Scalp Psoriasis

A positive approach to psoriasis and psoriatic arthritis
What are the aims of this leaflet?

This leaflet has been written to help you understand what scalp psoriasis is, what the symptoms are, what the treatments are and offers some useful tips for dealing with scalp psoriasis.

What is psoriasis?

Psoriasis (sor-i’ah-sis) is a long-term (chronic) scaling disease of the skin, which affects 2%-3%\(^1\) of the UK population. It usually appears as red, raised, scaly patches known as plaques. Any part of the skin surface may be involved but the plaques most commonly appear on the elbows, knees and scalp. It can be itchy but is not usually painful. Nail changes, including pitting and ridging, are present in 40% to 50% of people with psoriasis alone. 10% to 20% of people with psoriasis will develop psoriatic arthritis\(^2\). There does not seem to be any link between the severity of the psoriasis affecting the skin and the severity of psoriatic arthritis.

What happens in psoriasis?

Normally a skin cell matures in 21-28 days and during this time it travels to the surface, where it is lost in a constant, invisible shedding of dead cells. In patches of psoriasis the turnover of skin cells is much faster, around 4-7 days, and this means that even live cells can reach the surface and accumulate with dead cells. This process is the same wherever it occurs on the body. The extent of psoriasis and how it affects an individual varies from person to person. Some may be mildly affected with a tiny patch hidden away which does not bother them, while others may have large, visible areas of skin involved that significantly affect daily life and relationships. Psoriasis is not contagious, therefore you cannot catch it from another person. The cause of psoriasis is currently unknown. For more detailed information on psoriasis see our leaflet What is Psoriasis?
What is scalp psoriasis?

As the term suggests, scalp psoriasis is psoriasis on the scalp. It is common and approximately half of all people with psoriasis also have it on their scalp. The reason it deserves special mention is that it can be more difficult to treat and usually requires specifically formulated treatments.

Psoriasis on the scalp forms in the same way as on other parts of the body but the hair traps the scale and so it does not rub away as it would, for instance, on the elbow. The result is that the scale can quickly build up, causing a thicker plaque which becomes more difficult to treat. This difficulty is compounded by the hair, which acts as a physical barrier obstructing the easy application of creams and ointments to the affected skin. Children can get scalp psoriasis too. Treatments will be much the same as used for adults. On rare occasions scalp psoriasis has been known to disappear spontaneously but it can remain on the scalp for lengthy periods of time too.

What are the symptoms?

Scalp psoriasis causes redness and scaliness, which may also involve the hairline, the forehead, behind the ears and the back of the neck. It can range from very mild with slight fine scaling to very severe, crusted thick scaling covering the entire scalp. This can in some cases cause hair loss during the flare-up, but the hair will normally grow back. Psoriasis can be itchy, make the scalp feel tight and occasionally gets sore, especially if there are cracks in the skin.

What is the treatment?

There are many treatment options that can help scalp psoriasis and often a combination approach using a number of different treatments may be required until the
symptoms have settled. It is important to remember to continue to treat the scalp even if hair falls out. Hair usually grows back once the inflammation and scale has cleared.

Treatments can be time-consuming and you may find it easier to ask someone to help you. It is important to choose one that suits your lifestyle; carrying out intensive treatments over the weekend, for example. Psoriasis is not curable but the signs and symptoms can be well controlled.

It can take at least eight weeks until you gain adequate control of the plaques, whichever treatment you use. Remember to try to treat psoriasis daily when it is active.

If, however, you have seen no improvement after 4 weeks’ continuous treatment you should return to your doctor or nurse for further assessment.

Once you have achieved clearance, it is important to maintain the improvement, and this can usually be done with regular use of a tar shampoo and or by moisturising the scalp occasionally with an oil or emollient. If you have no success in controlling your scalp psoriasis, ask your GP to refer you to a specialist.

In 2012, the National Institute for Health and Care Excellence (NICE) published a guideline on treating scalp psoriasis and it is recommended that you begin with the treatment process below. This guidance is based on the scientific evidence available and will not always be suitable for everyone. We have included some additional information on types of treatments available and how to use them.

**Topical treatment for scalp psoriasis in adults, young people and children**

1. Potent corticosteroid once daily for up to 4 weeks as the initial treatment. If you find it difficult or cannot use corticosteroids on your scalp or you have mild to moderate scalp psoriasis, your
healthcare professional may instead offer you a vitamin D preparation alone.

2. If there is no improvement after 4 weeks you may be offered:
   - a different formulation of corticosteroid (e.g., a shampoo or mousse); and/or
   - a scalp treatment to remove the scales (such as an emollient or oil) before further applications of the potent corticosteroid.

3. If the situation is no better after a further 4 weeks you should be offered:
   - a combined product containing a potent corticosteroid and vitamin D applied once a day for up to 4 weeks; or
   - a vitamin D preparation applied once a day (if you can’t use corticosteroids and have mild to moderate scalp psoriasis).

