (similar to a liquid) that should be shaken before use. It is applied once daily for up to 8 weeks. It should not be used on more than one-third of your body at any time.

Both Enstilar and Taclonex are not recommended for sensitive areas, such as the face, genital area, underarms or areas with thinning skin.

## What are the possible side effects and risks?

The most common side effects of Enstilar include:

- Irritation
- Itching
- Folliculitis (inflammation of hair follicles)
- Skin hypopigmentation (loss of skin color) at application areas
- Hypercalcemia
- Hives
- Worsening of psoriasis symptoms

The most common side effects of Taclonex include:

- Folliculitis
- Burning sensation

Both Enstilar and Taclonex may raise your risk for:

- Hypercalcemia
- Hypercalciuria (increased levels of calcium in your urine).
- Suppression of the HPA axis (discussed on page 10)
- Allergic contact dermatitis
- Sensitivity to ultraviolet (UV) light from natural or artificial sunlight, including tanning booths and sun lamps

If your calcium levels increase over the normal range, your health care provider will stop treatment until your calcium levels are back to normal.



## Vectical (calcitriol)

### What is it and how does it work?

Vectical is a natural form of vitamin D3. Studies have found that it can help slow skin cell growth.

Vectical is approved for use in adults. It is not recommended if you are pregnant or planning for a pregnancy.

### How is it used?

Vectical is an ointment. The recommended dose is twice per day. It is not recommended for sensitive areas, such as the face.

Studies have shown that using Clobex spray (clobetasol propionate) followed by Vectical is effective in treating plaque psoriasis. Studies show that the combination of Vectical with phototherapy and the steroid, betamethasone, is also effective.

### What are the possible side effects and risks?

The most common side effects of Vectical include:

- Lab test abnormality
- Urine abnormality
- Worsening of psoriasis symptoms
- Hypercalciuria
- Itching

Vectical may raise your risk for:

- Birth defects in the fetus if you are trying for a pregnancy or are pregnant
- Hypercalcemia
- Sensitivity to UV light from natural or artificial sunlight, including tanning booths and sun lamps

Vectical may cause changes in calcium levels in your body. This side effect is extremely uncommon. Treatment should be stopped until the levels of calcium in the blood return to normal.

# Retinoids

A retinoid is a synthetic form of vitamin A. Topical retinoids are effective in treating psoriasis and slowing overactive skin cell growth. However, the way that retinoids work is not completely understood.

## Tazorac (tazarotene)

### What is it and how does it work?

Tazorac is a topical retinoid. It works to slow skin cell growth and reduce inflammation, scaling and redness.

Tazorac is approved for use in adults. It is not recommended if you are pregnant or planning for a pregnancy.

### How is it used?

Tazorac comes in a gel and a cream. There are two strengths available in each form (0.05 percent or 0.1 percent). The gel and cream forms of Tazorac also have different benefits.

- Tazaorac gel does not smell and does not leave stains on your skin or clothing.
- Tazorac cream is helpful for moisturizing sensitive or dry skin.

The recommended dose is once daily, in the evening, for up to one year. It is also generally recommended to start treatment with Tazorac at the lower strength of 0.05 percent and increase to 0.1 percent if needed.

Tazorac can be used to treat facial psoriasis. However, you should avoid contact with the eyes, eyelids and mouth.

Tazorac may be used with other treatments:

- The combination of Tazorac and a mid- to high-potency steroid can increase efficacy and reduce the side effects of itch and irritation.
- Tazorac combined with phototherapy can also be more effective than using either treatment alone.

## What are the possible side effects and risks?

The most common side effects of Tazorac include:

- Itching
- Burning and/or stinging
- Redness
- Worsening of psoriasis symptoms
- Irritation
- Skin pain

Tazorac may raise your risk for:

- Birth defects in the fetus if you are trying for a pregnancy or are pregnant
- Sensitivity to UV light from natural or artificial sunlight, including tanning booths and sun lamps



# Other prescription topicals

## Anthralin

### What is it and how does it work?

Anthralin works by slowing skin cell growth.

Anthralin is approved for use in adults. Speak with your health care provider if you are pregnant, nursing or planning for a pregnancy.

### How is it used?

Anthralin comes in a variety of bases that can have an effect on how much is absorbed into the skin, including:

Cream	Ointment
Paste	Shampoo

Anthralin is available as a generic or under different brand names, including Drithocrema, Dritho-Scalp, Psoriatec, Zithranol and Zithranol-RR.

The recommended dose and prescribed instructions will be different depending on what type of base is being used.

- Generally, the cream, ointment or paste forms of anthralin are used once daily. This can be for overnight or for short contact. Short contact is usually for 10 to 30 minutes, following by bathing or rinsing it off the skin.
- For the shampoo, your health care provider will prescribe the dose and frequency that is most appropriate for your psoriasis. The shampoo is often prescribed for short contact as well. This means you will wet your hair and scalp, lather the shampoo into your hair and leave it on for a certain amount of time before rinsing.

