Common Dermatology Complaints in GP Practice

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Dr. Catherine Foley
Consultant Dermatologist
Beacon Hospital & Institute of Dermatologists
MB BCh BAO MRCPI MSc(HEPM)

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THIS IS MODERN MEDICINE

ADVANCES IN DERMATOLOGY SINCE 2008

Understanding that chronic skin disease can have a devastating effect on a person's physical and psychological well-being

Therapeutic advances - targeted therapies

Cumulative knowledge and comfort in prescribing these therapies

Current Referral Patterns

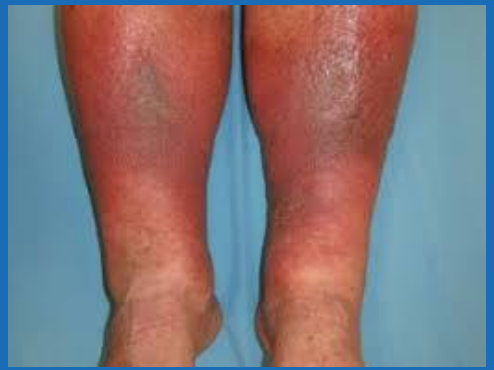
RASHES

- **Eczema/Dermatitis**
    - Hand/Anogenital/Legs/ Generalised
- **Psoriasis**
- **Acne**
- Rosacea
- Seborrheic Dermatitis
- Scabies
- Hair Loss

LESIONS

- Actinic damage
- BCC
- SCC
- Melanoma
- Skin check

Eczema



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What is Eczema?

‘Dermatitis’
Atopic dermatitis
Hand dermatitis
Stasis dermatitis/Varicose eczema
Contact dermatitis: allergic vs irritant
Anogenital dermatitis

- Dry, irritated, red, itchy skin

No difference in treatment approach

Practical Tips

Itch comes first, and leaves last

- Need to treat beyond return of normal appearing skin
- There is no tablet for itch in eczema
- "Nerve endings are irritated and need time to reset"

Early review to prove effectiveness of simple treatment

- Improve compliance topical steroid
- Reduce overall quantity of topical steroid used in long term
- ~3 weeks

Tailor treatment to individual and their preferences

Focus on skin barrier story to encourage patient to comply with regime

Simple Treatment Protocols

1. Soap substitute
    - For EVERYWHERE

2. Moisturiser
    - Consistency matched to patients' lifestyle
    - Lots of options
    - Cheapest thing that works

3. Topical corticosteroid
    - Don't be afraid to start strong to gain control, and confidence

4. Avoidance of known exacerbating factors

2-in-1 Products

Covered by GMS/DPS

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Soap Substitutes

- Skin will feel greasy and not dry
- Patients want a product that foams
- +/- antiseptic

Emollients

- Consistency must be acceptable for patient to use everyday, but thick enough to restore barrier

- Encourage something greasy at least one night per week

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Topical Corticosteroids

- Start with adequate potency to gain control, then modify
- Ointment > cream
- Early review to prove efficacy and give confidence
  - 3/52
- Pigmented skin will require higher potency topical steroids

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Topical Corticosteroids

Face/Neck/Groin	Body
• Eumovate/BVRD/Audavate RD • BD 2/52 ➔ od 2/52 • Daktacort if scaly • Fucibet if crusted	• Betnovate 0.1% • BD 2/52 ➔ od 2/52 ➔BVRD od until itch settles • Elocon to legs in stasis dermatitis • Dermovate – Lichenified – Hands & feet

Maintenance

1. Soap substitute
    - Or at least awareness of contribution of soap and irritants to flares

2. Regular emollient
    - Due to skin barrier defect likely to always need to apply moisturiser
    - Modify greasiness to weather/lifestyle/seasons/symptom control

3. Early escalation of treatment to gain rapid control of flares

Summary

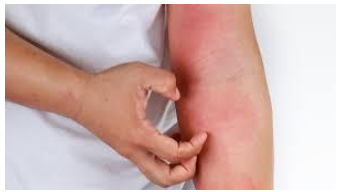
The key principles in the management of all eczema subtypes are

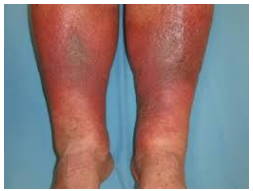
1. Restoration of skin barrier
2. Avoidance of irritants

