One of the biggest challenges of managing scalp psoriasis is creating an effective scalp regimen that fits each patient’s lifestyle and personal preferences. Unlike psoriasis of the nails, the main issue with scalp psoriasis isn’t a lack of treatment options. A wide array of scalp-specific treatments exist in a variety of vehicles, including shampoos, gels, foams, and creams. Instead, “the main issue is compliance,” says Robert Kalb, MD of the Buffalo Medical Group and Clinical Associate Professor of Dermatology at State University of New York at Buffalo. “My goal is to pick a medicine that I feel they will likely use, have them use it fairly often in the beginning to get it under control, and then plan a maintenance approach, where they can use the medicine infrequently, as in once or twice a week, to maintain the improvement.”

Specifically, before deciding on a treatment regimen, question the patient about his/her hair washing habits. You may discover your older female patients rely on frequent trips to the beauty salon for all of their hair care needs, patients of different cultural backgrounds may have chemically-treated hairstyles that cannot be frequently washed, while other patients may simply choose not to wash their hair every day. “You can’t ask them to put something on their scalp once or twice a day. They’re just not going to do it,” says Dr. Kalb. Some patients may be willing to adjust their hair washing habits, but don’t expect patients to drastically change their routine. Instead, focus on selecting the agent and vehicle that best fits each patient’s lifestyle. Below, several psoriasis specialists share three strategies.

**Scalp Strategy One**

Many patients with scalp psoriasis have psoriasis on other body sites and therefore are candidates for systemic therapy, which is quite helpful for scalp psoriasis, says Charles Crutchfield, III, MD of Crutchfield Dermatology in Eagan, MN, and Clinical Assistant Professor of Dermatology at the University of Minnesota. “Nevertheless, I tend to focus in on scalp treatments,” says Dr. Crutchfield. Rather than medicated shampoos, which may not stay in contact with the skin long enough to provide notable effects, Dr. Crutchfield says, “I tend to use other agents that really hit the psoriasis hard and let the cleansing and conditioning products for the hair be as least offensive as possible.” He notes that hair products that irritate the scalp may worsen psoriasis. “I really like to use the Free & Clear products (Pharmaceutical Specialties, Inc.) for hair care products. They make a real gentle shampoo and a real gentle conditioner.”

For the topical treatment of scalp psoriasis, Dr. Crutchfield relies on Derma-Smoothe/FS (fluocinolone acetonide 0.01%, Hill Dermaceuticals), which is in a peanut oil. He instructs patients to use Derma-Smoothe/FS as an overnight treatment every other night for two weeks, at which point he reduces the nightly application to once a week. He instructs patients to wash it out in the morning with Free & Clear Hair products. Although a recent study demonstrates that children who are peanut sensitive can safely use peanut-oil based therapies, Dr. Crutchfield says parents are leery of doing so. As a result, for these children, Dr. Crutchfield has the pharmacy compound 0.025% triamcinolone in sesame oil, which he reports is also very effective.

If a patient has thick, resistant, or adhesive scale, Dr. Crutchfield says, “I’ll have the pharmacist compound 2% salicylic acid in the oil to leave on overnight. This will loosen up the scale, too.” Some patients complain that they can’t sleep at night due to the crinkling sound of the shower cap or the oil dripping around their face. Dr. Crutchfield suggests that these patients apply Derma-Smooth/FS immediately when they get home from work, leave it on for three to five hours that evening, and then wash it out before going to bed. On a daily basis, he also has his patients use a mild to potent topical steroid solution or lotion, depending on the severity of the psoriasis. “I have them spot treat twice a day, everyday, on a regular basis,” says Dr. Crutchfield. Interestingly, Dr. Crutchfield notes that steroid use on the scalp does not appear to result in any of the side effects typically seen when using steroids on the skin.
Scalp Strategy Two
For patients with thick, localized, focal plaques on the scalp, Lawrence Green, MD, Assistant Professor of Dermatology at George Washington University School of Medicine and in private practice in Rockville, MD follows a two-step treatment approach, beginning with a debridment agent.

