# Management of Common Skin Disease in Primary Care

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# Advice & Guidance on Common Skin Diseases

- Acne
- Seborrhoeic dermatitis
- Hidradenitis suppurativa
- Rosacea
- Urticaria
- Hair loss
- Hyperhidrosis
- Melasma
- Hand dermatitis
- Psoriasis
- Keloids / hypertrophic scars
- Viral warts

NICE National Institute for Health and Care Excellence

NICE Pathways

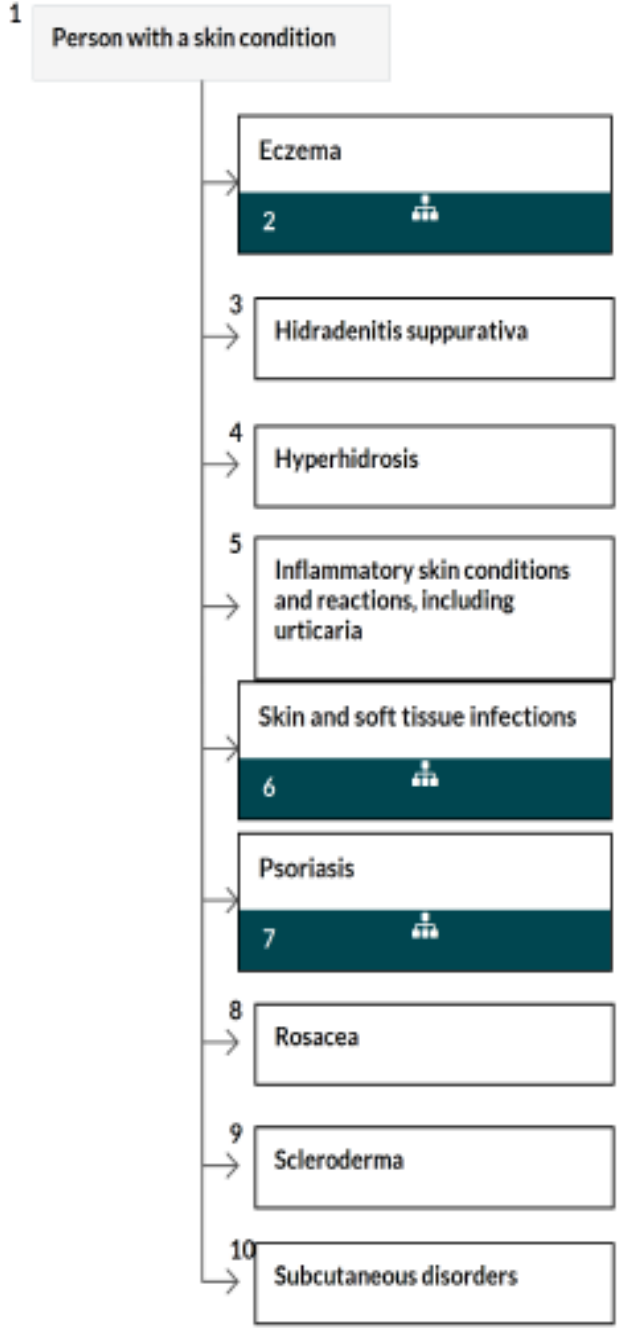
# Managing skin conditions

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

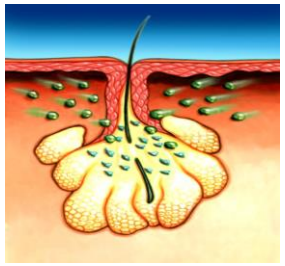
They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/skin-conditions
NICE Pathway last updated: April 2020

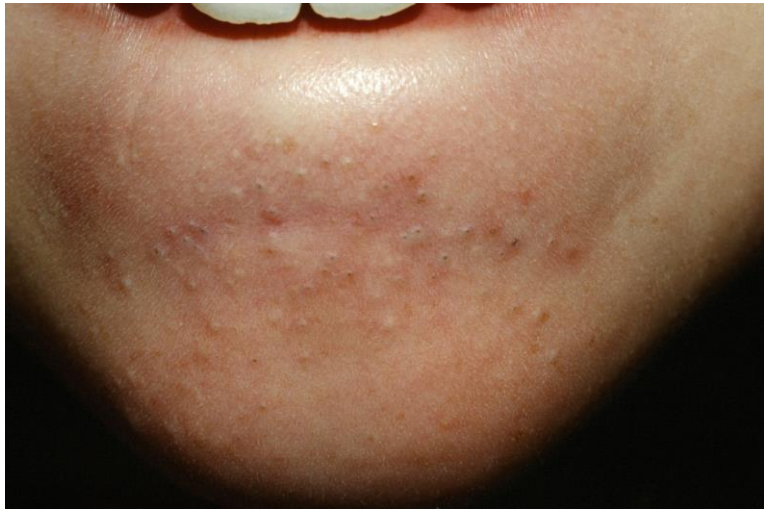
This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.