Anthralin is not recommended for sensitive areas, such as the face, genital area or underarms. Ask your health care provider for specific instructions.

Anthralin may be combined with other treatments, such as steroids and phototherapy.

## What are the possible side effects and risks?

The most common side effects of anthralin include:

- Redness
- Irritation
- Staining of the skin, light-colored hair, fingernails, clothing and furniture

It may be helpful to wear plastic gloves when applying anthralin to avoid staining. However, stains on the skin and hair will eventually fade or disappear.

Anthralin may raise your risk for skin rashes.

## Off-label prescription topicals

### What are they and how do they work?

If you're using a medicine off-label, that means you're using it for a disease or health condition other than the one it was approved for by the U.S. Food and Drug Administration (FDA). Treatments that are FDA-approved for other skin conditions can be helpful with psoriasis.

Protopic (tacrolimus) and Elidel (pimecrolimus) are topical calcineurin inhibitors that are used to reduce inflammation from atopic dermatitis (also called eczema). However, some people find them helpful for treating psoriasis symptoms as well.

- Protopic is available in two strengths (0.03 percent or 0.1 percent). Both can be used in adults. Protopic 0.03 percent is approved for use in children over 2 years.
- Elidel is approved for use in adults and children over 2 years.

Protopic and Elidel are not recommended if you have:

- A lowered immune system
- Netherton's Syndrome (a rare hereditary skin disorder), bacterial or viral skin infections or skin diseases that may increase your risk for systemic absorption
- Skin malignancies

Speak with your health care provider if you are pregnant, nursing or planning for a pregnancy.

### How are they used?

Protopic comes in an ointment and Elidel comes in a cream. The recommended dose for Protopic or Elidel is twice daily. They can also be used in sensitive areas, such as the face, genital area and skin folds.

### What are the possible side effects and risks?

The most common side effects of Protopic include:

- Burning
- Itching
- Cold or flu-like symptoms
- Redness
- Headache

The most common side effects of Elidel include:

- Cold or flu-like symptoms
- Headache
- Cough
- Burning

Treatment with Protopic or Elidel is generally recommended for no longer than one year. This is because their risks are higher with long-term use.

# OTC product ingredients

The 2 ingredients that help with managing psoriasis symptoms are salicylic acid and tar. You should look for these ingredients when shopping for OTC products.

## Salicylic acid

### What is it and how does it work?

Salicylic acid works as a scale lifter and can help to soften and remove scales or plaques. Softening and removing psoriasis plaques can allow prescription topicals to better penetrate the skin and increase effectiveness. Ask your health care provider about how and when to use a combination of topicals.

### How is it used?

Salicylic acid can be found in products such as creams, gels, lotions, ointments, shampoos and soaps. OTC products with salicylic acid can be found in strengths up to 3 percent. Concentrations of more than 3 percent are only available with a prescription.

The recommended dosage will depend on the product and the concentration. We recommend speaking with your health care provider about specific instructions that are most appropriate for your psoriasis.

### What are the possible side effects and risks?

The most common side effects of salicylic acid include:

- Irritation
- Stinging

Salicylic acid may be absorbed systemically when used over large areas of the body or for long periods of time. Speak with your health care provider about whether or not OTC products with salicylic acid may be appropriate to use as part of your treatment plan.

## Tar

### What is it and how does it work?

Tar made from wood or coal works to slow skin cell growth and reduce inflammation, itching and scaling. Coal tar has been approved by the FDA as an active ingredient for the treatment of psoriasis.

### How is it used?

This ingredient can be found in shampoos or as preparations (creams or ointments) that can be applied to plaques or added to baths.

OTC products with tar can be found in strengths between 0.5 and 5 percent. The quality, strength and ingredients of tar products can vary between different brands.

The recommended dosage will depend on the product and the concentration. Tar preparations applied directly to plaques are generally left on for a period of time before rinsing. Tar shampoos may be left on for 5 to 10 minutes. Your health care provider will be able to recommend the best instructions for your psoriasis.

### What are the possible side effects and risks?

The most common side effects of tar include:

- Staining of the skin, light-colored hair, fingernails, clothing and furniture
- Strong odor
- Irritation
- Folliculitis
- Sensitivity to UV light from natural or artificial sunlight, including tanning booths and sun lamps

It may be helpful to wear plastic gloves when applying tar products to avoid staining. Tar gel products are also less likely to stain. We recommend allowing the tar product to air-dry before covering with breathable clothing such as cotton fabrics.

# OTC products

There are many types of OTC products available to help manage psoriasis symptoms. Some are used for specific areas of the body. They can also be used for a specific purpose, such as moisturizing, reducing itch or removing scales. OTC products are available at major drugstores and supermarkets.