Lifelong attention to skin care routine is required in patients with all forms of eczema

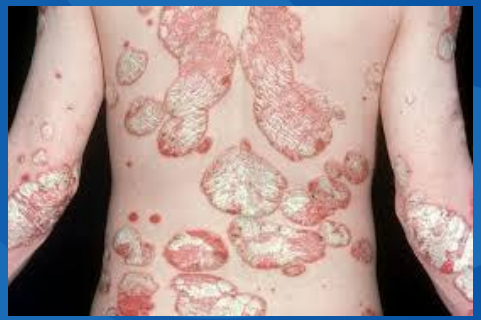
Keep things simple

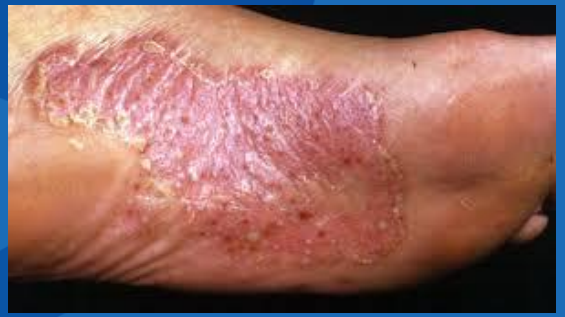
Soap substitute – regular emollient – topical steroid for flares

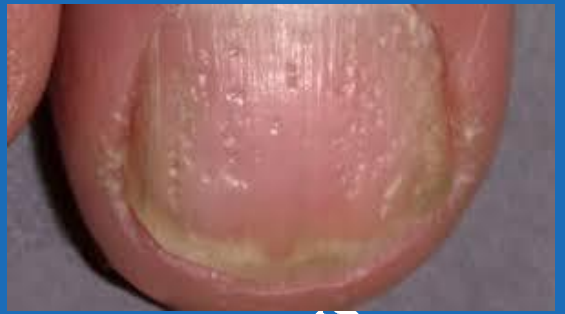




Psoriasis







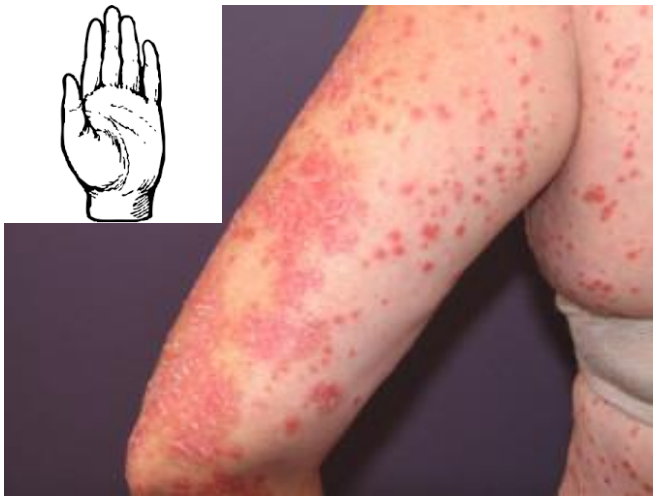
Why Do We Need To Treat Psoriasis?

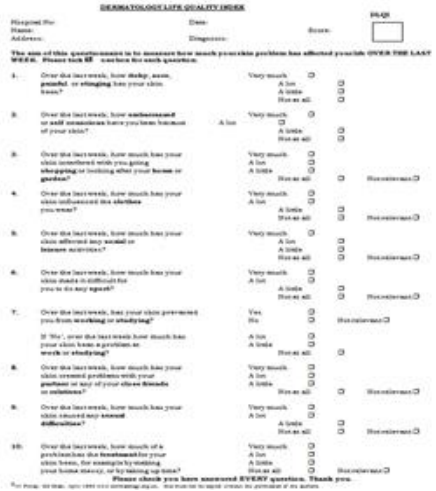
- Association with increased risk:

- Psoriatic arthritis - destructive
- Depression
- Metabolic syndrome
- Cardiovascular disease
- Inflammatory bowel disease
- Cancer – keratinocyte tumours, lymphoma

Treatment Options for Psoriasis

- 10 is the magic number
- BSA/DLQI/PASI





DERMATOLOGY LIFE QUALITY INDEX

DLQI

Hospital No:
Name:
Address:

Date:
Diagnosis:

Score:

The aim of this questionnaire is to measure how much your skin problem has affected you in the LAST WEEK. Please tick ☑ one box for each question.