Many patients find using a salicylic acid-based shampoo several times a week effectively minimizes thick scale, but similar to Dr. Crutchfield, Dr. Green also finds an overnight application of Derma-Smoothe/FS or a salicylic acid solution effectively debrides thick scale.

Following debridement, Dr. Green instructs patients to apply a class I topical steroid foam, lotion, or solution immediately after shampooing the hair directly to affected areas. He notes the addition of Tazarac gel (tazarotene, Allergan) is also beneficial for patients with thick focal areas. Other than a salicylic acid shampoo for debridement for some patients, he does not instruct patients to use a specific shampoo.

For patients with diffuse scalp psoriasis, Dr. Green follows a three-step regimen that may or may not include the aforementioned debridement agents, depending on the thickness of the scale. He has patients apply Derma-Smoothe/FS oil overnight and then instructs them to shampoo the oil out in the morning, alternating between a tar shampoo and a steroid shampoo. “The tar shampoo helps decrease skin cell proliferation and dermal proliferation, and the cortisone shampoo helps decrease the inflammation associated with psoriasis,” explains Dr. Green.

Immediately after shampooing, he then has his patients apply a class I topical steroid solution, lotion, or foam to the most affected areas.

Another option for stubborn scalp psoriasis is the excimer laser. “I find that to be very effective on scalp psoriasis if you can get the hair out of the way, which can be difficult, in women especially,” Dr. Green notes. He recommends two treatments a week for two to four weeks to achieve best results.

Scalp Strategy Three
With his scalp psoriasis patients, Dr. Kalb tends to combine medicated shampoos with topical steroids, topical calcipotriene, and/or topical tazarotene. However, he cautions against relying exclusively on shampoos, stating, “I don’t find the medicated shampoos by themselves work very well. I think they can be helpful as an adjunct; I think they help prevent to a degree.” In addition, he notes that topical calcipotriene works best when patients alternate between a topical steroid and topical calcipotriene.

“Occasionally, I do have patients who have what most would consider mild psoriasis elsewhere on their body but very severe, recalcitrant scalp psoriasis where I will use systemic therapy to primarily treat their scalp involvement,” says Dr. Kalb, although he says that no one systemic agent stands out as most effective for the scalp.

Since scalp psoriasis often poses a cosmetic dilemma for patients, Dr. Kalb believes it is important to encourage patients to go to the beauty salon and to get perms, coloring, or any other hair styling treatment that they feel would improve their image. “I encourage them to do that because, per say, the products will not harm,” says Dr. Kalb.

Patient-Tailored Strategy
Since every patient is different, no one strategy outlined above is ideal for each of your patients with scalp psoriasis, leaving you to develop an individualized strategy for each patient. Many scalp-specific treatments are available, but you must determine which agents meet your patients’ personal and medical needs.

New in Your Practice
Around the Corner. Be on the lookout for the recently approved patented class I corticosteroid cream Vanos from Medicis. The company says Vanos is specifically formulated for your plaque psoriasis patients and will be available as early as next month.

Over Fast. Children facing a painful dermatologic procedure may get it over with faster with SonoPrep Skin Permeation Device. According to a study involving 70 children, ages three to seven, at Connecticut Children’s Medical Center, the analgesic effect of a five-minute application of LMX anesthetic cream (4-5% lidocaine, Ferndale) after pre-treatment with SonoPrep was equivalent to a 30-minute application. Applying the low frequency ultrasound to the skin to increase skin permeability typically takes 15 seconds.

Picture Perfect. Dr. Crutchfield invites dermatologists in need of clinical photos for talks or presentations to visit Dermatology Image Atlas & Library at www.crutchfielddermatology.com/imageLibrary/. (See left) All photos are free for healthcare providers.