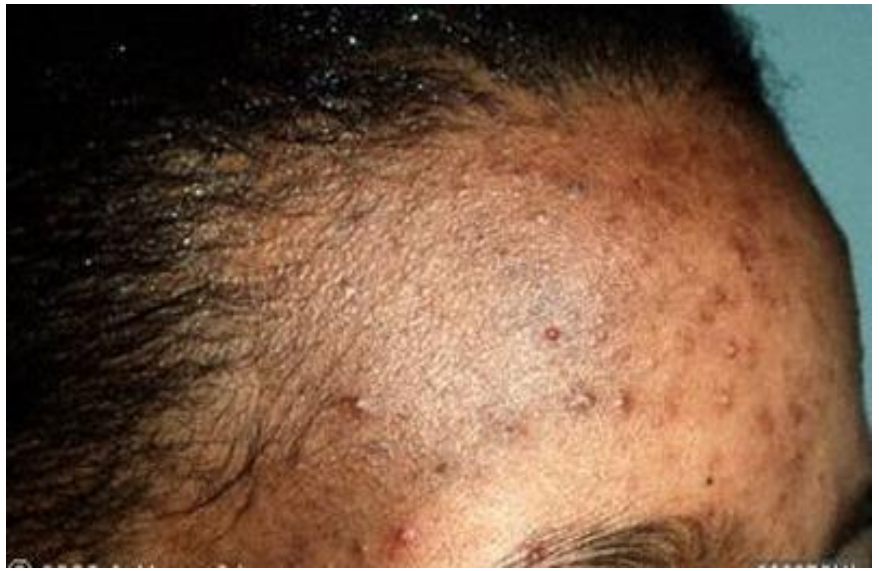


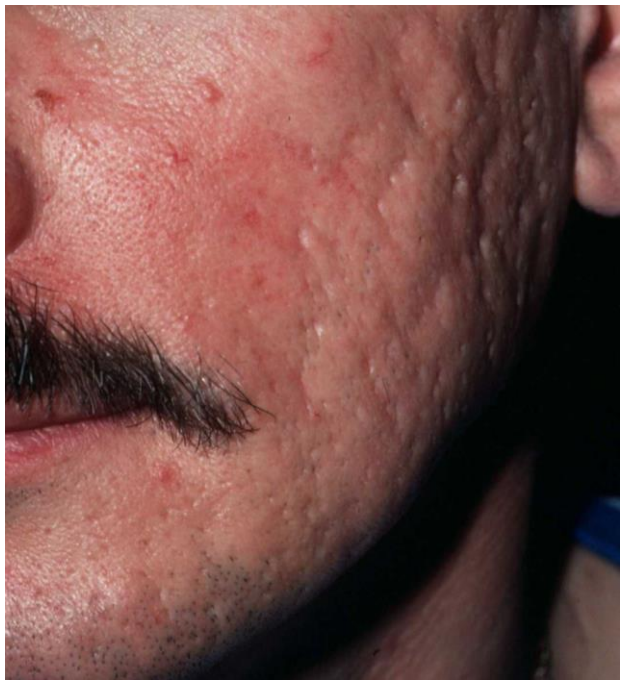
# Acne



- Commonest skin disease worldwide
- CHRONIC - ‘longterm skin condition’ – not ‘cured’ with antibiotics
- Blocked pores, Xs sebum & later, inflammation, scarring, pigmentation







# Steps in management

1. **Acne skin care:** oil-free moisturiser, make up/sunscreen & gentle cleanser
2. **ADD** topical **retinoid +/- BPO (azelaic acid)**
3. **ADD** 3-4/12 courses of tetracycline (lymecycline, doxycycline), macrolide, trimethoprim (3rd line)

Combined **OCP** +/- **Spironolactone (50-100 mg od)** for females with PCOS features, seborrhoea, relapsed acne (previous oral isotretinoin)

IF all above fail, **severe nodulocystic disease**, **scarring** (not blemishes) or **severe psychological** effects – REFER for ? Isotretinoin

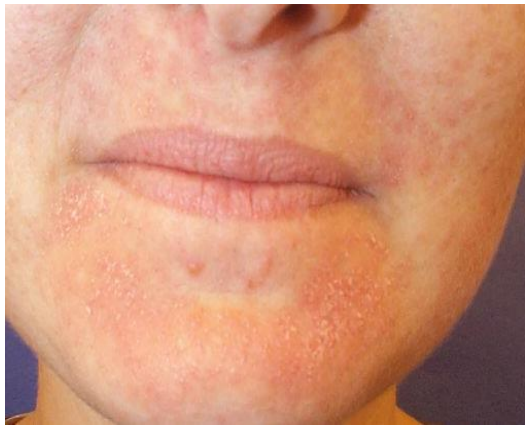
(highly effective contraception / LARC & psych history please) MHRA regulations to come

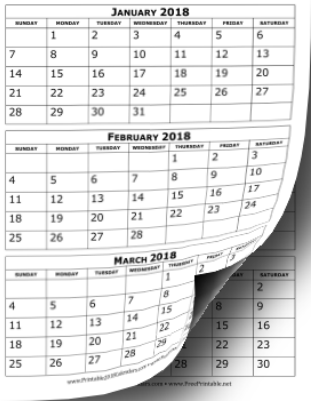
# Skin Care in Acne

- Daily cleanser – not soap; ‘detergent acne’!
- Toner -  only if & where oily
- Oil-free moisturiser – if dry
- No grease (vaseline, lanolin, plant oils etc)
- Gentle exfoliation only if non-inflamed

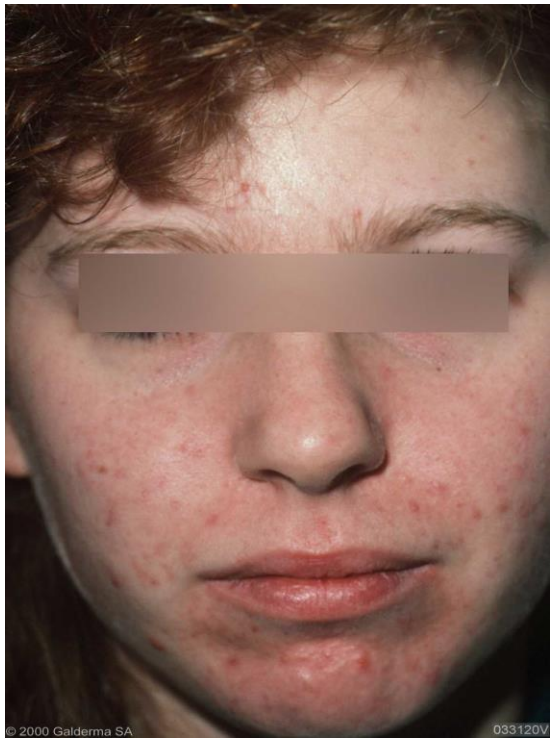
# Tips for success with Acne Topicals

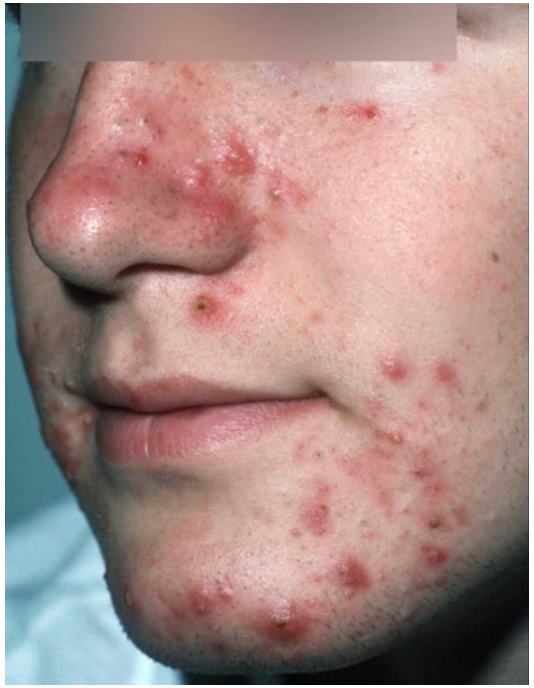
- Treat *all* acne zones – not dot the spot
- Advise of irritancy / flaky skin – peeling means it's working
- Tolerance to retinoids:  2-3/12
- Sparing use o.d. / alt days
- Bleaching with BPO
- Good skin care
- Patience: results take months
- Continue to keep skin clear