1. Over the last week, how itchy, sore, painful, or stinging has your skin been?
   Very much ☐ A lot ☐ A little ☐ Not at all ☐
2. Over the last week, how embarrassed or self conscious have you been because of your skin?
   Very much ☐ A lot ☐ A little ☐ Not at all ☐
3. Over the last week, how much has your skin interfered with you going shopping or looking after your home or garden?
   Very much ☐ A lot ☐ A little ☐ Not at all ☐ Not relevant ☐
4. Over the last week, how much has your skin influenced the clothes you wear?
   Very much ☐ A lot ☐ A little ☐ Not at all ☐ Not relevant ☐
5. Over the last week, how much has your skin affected any social or leisure activities?
   Very much ☐ A lot ☐ A little ☐ Not at all ☐ Not relevant ☐
6. Over the last week, how much has your skin made it difficult for you to do any sport?
   Very much ☐ A lot ☐ A little ☐ Not at all ☐ Not relevant ☐
7. Over the last week, has your skin prevented you from working or studying?
   Yes ☐ No ☐ Not relevant ☐
   If 'No', over the last week how much has your skin been a problem at work or studying?
   A lot ☐ A little ☐ Not at all ☐
8. Over the last week, how much has your skin caused problems with your partner or any of your close friends or relatives?
   Very much ☐ A lot ☐ A little ☐ Not at all ☐ Not relevant ☐
9. Over the last week, how much has your skin caused any sexual difficulties?
   Very much ☐ A lot ☐ A little ☐ Not at all ☐ Not relevant ☐
10. Over the last week, how much of a problem has the treatment for your skin been, for example by making your home messy, or by taking up time?
    Very much ☐ A lot ☐ A little ☐ Not at all ☐ Not relevant ☐

Please check you have answered EVERY question. Thank you.

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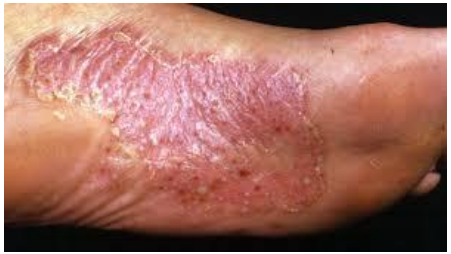
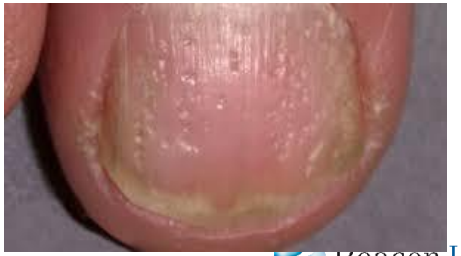
Treatment Options for Psoriasis

- 10 is the magic number……
- Except for special sites (DLQI)





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Treatment options for Psoriasis

<10

- Topical agents
  - Tar
  - Vit D analogues
  - Vit D/TCS compound preparations
  - Calcineurin inhibitors
- Enstilar foam od 4/52
- Self prescribed UV therapy

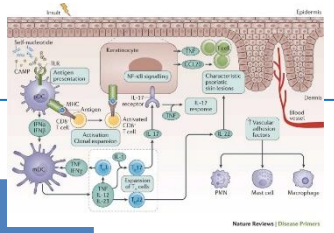
>10/special sites

- Phototherapy
- Systemic therapy
  - Methotrexate/Ciclosporin/Acitretin/Apremilast/FAEs
- Biologics
- Oral small molecule therapy
  - JAKinhibitors

Systemics for Psoriasis

- Methotrexate
  - Cheap
  - Lots of real world experience
  - Efficacy in PsA
  - Can be combined with other Tx
  - Slow to work
- Ciclosporin
  - Quick fix: rapid onset, predictable efficacy
  - NOT a long term option
- Acitretin
  - Good for hands/feet and pustular variants
  - Can be combined with phototx
  - Excellent option for older patients
  - Not in premenopausal women
  - Slow to work
- Fumaric acid esters
- Apremilast