4. If a combined product or vitamin D preparation does not control your scalp psoriasis after 8 weeks, you should be offered one of the following options:
   - for adults only, a very potent corticosteroid applied up to twice a day for 2 weeks
   - a coal tar preparation applied once or twice a day
   - referral to a specialist for help with topical applications or advice on other treatments.

Here is a list of topical treatments that NICE mentions and you may find useful for scalp psoriasis:

**Topical steroids (corticosteroids)**

Topical steroids come in various formulations and some are specifically designed as scalp products. These tend to be lotions, gels, foams, sprays, or shampoo, so they can be used more easily in hair-covered areas, are more cosmetically acceptable and are easier to wash out. When there is a lot of scale and soreness you may be advised to avoid topical treatments with high alcohol content as these often can cause drying and stinging. In this case a gel or lotion-based product might be more suitable.

Corticosteroids come in different strengths, ranging...
from mild to very strong potency. Potent steroids are usually prescribed for scalp treatment but these are not suitable for the face or around the ears. They should not be used continuously for long periods of time. They are used, ideally, for a few weeks to bring the psoriasis under control, and then gradually phased out, switching to maintenance treatment with a coal tar shampoo and/or emollients. Sometimes the corticosteroid becomes less effective after repeat use and an alternative formulation or treatment may need to be tried for a while.

When you are using potent steroids on the scalp, take care not to let the treatment run onto your face or behind your ears, as the skin is much thinner in these areas and more prone to damage. It’s important to wash your hands after using these treatments so you do not spread the treatment to other areas by mistake.

**Vitamin D analogues**

Vitamin D analogues are available as ointment, gel or lotion depending on the brand. They are usually applied once or twice a day and left in contact with the scalp (ie do not need to be washed out). They do not smell or stain clothing, and are relatively easy to use, although none are specifically designed for use on the scalp. They can be used to bring the scalp psoriasis under control and maintain that control. One manufacturer combines the treatment with a potent steroid and this must therefore be avoided on the face and behind the ears. Products without steroid content are safe to use on the forehead too but can sometimes cause irritation. It is wise to test a small patch before applying it to the entire scalp. Avoid contact with the eyes.

**Tar products**

Tar shampoos, gels, ointments and creams are commonly used to treat scalp psoriasis and can be used on the hairline, forehead and around the ears. They may be combined with other medications such as salicylic acid or coconut oil to help remove scale. Tar is effective but it can stain clothing and jewellery and has a strong smell, so some people dislike using it. The precise instructions for use will depend on the formulation of the product but tar products are usually massaged into the scalp, left in contact for a period of time (perhaps 1-2 hours) and then
washed off. Clothes and bedding can be protected from staining by wearing a shower cap during the contact period. Make sure you receive full instructions from your nurse, doctor or pharmacist on how to use the product safely and effectively.

**Medicated shampoos**

There are several coal tar and medicated shampoos for treating scalp psoriasis available from your local chemist. For further advice, speak to your pharmacist. You should bear in mind that medicated shampoos are designed for treating the scalp rather than washing hair, so using a regular shampoo and conditioner after your scalp treatments will reduce the smell of any unpleasant medicated shampoo and leave your hair shiny and manageable. When using tar shampoos you should massage the shampoo into the scalp and leave for 5-10 minutes before rinsing out. Tar shampoo alone is not recommended for treatment of severe scalp psoriasis (ie where there is thick scaling and redness).

**Emollients/oils**

Sometimes emollient ointments or oils can be useful in softening thick adherent scale on psoriasis plaques. Other ‘active’ treatments like steroids or tar will work better if the scale is removed first because they can then better penetrate the area requiring treatment. There are no products specifically marketed for this purpose but oils such as arachis (peanut) oil, olive oil, and coconut oil are sometimes used, or an emollient ointment or lotion which would also be available from pharmacies.

Oil can be dribbled onto the scalp and massaged in, section by section, trying to avoid too much going on the hair. The scalp can then be wrapped in a towel, shower cap or cling film and left for 30-60 minutes. After this the scalp and hair can be washed with normal or tar shampoo. While the scalp is still damp, gentle manual removal of scales will be possible where they are softened...
and loose. You may find it easier to do this if you have someone to help. Place a plastic, fine-toothed comb flat against the scalp and gently rotate it in a circular motion. Loosen the scale gently and try to comb it out of the hair. Do not remove scales too fiercely as this can damage the skin and cause hair loss. You can then shampoo again to wash away debris from the scalp and out of the hair. The hair may need two washes if it remains oily. You can, of course, use a hairdryer to dry your hair afterwards.

Once this is done an active treatment such as corticosteroid lotion can be applied.