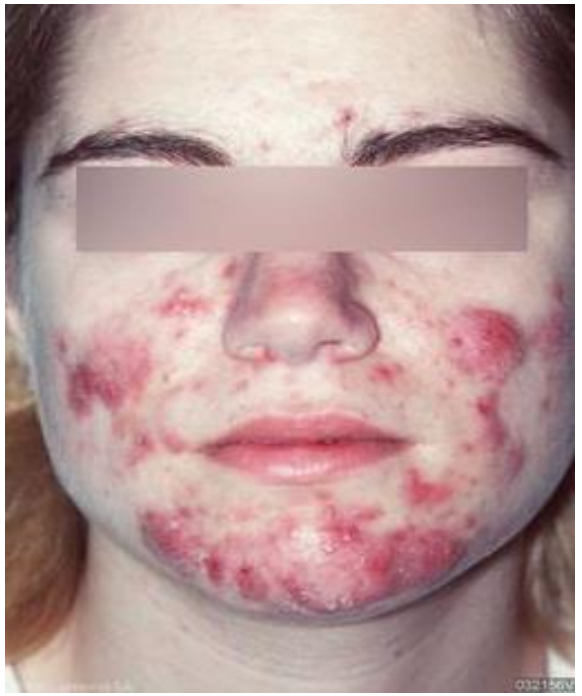





# Acne: Variable Severity





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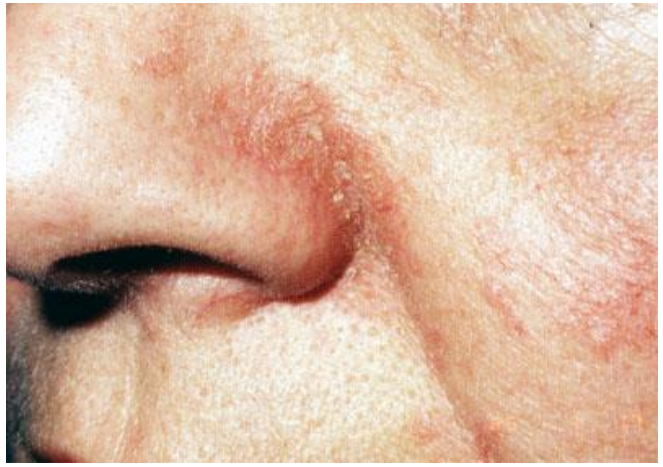
Read about our approach to COVID-19

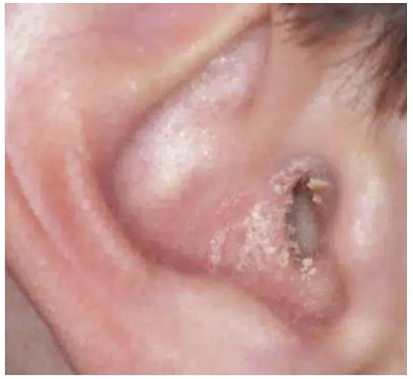
Summary

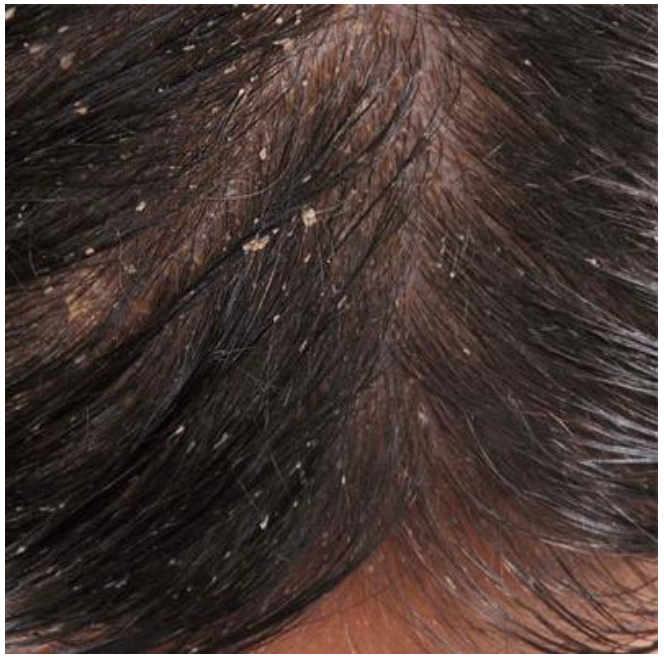
# Acne vulgaris

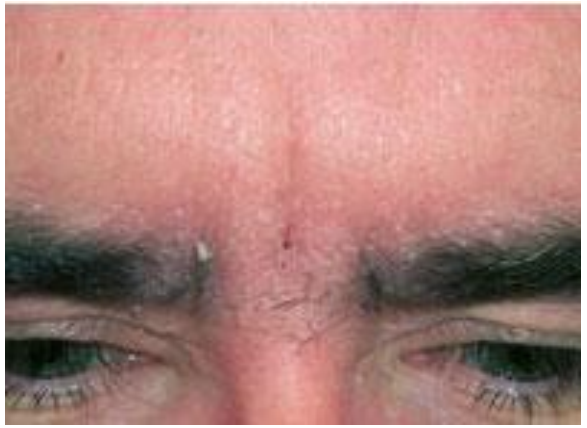
Last revised in December 2019 Next planned review by April 2023