Biologics for Psoriasis



TNF	IL-12/23	IL-17	IL-23
Adalimumab (Humira, Amgevita, Imraldi)	Ustekinumab (Stelara)	Secukinumab (Cosentyx)	Tildrakizumab (Ilumetri)
Etanercept (Enbrel, Benepali)		Ixekizumab (Taltz)	Risankizumab (Skyrizi)
Certolizumab (Cimzia)		Brodalumab (Kyntheum)	Guselkumab (Tremfya)
Infliximab (Remicade)			
Golimumab (Symponi)			

Biosimilars **Pregnancy**	**12 weekly dosing** **10 year safety data**	**PASI 90 responses** **5 year safety data**	**PASI 100 responses**

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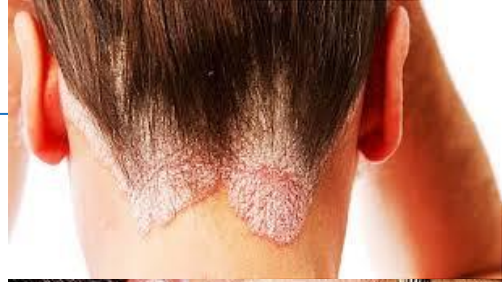
Factors to Consider When Treating Psoriasis

- BSA/PASI/DLQI
  - 10 is the magic number
- +/- PsA (PEST)
- Other comorbidities
- Previous treatments and outcomes
- Monitoring requirements
- Lifestyle
  - Alcohol, smoking
- Access to phototherapy
- Ability to self-inject
- Travel/life plans
- Life factors
  - Stage, QOL, relationships, work

Top Tips – Scalp Psoriasis



1. Descale before applying treatment
    - Cocois overnight under shower cap
    - Capasal to wash out in morning
    - Daily until clear then once/week

2. Treatment options
    - Betacap/Betnovate scalp lotion once daily for 2 weeks, then twice per week for maintenance
    - Enstilar od until clear then once/week

      (Can leave a greasy residue, caution in people with longer hair)
    - Diprosalic if prone to thick scale
    - Daktacort for frontal hair line

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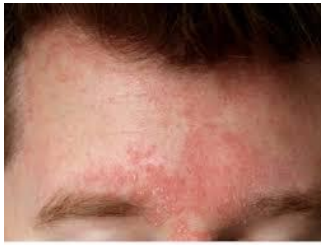
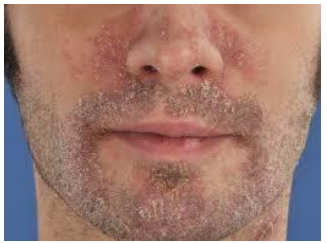
Top Tips – Sebopsoriasis

1. Skin care
    - Nizoral shampoo to wash scalp/face/chest twice per week, lather and leave in place for three minutes prior to rinsing
2. Treatment –
    - Daktacort twice daily for 2 weeks, then switch to
    - Protopic 0.1% ointment twice per week for maintenance





- Likely to recur and need treatment intermittently

- If acute, severe and difficult to treat consider immunosuppression
    - HIV test
    - Screening bloods (FBC, U&E, LFT……)

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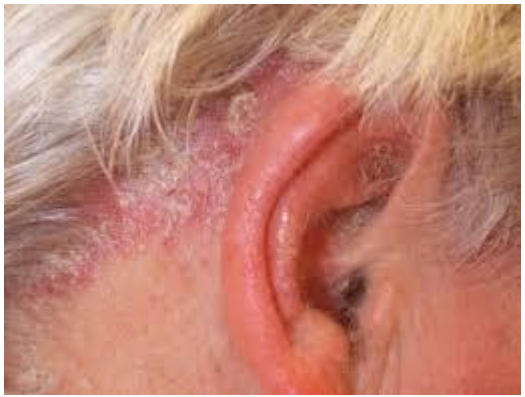
Top Tips – Otitis Externa



- Con**sider psoriasis as underlying diagnosis**
- Check elbows and umbilicus
- Ask about dandruff or sore skin at gluteal cleft
- Treatment
    - Fucibet BD 2/52
    - Then switch to protopic 0.1% twice per week for maintenance