## Moisturizers

Moisturizers help keep the skin hydrated to allow the skin to heal. They also help reduce redness and itching. Moisturizers come in various forms, including lotions, creams, ointments, oils, foams or even sprays.

Different types of ingredients work to moisturize your skin in different ways:

- Occlusive [uh-KLOO-siv] ingredients create a barrier for your skin to prevent the skin from losing water. These include petrolatum, lanolin and silicones (demithicone and cyclomethicone).
- Humectant [hyoo-MEHK-tuhnt] ingredients attract water from the dermis (lower layer of the skin) into the skin cells of the epidermis (outer layer of skin). These include glycerin and hyaluronic acid.
- Emollient [ih-MAHL-yuhnt] ingredients smooth the surface of the skin by filling in spaces between rough or peeling skin cells. These include aloe vera, shea butter and mineral oil.

Moisturizers may contain additional additives, such as vitamins E, A, C, niacin, panthenol, peptides, polyphenols and others. Avoid products with a fragrance or alcohol because they may irritate or dry the skin.

Keep in mind that you should apply this product several times per day on a regular basis. You may want to consider whether you prefer a moisturizer that is lighter (like lotions or creams) or thicker (like ointments or oils). It may be preferable to use a lighter moisturizer during the day and a thicker one at night or overnight.

## Bath solutions

Bath solutions can reduce flaking and itching. We recommend taking showers or baths that are warm, not hot. You can add oil, oatmeal, Dead Seal salts or Epsom salts to your bath. It is common to soak for approximately 15 minutes and apply a moisturizer immediately after getting out of the bath to lock in moisture.

## Scale lifters

Scale lifters (also called keratolytics [ker-uh-toh-lit-iks]) are products that help soften, loosen and remove dead skin cells. Removing dead skin cells allows other treatments to penetrate the top layers of skin. Scale lifters can be designed for the scalp, body or for use on both. Scalp products are usually stronger and may be too strong for the body.

## Seal of Recognition

NPF's Seal of Recognition can be found on OTC products that are proven safe and effective for managing psoriasis symptoms.

Medical experts in dermatology (the field of medicine that specializes in skin diseases) and psoriasis evaluate and test products for our Seal of Recognition program.

These products must show that they are:

- Safe and effective in managing psoriasis symptoms by hydrating the skin, reducing redness or itch, managing plaques and other symptoms
- Non-irritating and contain no chemicals known to cause irritation to psoriasis
- Not harmful
- Able to be used in combination with prescription treatments for psoriasis

For a list of products that carry the Seal of Recognition visit: [psoriasis.org/seal/product-directory](https://psoriasis.org/seal/product-directory).



# Next steps

## Talk with your health care provider

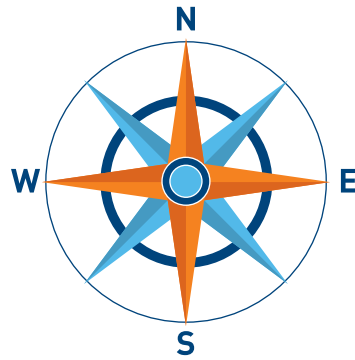
Psoriasis and psoriatic arthritis are chronic conditions that need lifelong treatment. The good news is there are many treatments to help you manage these conditions. Make an appointment to talk with your health care provider about your symptoms and treatment options.

## Contact our Patient Navigation Center

**NPF's Patient Navigation Center provides free and personalized assistance to anyone impacted by psoriatic disease, including families and caregivers.**

It doesn't matter if you have one question or need ongoing assistance – your Patient Navigator will help you find the information you need to live your healthiest life with psoriatic disease. We can help you:

- Understand your disease
- Find a health care provider
- Learn about new treatments
- Deal with insurance issues
- Find financial help for treatments
- Connect with others living with psoriatic disease



**You can reach our navigators by phone, email, text and instant chat:**

- **800-723-9166**
- **education@psoriasis.org**
- **psoriasis.org/navigationcenter**

## Want more information?

Learn about the following topics in our educational booklet series:

- Psoriasis and psoriatic arthritis, including diagnosis, symptoms, triggers and treatments
- Psoriatic arthritis, including how to manage flares and chronic pain
- Psoriatic disease in children and young adults
- Treatment options, including biologics and oral treatments, phototherapy and topicals
- Working with your health care providers, including how to find specialists and preparing for appointments

The National Psoriasis Foundation (NPF) is a 501 (c) (3) organization governed by a Board of Directors and advised on medical issues by a Medical Board.

NPF's educational materials are reviewed by members of our Medical Board and are not intended to replace the counsel of a physician. NPF does not endorse any medicines, products or treatments for psoriasis or psoriatic arthritis and advises you to consult a physician before initiating any Treatment.