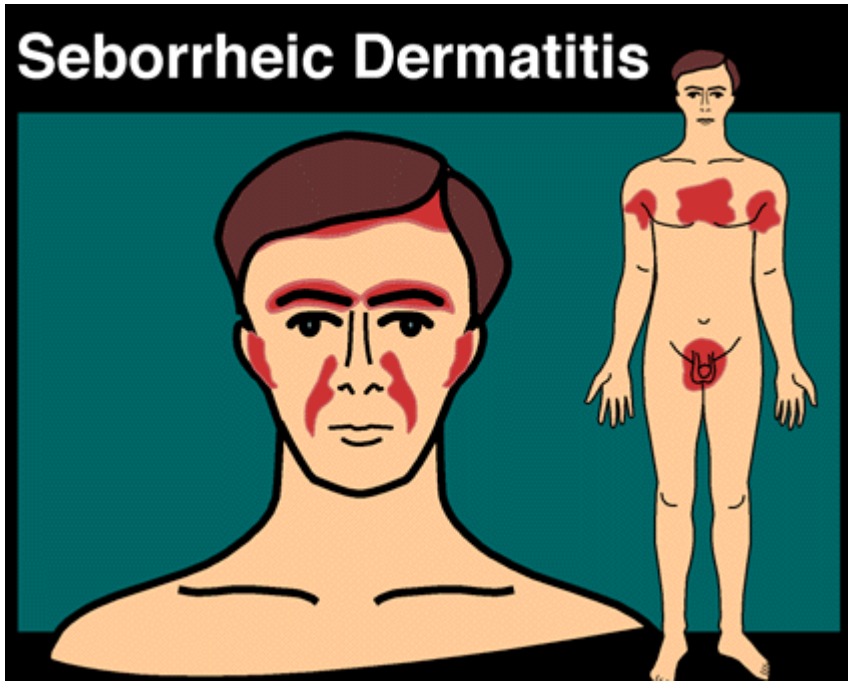
# Seborrhoeic Dermatitis

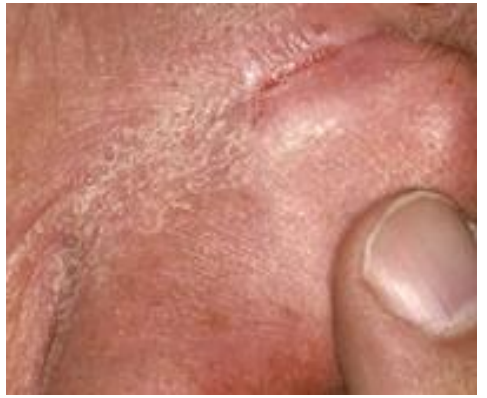






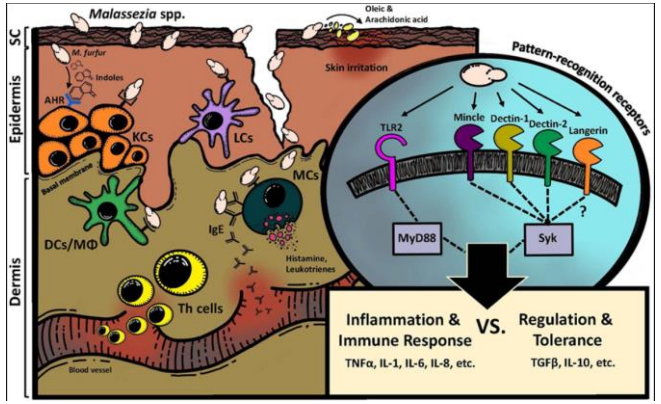




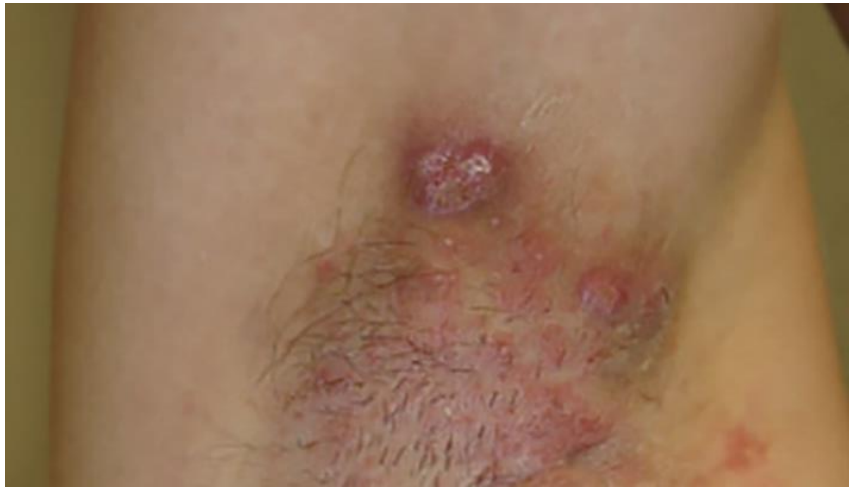



# Seborrhoeic Dermatitis

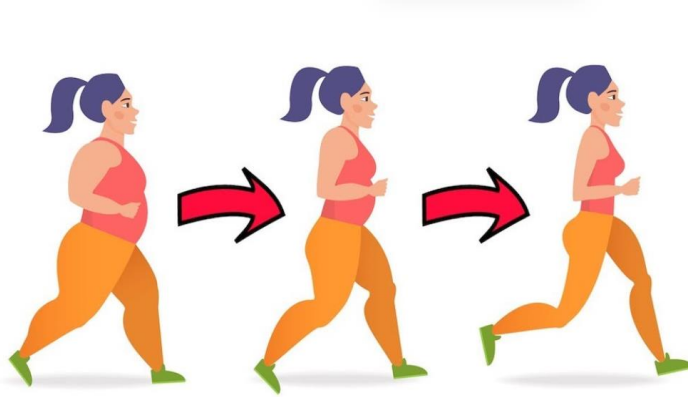
- Common, CHRONIC, relapsing
- Scalp, face, torso, anogenital
- Variable itch
- Diagnostic clues – ear canals, scalp
- Pityrosporum (malassezia) yeast / bacterial overgrowth / dysbiosis
- Severe – consider HIV
- Imidazoles, TCS, TCI, metronidazole,Promiseb
- Tea tree oil – (beware can cause allergy)
- Maintenance shampoo selenium sulphide, ketoconazole

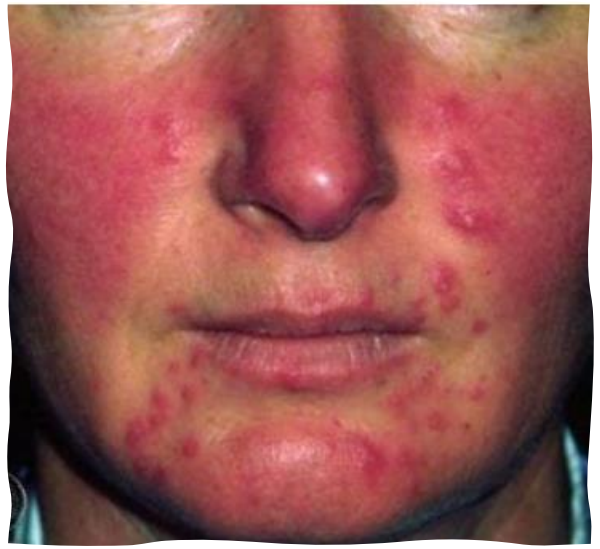
# Hidradenitis Suppurativa

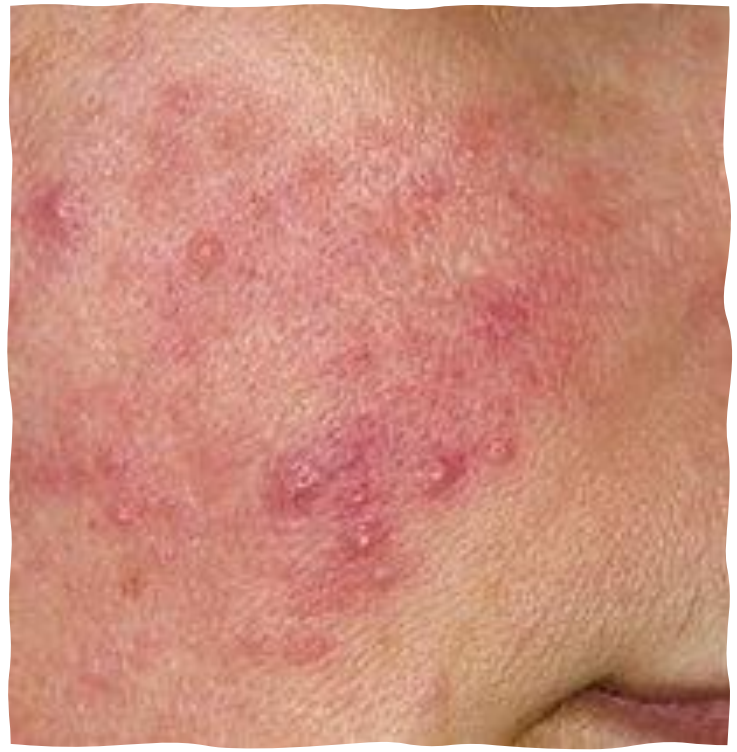


- Uncommon / under recognised
- CHRONIC, debilitating
- Lifestyle – Raised BMI, smokers
- Topical antiseptics (chlorhexidine 4%)
- Topical clindamycin
- Oral tetracyclines
- Rifampicin & clindamycin 300mg bd 10/52 (contraception failure!)
- High dose flucloxacillin / Augmentin / surgery for acute abscesses
- Moderate to severe disease – REFER (? Dapsone, retinoid, Biological Rx, plastic surgery)