Top Tips – Inverse/Genital psoriasis

- Axillae, inguinal folds, anogenital skin
- Well demarcated, symmetrical (often shiny) patches
- Phototherapy will not work
- Compound corticosteroid/vit D analogue preparations are too potent for these sites
  - Enstilar/Dovobet
- Rx Daktacort → Protopic 0.1% for maintenance
  - Counsel patients that rash will flare and require escalation of topical therapy intermittently
  - Daktacort or Canesten HC twice daily for 1 week, then once daily for 1 week, then switch to Protopic 0.1% ointment twice per week for maintenance
- Optimise skin care with soap substitute and regular greasy barrier emollient e.g. Epaderm or emulsifying ointment

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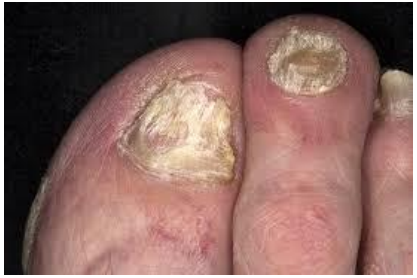
Top Tips – Nail Psoriasis

- Due to enthesitis at DIP joint
    - Investigate for underlying PsA with Rheumatology
- Can be an indication for biologic therapy
- Lever effect – Koebner phenomenon
    - Keep nails short
- Consider in cases of severe recalcitrant onychodystrophy
    - Elbows, scalp, umbilicus



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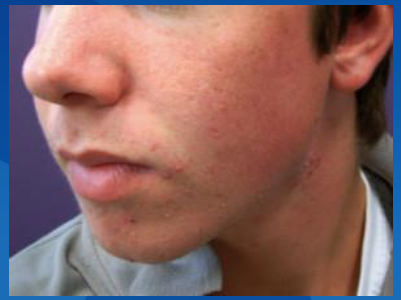
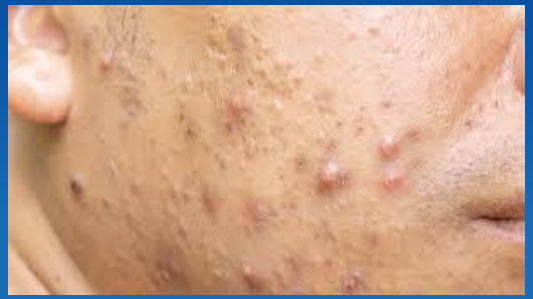
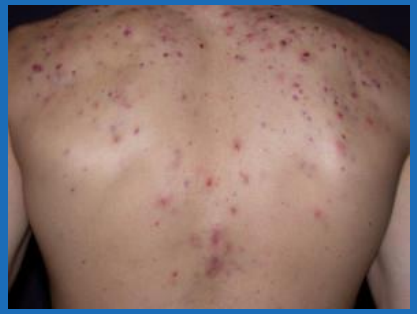
Psoriasis Review

- Rule of 10 (with important exceptions)
- Lots of good, safe treatment options available
  - Acute
  - Long term
  - Something to suit everyone
- Practical tips for nuisance presentations of ‘mild’ psoriasis
    - Scalp, ears, flexures, nails
- Don’t forget to optimize skin care with use of soap substitute and regular emollient