**NB: Tar ointments are used in a similar way.**

### Other treatments

#### Dithranol

Dithranol creams may be effective in scalp psoriasis but, like coal tar, can be difficult to use and are not often prescribed for home use. Dithranol is usually applied to the scaly plaques and left in contact for up to 30 minutes before being rinsed out. It needs to be applied with great care as it can irritate and cause purple staining of blonde or red hair. Dithranol can also burn skin unaffected by plaques. Lipid stabilised dithranol, if used correctly, can reduce staining. It should also be noted that dithranol will stain clothing and baths, showers and wash basins. Extra attention is needed and so it is probably best reserved for supervised use in dermatology clinics only.

#### Antimicrobial treatment

If a bacterial or yeast infection is present, scalp psoriasis can become worse. A crusting scalp together with scaling and/or swollen lymph nodes in the neck may indicate to your doctor that antimicrobial treatment will be necessary as there is infection present.

Mild scalp psoriasis can also mimic or coincide with a yeast infection and so may respond well to treatment with antifungal shampoos. Antifungal shampoos may have to
be used once or twice a week thereafter to maintain results.

**Ultraviolet light**

Successful outcome for using UV light treatments is poor because the hair blocks UV light from penetrating the scalp. It works best on shaved heads. Natural sunlight may also help if your head is shaved or hair is thin.

**Salicylic acid**

A lot of product treatments will contain salicylic acid, known as a keratolytic. This ingredient aims to break down the psoriasis scales so they can be washed away more easily. It is contained in both over the counter (OTC), and prescription products. It should be noted that treatment with high concentrations of this ingredient can cause irritation and sometimes weaken hair, resulting in some temporary hair loss. Hair should return to normal after stopping the treatment.

**Combination medications**

The treatment of psoriasis should be tailored to each person. Your doctor or nurse may try various combinations of treatments before finding which works best for you. Make sure you ask how to use the treatments and if possible have some written instructions as it can be confusing if you are prescribed several different products.

**Hairdressing**

Some people with scalp psoriasis find it embarrassing when they first visit a new hairdresser or barber. Any reputable hairdresser should have an understanding of conditions such as scalp psoriasis and be able to advise you on styles, colourings and hair products. It is always worth making general enquiries of friends and relatives.
about local hairdressers or contacting the Hairdressing Council\textsuperscript{4} for further advice. Some hairdressers are also happy to visit your home if you would prefer not to go to a salon.

There is no evidence to suggest the use of hair dyes, hair sprays or perms will affect your scalp, but make sure you ask your hairdresser to apply patch tests before embarking on any treatments, to see if the products will irritate your scalp or psoriasis lesions. They may be able to use or advise you of gentler products.

**Pregnancy**

Some treatments should not be used during pregnancy or breast-feeding, so before you use them, always check their suitability with your doctor. As a general rule, emollients, some oils and corticosteroid formulations (without antimicrobial or salicylic acid added) are safe to use.

**References**


4. www.haircouncil.org.uk

**About this information**

This material was produced by PAPAA. Please be aware that research and development of treatments is ongoing. For the latest information or any amendments to this material please contact us or visit our website.
This edition reviewed and revised by Consultant Nurse Karina Jackson, St John’s Institute of Dermatology, Guy’s and St Thomas’s NHS Foundation Trust. May 2013.

A lay and peer review panel has provided key feedback on this leaflet. The panel includes people with or affected by psoriasis and/or psoriatic arthritis.

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The Information Standard scheme was developed by the Department of Health to help the public identify trustworthy health and social care information easily. At the heart of the scheme is the standard itself – a set of criteria that defines good quality health or social care information and the methods needed to produce it. To achieve the standard, organisations have to show that their processes and systems produce information that is:

- accurate
- evidence-based
- impartial
- accessible
- balanced
- well-written.

The assessment of information producers is provided by independent certification bodies accredited by The United Kingdom Accreditation Service (UKAS). Organisations that meet The Standard can place the quality mark on their information materials and their website - a reliable symbol of quality and assurance.
The charity for people with psoriasis and psoriatic arthritis

PAPAA, the single identity of the Psoriatic Arthropathy Alliance and the Psoriasis Support Trust.

The organisation is independently funded and is a principal source of information and educational material for people with psoriasis and psoriatic arthritis in the UK.

PAPAA supports both patients and professionals by providing material that can be trusted (evidence-based), which has been approved and contains no bias or agendas.

PAPAA provides positive advice that enables people to be involved, as they move through their healthcare journey, in an informed way which is appropriate for their needs and any changing circumstances.

Contact:
PAPAA
3 Horseshoe Business Park,
Lye Lane, Bricket Wood,
St Albans, Herts. AL2 3TA
Tel: 01923 672837
Fax: 01923 682606
Email: info@papaa.org

www.papaa.org

Psoriasis and Psoriatic Arthritis Alliance is a company limited by guarantee registered in England and Wales No. 6074887
Registered Charity No. 1118192
Registered office: Acre House, 11-15 William Road, London, NW1 3ER