# Rosacea



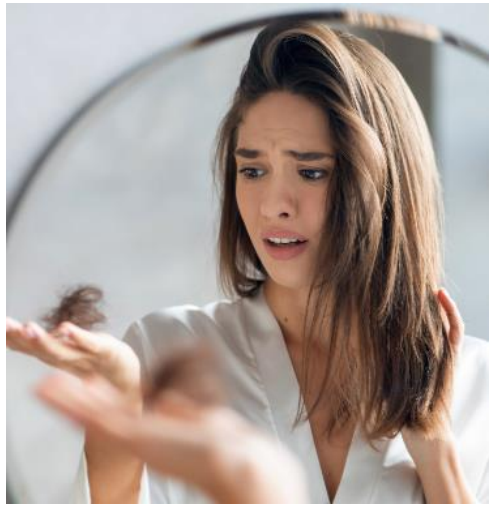


- Common, CHRONIC skin & eye disease
- Most improve with skin care & topicals
- Metronidazole (cream or gel), azelaic acid, ivermectin
- Add 3/12 courses of P/O tetracycline for flare
- Telangiectasia & flushing – difficult to treat. Consider clonidine, B blocker. Topical brimonidine occasional use only
- P/O antibiotics and lid hygiene for ocular disease
- Sunscreens (oil-free) as may be UV aggravated
- No topical steroids – aggravate
- REFER if atypical, severe, phymatous

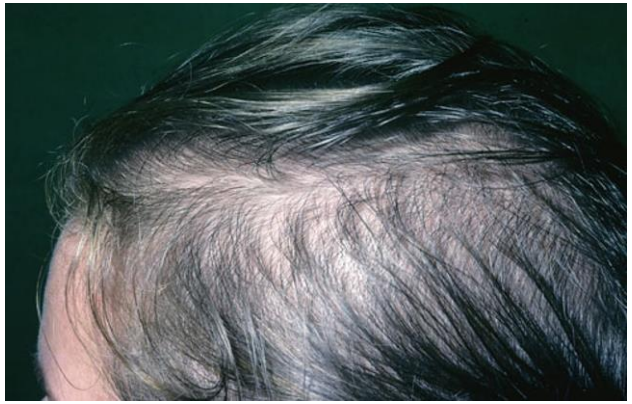
# Urticaria

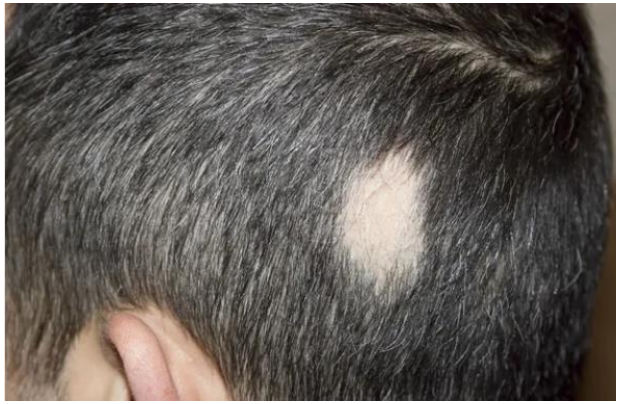
- Common, different causes often chronic > 6/52)
- Wheals leave NORMAL skin (not dry, flaky)
- Infection triggered acute urticaria common in children
- Most chronic urticaria is C**hronic Spontaneous (idiopathic) Urticaria** (CSU) +/- angioedema **Not Food allergy -** Allergy tests NOT indicated
- Symptomatic **dermographism** (physical urticaria) common in healthy adults: '20 minute, streaky rash'
- **Non-sedating oral AH** (loratadine 10mg, Fexofenadine 180mg) '**up dose' to 4x/day**
- Avoid NSAIDs
- 2% Menthol cream for itch, loose clothes, cool showers
- REFER if severe/ unresponsive / atypical (wheal lasts >24 hours, bruising)

# Hair loss



- Shedding or thinning ?
- Patchy loss or diffuse ?
- Is scalp skin normal or inflamed ?
- Look for scarring (magnifying glass, dermatoscope)
- **Hair shedding** – telogen effluvium, iron deficiency, thyroid, Vit D (ANA) - HAIR PULL TEST
- **Hair thinning** – **androgenic alopecia** v common in women – OTC 5% minoxidil. NO licensed Rx
- **Alopecia areata** – 1% of population – usually mild. No cure / definitive Rx Unpredictable. Clobetasol lotion / shampoo & OTC 5% Minoxidil / No Rx
- Frontal hairline recession +patchy hair loss with abnormal scalp / rash - rarer diseases - REFER





# Hyperhidrosis

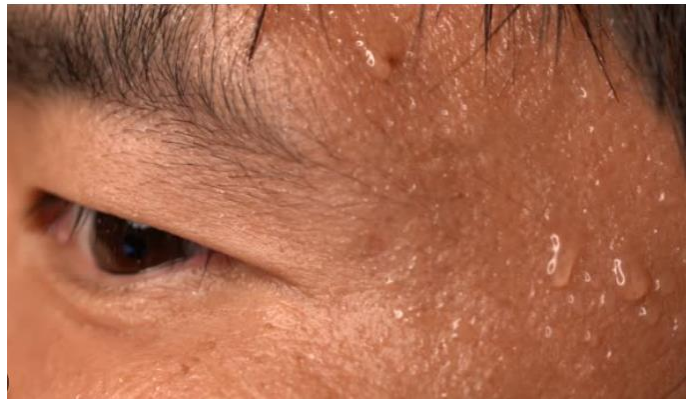
- Common, chronic, affects QOL +/- social phobia
- Usually fit young
- **Propantheline** (licensed), oxybutynin (unlicensed) - side Fx
- ? Anxiety / depression
- Axillary – **antiperspirants applied at night**, hairdryer to dry, no morning shower. [Botox – NOT AVAILABLE in NWLCCG]
- **Anticholinergic wipes** via internet – side Fx
- Generalised – using recreational drugs, cannabis ?
- Hands and feet – iontophoresis.  REFER for trial – patient then to buy
- Endoscopic Transthoracic Sympathectomy – if upper limb, recalcitrant

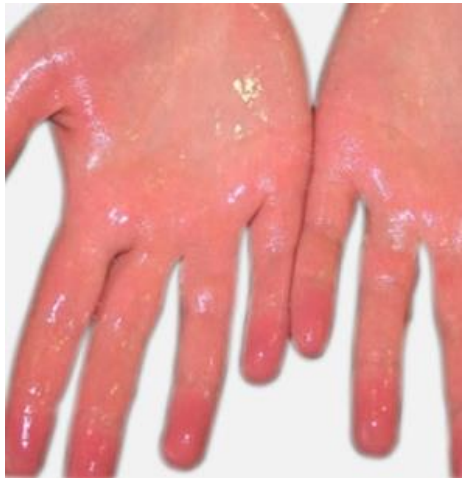
## Qbrexza® Rx Topical Cloths/Wipes

Qbrexza (glycopyrronium) cloth

In June 2018, the U.S. Food & Drug Admi
topical treatment for axillary hyperhidros
Qbrexza is owned by Journey Medical Cc

International Hyperhidrosis Society found
Glaser (St. Louis University School of Mec
Medical School at Houston), and Dr. Davi
Pariser Dermatology Associates) were inv
this new treatment and we congratulate them on its FDA-approval.