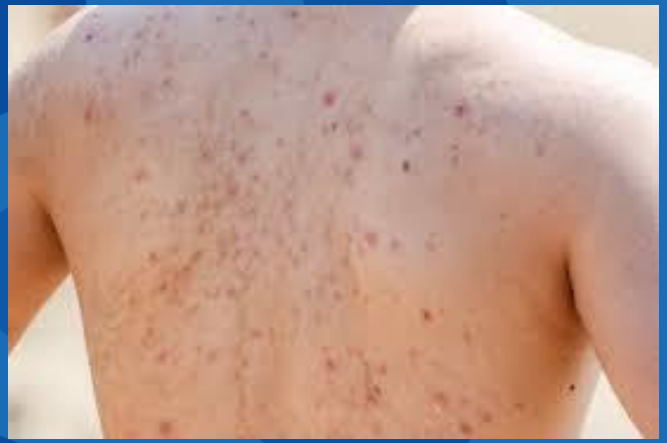
Acne







Acne



Principles of Treating Acne

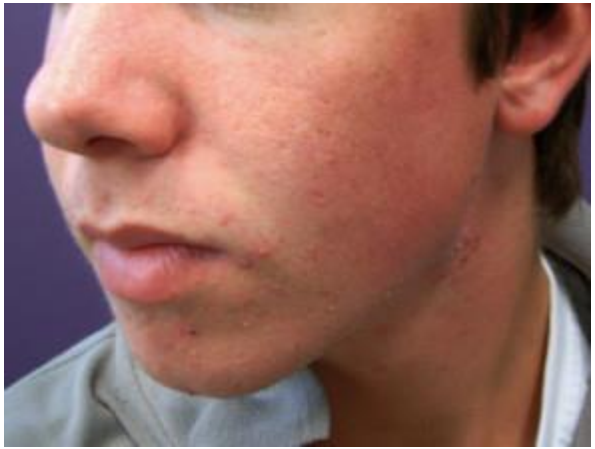
1. Treat the primary lesion
    - **Seborrhea – retinoid**
    - **Comedones – retinoid**/BPO
    - Inflammatory lesions – antibiotic/benzoyl peroxide

2. Topical vs systemic treatment depending on severity and depth of inflammation

3. Optimise skin care
    - Cetaphil/CeraVe/La Roche Posay
    - Other products with ‘active’ ingredients unlikely to be beneficial
    - Caution regarding spending money on cosmetic treatments

Suggested Treatment Protocols

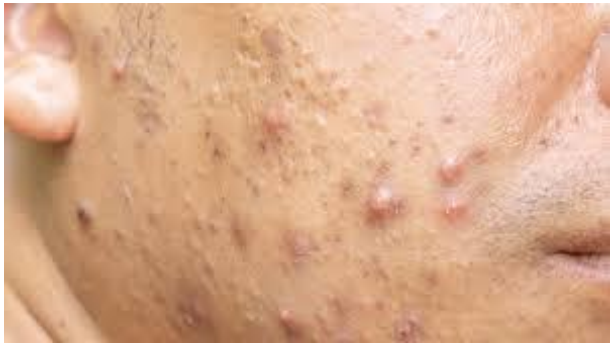
Mild acne limited to face with small inflammatory lesions



- CeraVe SA smoothing cleanser
- CeraVe hydrating moisturiser
- Epiduo once daily at night
  - BPO/adapalene
  - Can be irritant
  - Start twice per week and increase as tolerated
  - Not a ‘spot’ treatment, should be applied to entire field

Suggested Treatment Protocols

Moderate-severe acne limited to face with larger inflammatory lesions

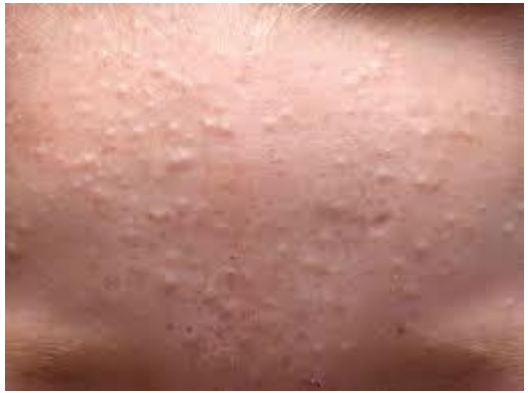


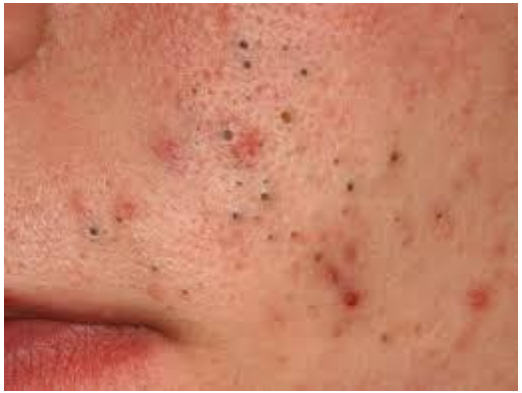
- CeraVe SA smoothing cleanser
- CeraVe hydrating moisturiser
- Oral lymecycline 408mg once daily for 3-4 months
  - Not if <14 years/pregnant/breastfeeding
- Epiduo once daily at night
  - BPO/adapalene
  - Can be irritant
  - Start twice per week and increase as tolerated
  - Not a 'spot' treatment, should be applied to entire field

