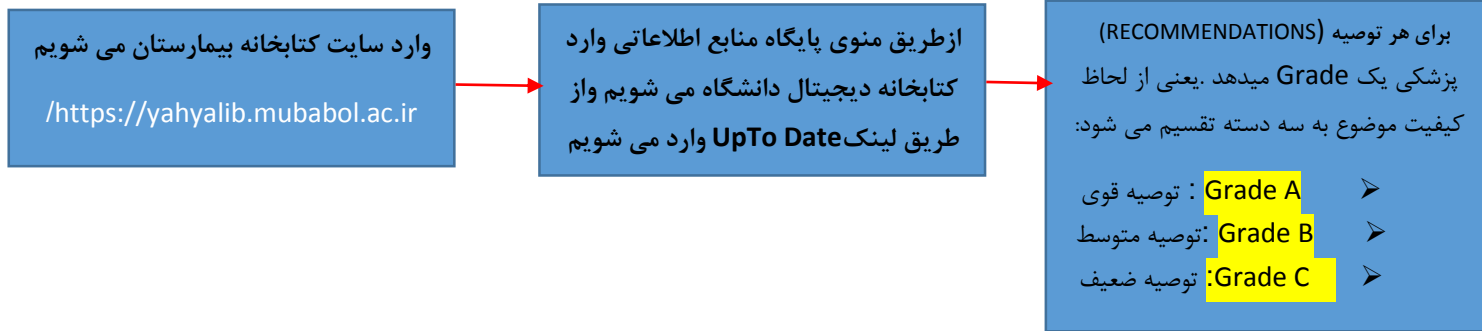
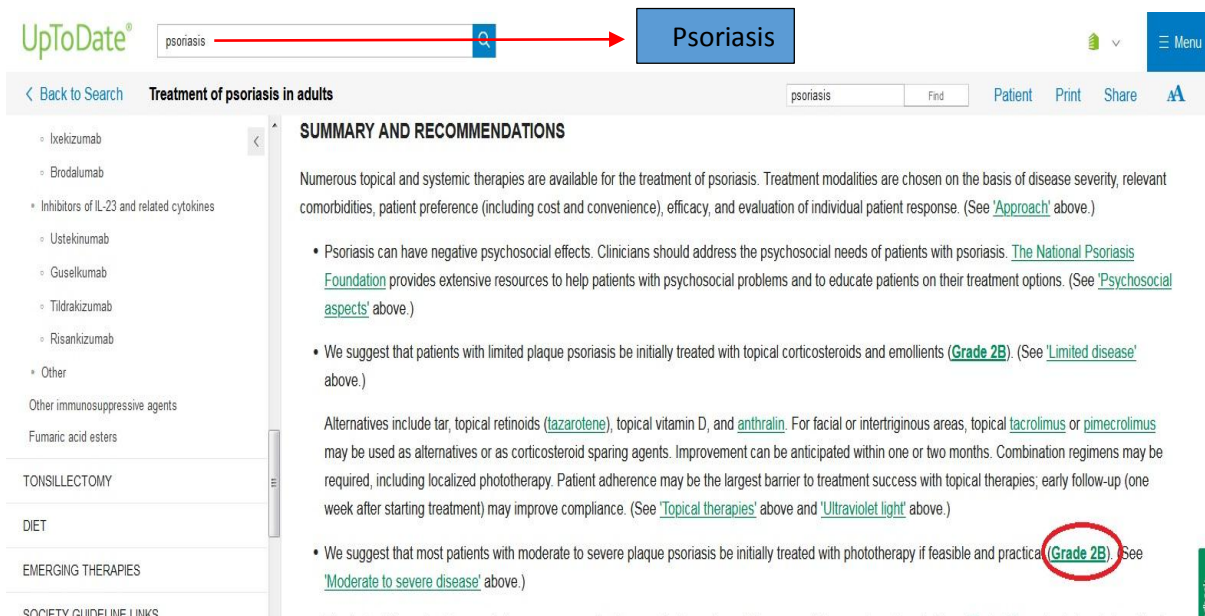


آیا میدانید در پایگاه اطلاعاتی UpTo Date برای هر توصیه پزشکی به Greade مشخص شده است ؟

UpToDate® psoriasis Psoriasis

< Back to Search Treatment of psoriasis in adults psoriasis Find Patient Print Share A

SUMMARY AND RECOMMENDATIONS

Numerous topical and systemic therapies are available for the treatment of psoriasis. Treatment modalities are chosen on the basis of disease severity, relevant comorbidities, patient preference (including cost and convenience), efficacy, and evaluation of individual patient response. (See 'Approach' above.)

- Psoriasis can have negative psychosocial effects. Clinicians should address the psychosocial needs of patients with psoriasis. [The National Psoriasis Foundation](#) provides extensive resources to help patients with psychosocial problems and to educate patients on their treatment options. (See 'Psychosocial aspects' above.)
- We suggest that patients with limited plaque psoriasis be initially treated with topical corticosteroids and emollients (**Grade 2B**). (See 'Limited disease' above.)

Alternatives include tar, topical retinoids ([tazarotene](#)), topical vitamin D, and [anthralin](#). For facial or intertriginous areas, topical [tacrolimus](#) or [pimecrolimus](#) may be used as alternatives or as corticosteroid sparing agents. Improvement can be anticipated within one or two months. Combination regimens may be required, including localized phototherapy. Patient adherence may be the largest barrier to treatment success with topical therapies; early follow-up (one week after starting treatment) may improve compliance. (See 'Topical therapies' above and 'Ultraviolet light' above.)

- We suggest that most patients with moderate to severe plaque psoriasis be initially treated with phototherapy if feasible and practical (**Grade 2B**). (See 'Moderate to severe disease' above.)

انسبیه آقاجانی

کتابدار بیمارستان شهید یحیی نژاد