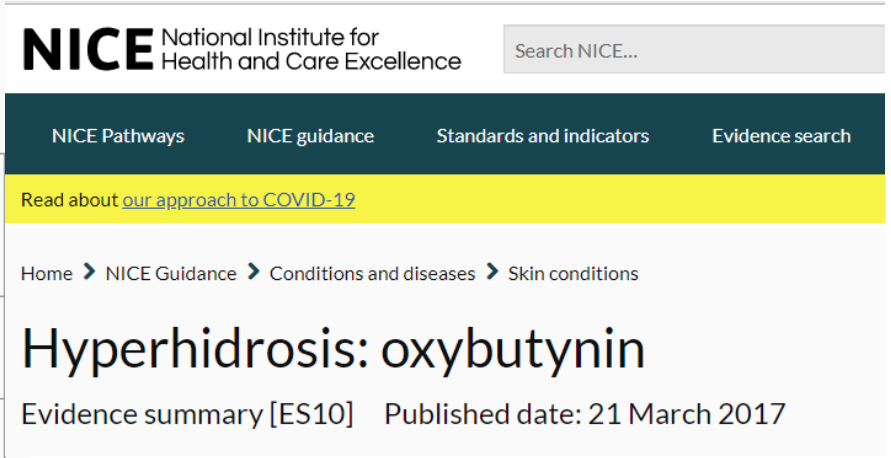


## Costs of other treatments

See table 3 for the cost of other systemic treatments used for hyperhidrosis.

**Table 3 Costs of other antimuscarinics**

| Medicine | Usual dose [a] | 30 day cost excluding VAT |
|---|---|---|
| Oxybutynin tablets[b] | 2.5 mg to 10 mg daily[c] | £0.62 to £1.60[d] |
| Oxybutynin modified release tablets[b] | 5 mg to 10 mg daily | £13.77 to £27.54[d] |
| Oxybutynin oral solution sugar-free[b] | 2.5 mg to 10 mg daily[c] | £144.50 to £398.40[d] |
| Oxybutynin transdermal patch[b] | 3.9 mg/24 hour patch applied twice weekly (every 3 to 4 days) | £29.14[d,e] |
| Propantheline bromide tablets (Pro-Banthine)[f] | 15 mg to 90 mg daily[g] in divided doses | £5.56 to £33.33[d] |
| Glycopyrronium bromide oral solution (Sialanar)[b] | 1 mg to 8 mg daily in divided doses[h] | £96.00 to £768.00[i] |




**Licensed drug**

# Hyperhidrosis

**Web links to further information:**

http://www.bad.org.uk/for-the-public/patient-information-leaflets/hyperhidrosis

http://dermnetnz.org/procedures/iontophoresis.html

http://patient.info/health/excessive-sweating-hyperhidrosis

https://iontophoresis.info

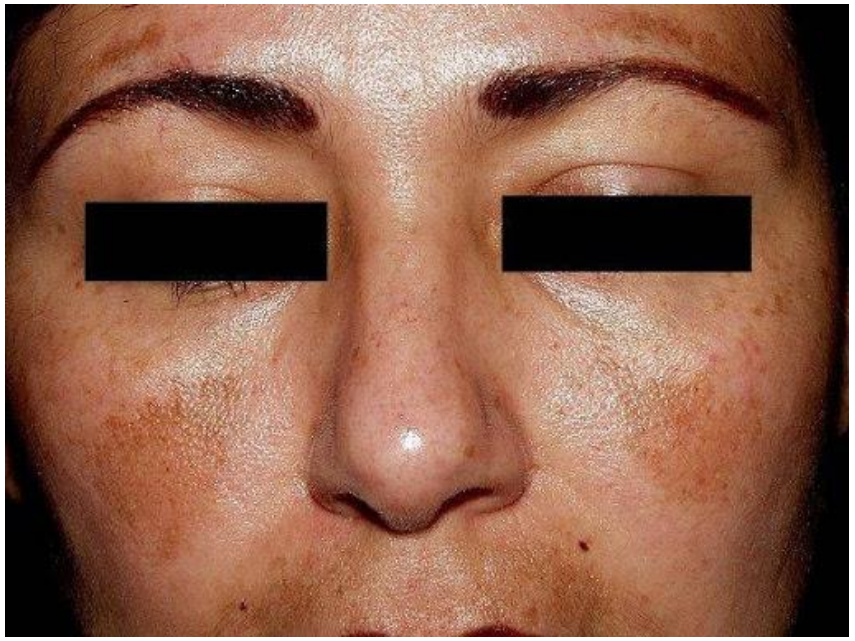
*Links to patient support groups:*

Hyperhidrosis Support Group
www.hyperhidrosisuk.org

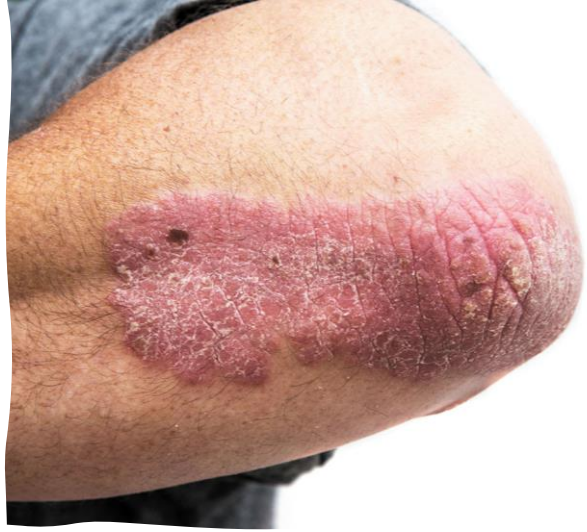
International Hyperhidrosis Society
https://sweathelp.org/

