



Scalp Psoriasis: a challenging task in management

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Addressing the recent 5th Chinese University of Hong Kong Dermatology and Social Hygiene Symposium, private dermatology specialist, Dr Hau Ka Lam, discussed recent developments in the management of chronic plaque psoriasis of the scalp, a frequently occurring and difficult to treat condition.

The scalp is the most common site of psoriasis involvement, being seen in 80% of patients with chronic disease. Clinical features include sharply demarcated erythematous-squamous lesions with silver/white scaling, with lesions frequently advancing beyond the hair border, and patchy or diffuse scaling. There is extensive hair loss in erythroderma and hyperkeratotic scalp psoriasis, which may induce scarring alopecia.

Scalp psoriasis represents a significant health burden, negatively impacting patients' emotional well-being and quality of life (QoL), with a Dutch study reporting a significant correlation between scalp desquamation and mental health [1].

Differential diagnoses include seborrhoeic, atopic and contact dermatitis, atopic dermatitis and contact dermatitis. Scalp psoriasis may also be confused with folliculitis, superficial fungal or bacterial infections, or lichen simplex chronicus.

Treatment

Scalp psoriasis remains difficult to treat and there is a long-standing unmet need for an effective and well tolerated treatment. A meta-analysis of topical agents found most had only marginal efficacy benefits, with only potent corticosteroids and vitamin D3 derivatives having evidence to support their use [2].

However, topical agents are known for the discrepancy that is often seen between clinical trial results and the results of such agents in the real world, due to inconvenient application reducing compliance. A novel formulation of clobetasol propionate 0.05% (Clobex[®]) shampoo can be used conveniently in patients with moderate to severe scalp psoriasis. The formula can be used safely in adult patients, daily for up to 4 weeks.

A 4-week French comparison of clobetasol propionate shampoo 0.05% and a 0.005% solution of calcipotriol

found the new shampoo significantly more effective and better tolerated in 151 subjects with moderate to severe scalp psoriasis [3].

A 4-week Korean study that assessed the efficacy and safety of clobetasol shampoo and its vehicle in 143 subjects with moderate to severe scalp psoriasis showed significant reduction in erythema, scaling and plaque thickness compared with placebo.

Significant reductions were seen in the area of the psoriatic lesions, global and total severity score, and symptoms with clobetasol shampoo versus the vehicle. Furthermore, 85% of doctors said disease had improved, while 91% of patients were satisfied with it. Clobetasol shampoo was also well-tolerated and QoL was improved [4].

In a Hong Kong study of the efficacy of clobetasol propionate 0.05% shampoo in 18 patients with moderate to severe scalp psoriasis, significant reductions were seen in symptoms including erythema, scaling, plaque thickening and pruritis. Moreover, global tolerability was rated as excellent (47%) or good (53%) by all patients and no ocular side effects were seen in the 4-week treatment.

In conclusion, scalp psoriasis remains a management challenge, due to difficulties with drug application and penetration. While the mainstay of treatment is with topical steroids, combining steroids with an appropriate systemic medication can enhance disease control, with a shampoo containing a topical steroid being an effective and convenient means of treating scalp psoriasis and improving compliance.

Reference

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4. Jarratt M, et al. *J Drugs Dermatol* 2004;3:367–73.