Suggested Treatment Protocols

Moderate-severe acne involving chest/back

Including severe persistent acne, adult female acne, extensive comedones





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Suggested Treatment Protocols

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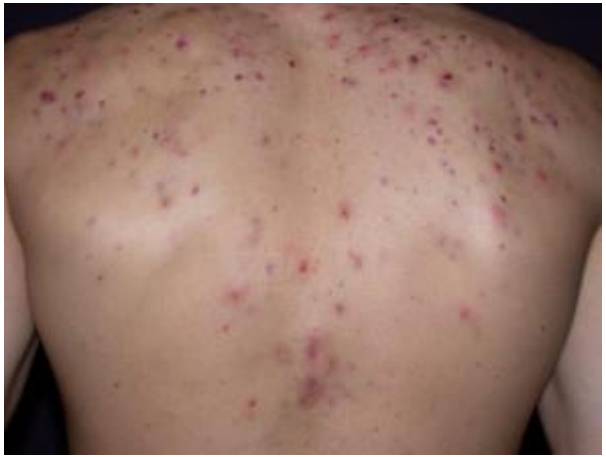

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Suggested Treatment Protocols

Moderate-severe acne involving chest/back

Including severe persistent acne, adult female acne, extensive comedones

- These patients are likely to need a treatment course of Isotretinoin (Roaccutane)
  - Timing is important
  - Can be easier to treat when younger if these patients are identified early (alcohol, school, life changes, family planning)

- First line treatment
  - Oral lymecycline 408mg once daily for 3-4 months
  - In combination with topical BPO/retinoid (Epiduo)

- Repeated courses of antibiotics unlikely to result in clear skin without addressing the primary lesion……the comedone

Isotretinoin (Roaccutane)

- Oral Vitamin A derivative, oil within a capsule, taken once daily with food
- MOA
    - Reduce sebum production
    - Separation of junctions between keratinocytes
    - Anti-inflammatory
- Treatment duration depends on dose tolerated
    - Target cumulative dose 120-150mg/kg
    - Average course 8-10months
- 90% of patients who achieve clear skin will not require further treatment for acne

Side effects of Isotretinoin

DOSE DEPENDENT

- Dry skin/hair/lips/eyes
  - Dose dependent
- Hair loss
- Muscle aches
- Photosensitivity

MOOD

Systematic review 2017:

- Isotretinoin treatment for acne does not appear to be associated with an increased risk for depression. Moreover, the treatment of acne appears to ameliorate depressive symptoms

Precautions with Isotretinoin

- Skin fragility – no waxing/piercing/laser/tattoo for duration of treatment and 6 months following completion of treatment

- Bloods no longer required in guidelines, most prescribers still advise FBC/U&E/LFT/lipids prior to and once during treatment
    - Watching for elevation in triglycerides
    - Check CK if patient reports muscle aches

- Teratogenecity
    - Females required to have pregnancy test every 4 weeks
    - All sexually active women must use two forms of contraception throughout treatment course

What Does Treatment With Isotretinoin Involve?

- Initial consultation and discussion regarding Isotretinoin
- Patient given information leaflet +/- consent forms to read and consider
- Bloods – FBC, U&E, LFT, lipids
- Commence treatment 20mg once daily for 4 weeks
- If well tolerated treatment increased to 40mg once daily, occasionally up to 50mg
- Regular review (every 4 weeks for females, every 8 weeks for males
- Treatment stopped when skin clear +/- cumulative dose of 120mg/kg avhieved

Acne Review

1. Treat the primary lesion
   - **Seborrhea – retinoid**
   - **Comedones – retinoid**/BPO
   - Inflammatory lesions – antibiotic/benzoyl peroxide

2. Optimise skin care
   - Cetaphil/CeraVe/La Roche Posay
   - Other products with ‘active’ ingredients unlikely to be beneficial
   - Caution regarding spending money on cosmetic treatments

3. Try to identify patients who are likely to follow more severe/protracted course
   - Widespread comedones
   - Tendency to scarring or nodulocystic lesions
   - Adult female acne

Eczema

Psoriasis

Acne

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BRITISH ASSOCIATION OF DERMATOLOGISTS
HEALTHY SKIN FOR ALL

DermNet
All about the skin

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Thank you

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