# Melasma

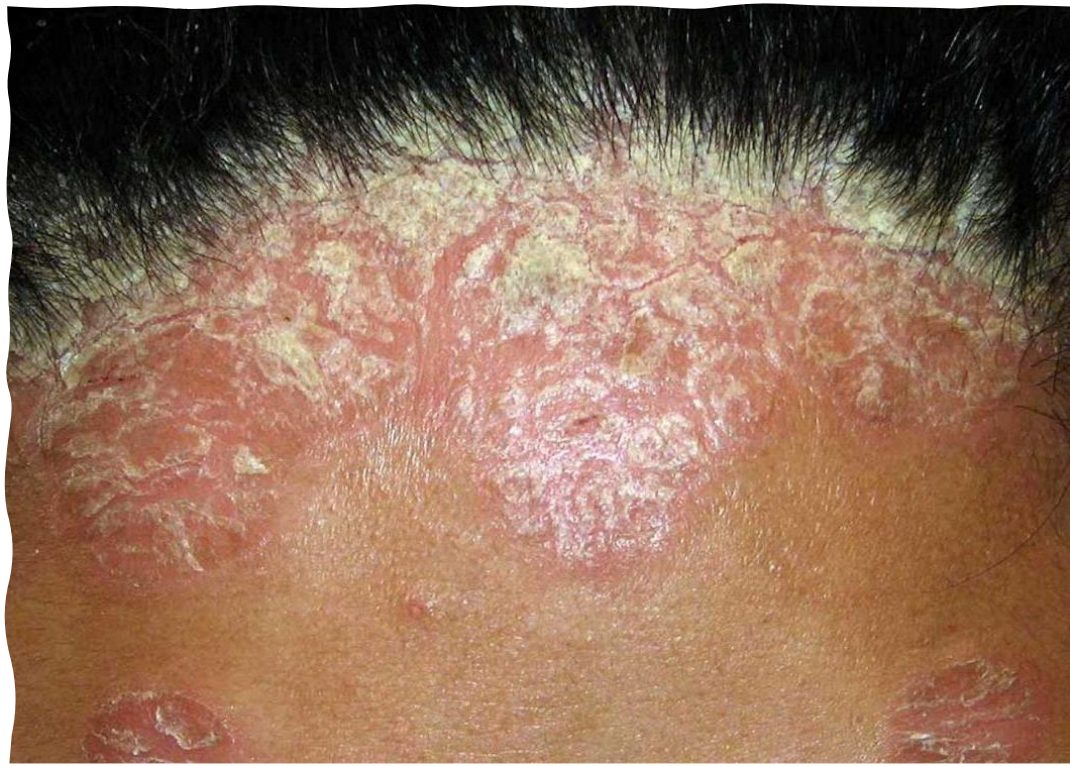
- Chronic, relapsing, UV-triggered hyperpigmentation
- Meticulous **Sun avoidance** essential – SPF 50 + mineral, tinted
- Dermablend (Vichy) camouflage cream
- **No licensed NHS Rx**
- 20% **Azelaic acid cream** (licensed for acne)
- Hydroquinone (skin bleach)– NOT NHS
- Laser – NOT NHS
- Stop **hormonal contraception**



# Psoriasis

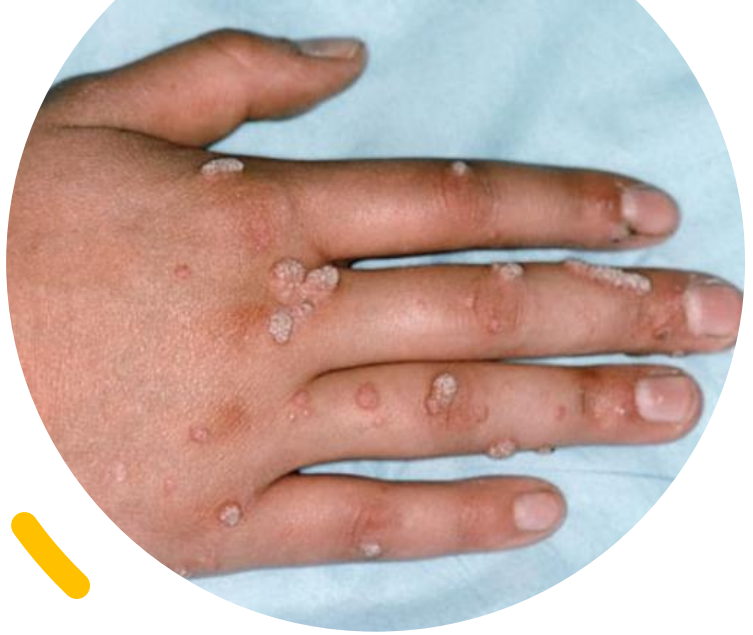


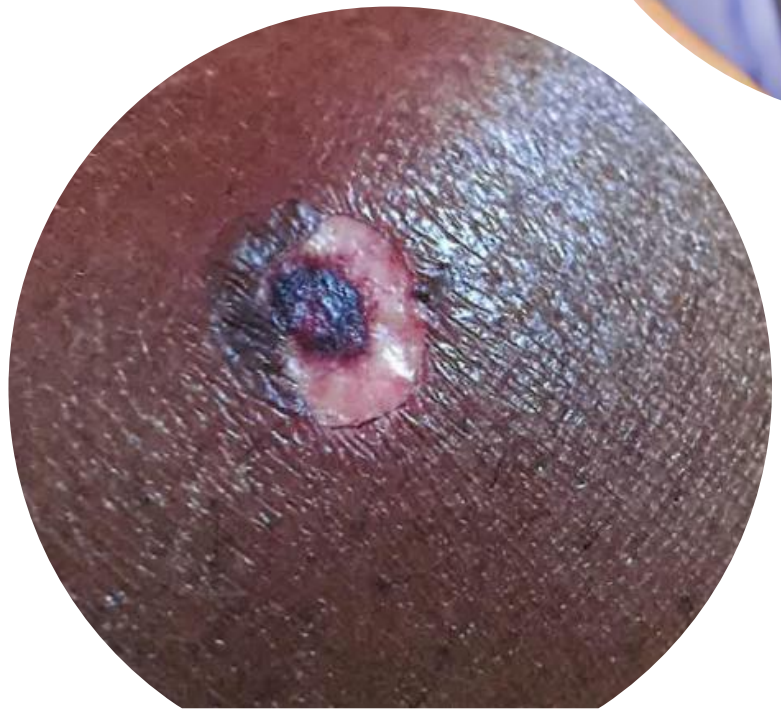
- PSO 2% of UK population; chronic/lifelong disease
- 1/3 have **PSA** (PEST score to assess)
- **↑BMI**, **metabolic syndrome**, **mental health**
- Topical Rx – Vitamin D +/- potent CS
- **Scalp** – difficult to treat - must **descale** first or Rx ineffective: coconut oil/ salicylic acid, Silicone cradle cap lotion (OTC)
- Nails – difficult to treat
- Genitals / flexures – difficult to treat - risk of atrophy **Moderate potency** CS +/- antimicrobials, soap substitutes
- **Sunshine** UVB
- REFER if widespread, difficult to treat sites



# Warts

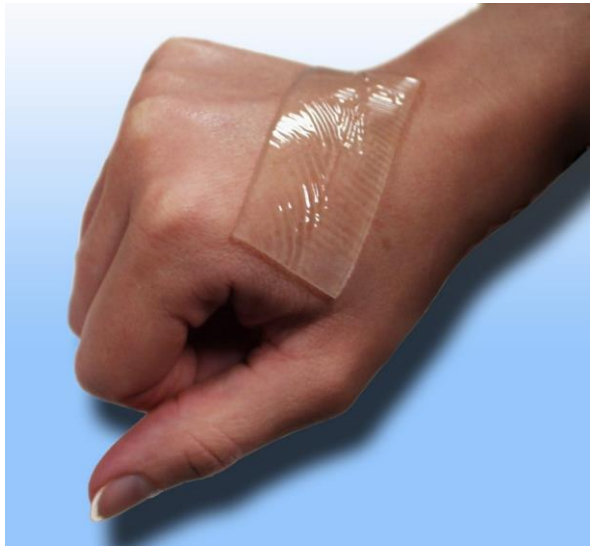
- Common viral infection hands & feet
- **No cure; 2/3 clear in 2 years without Rx – watch & wait**
- **OTC Salicylic acid (SA) / keratolytics**
- Duct tape; beige micropore
- **Chiropody**
- **LN2 NOT more effective than SA - BEWARE IN DARK SKIN, lower legs – poor healing**
- Verrucas: effectiveness of topical Rx = cryotherapy; 70% clearance
- Cautery for facial lesions (? Imiquimod)
- ICHT do NOT excise, laser, PDT or have other Rx options

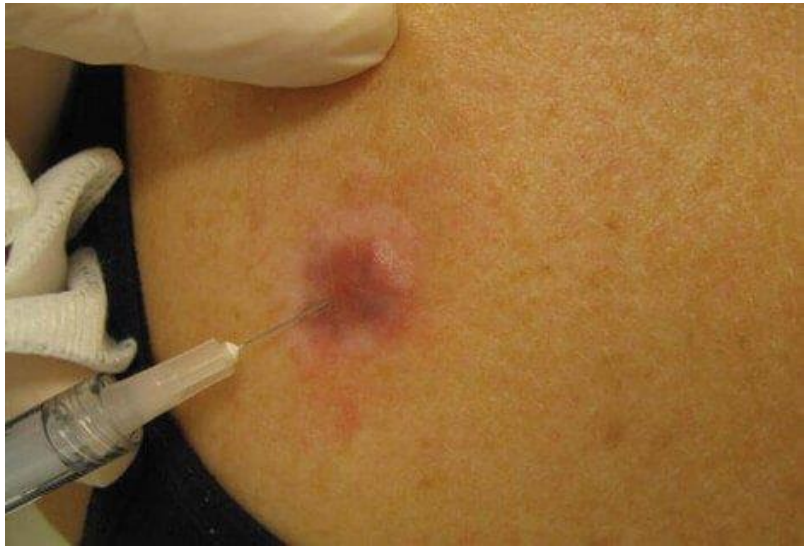




# Keloids & hypertrophic scars

- ‘Spontaneous’ on torso often follow mild acne – treat to prevent new lesions
- **Silicone gel / silicone dressings**
- **Topical Steroids**: Betesil tape, Clobetasol propionate + film dressings
- Surgery not routinely advised
- Intralesional steroids (triamcinolone 10-40mg/ml) x 2.
- Plastic surgery e.g. earlobe keloid

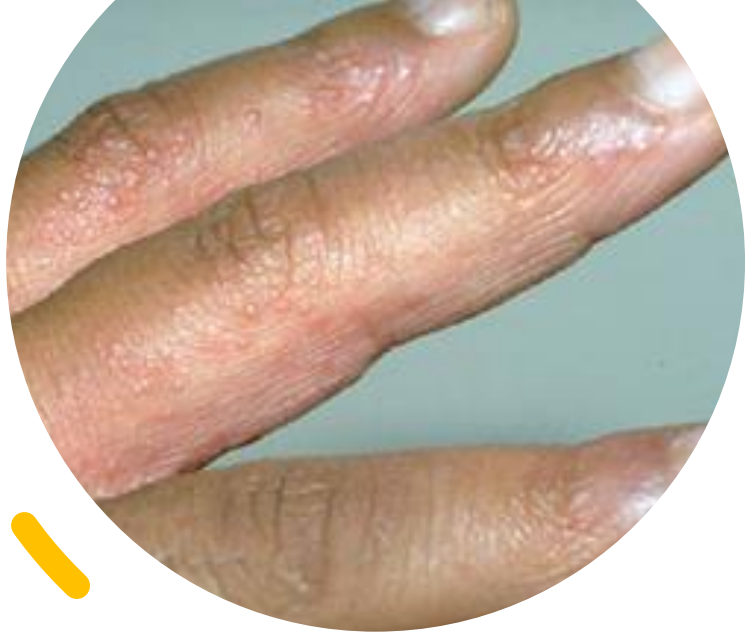


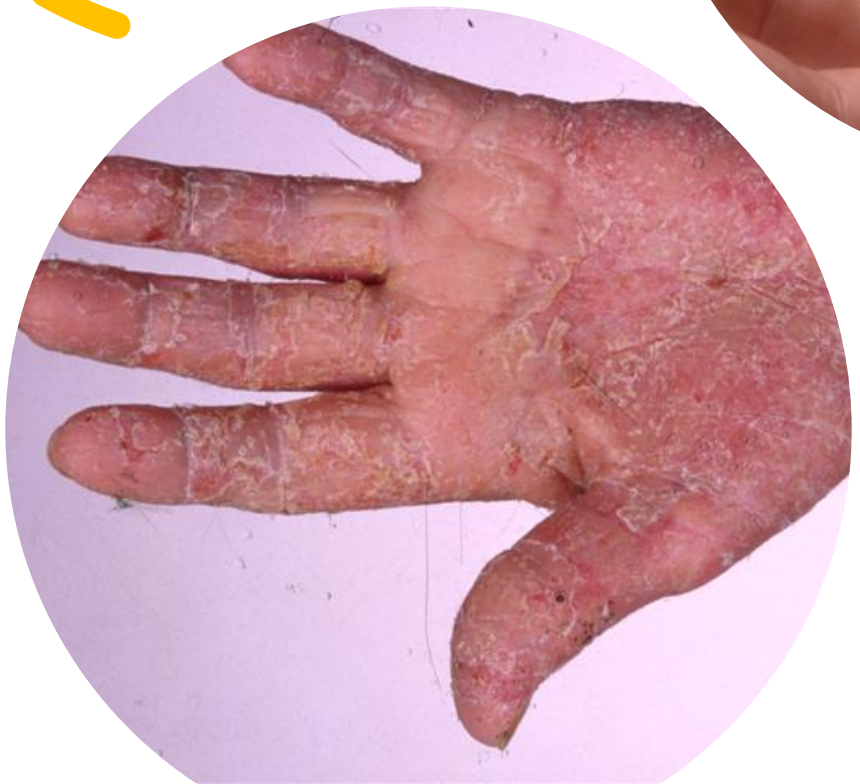


# Hand Dermatitis

- Common, mostly irritant / atopic (childhood eczema, HF, asthma)
- Secondary Staph infection causes flares – check nasal carriage
- +/- contact allergy – patch tests – consider occupation, recreation, medication

- NO SOAP / Sanex etc
- Perfume-free emollients
- Potent steroid +/- Tacrolimus





# Commonest Skin Allergens


- Fragrance / perfume / ‘parfum’ /flower oils
- Metals (Ni, Co, Cr)
- Preservatives,
- Medicaments: vehicle, antibiotics, steroids, antiseptics, topical anaesthetic
- Adhesives
- Hair & textile dyes
- Plants
- Rubber chemicals


# Beware! ‘hypoallergenic’, ‘natural’, ‘organic’

Many products contain common allergens e.g. fragrance, preservatives, lanolin – may feel pleasant to use as contact dermatitis is DELAYED allergy – not identified by stinging / immediate itch


# Further info