IMPACTE Group Summary

Quality:MK

The form may be saved to your computer and completed electronically in Word *or* printed and completed by hand.

Practice/Group: Parkside Medical Centre | Meeting Date: 22/03/13 | No. Attendees: 3

A Your Question/Topic: The management of psoriasis- what is the evidence?

Reason for choosing topic? Area identified by referrals audit- high dermatology referrals

B Evidence You Used: NICE guidance
SIGN guidance

Type of evidence: ☒ Guideline ☐ Study ☐ Other

Study type: ☐ Systematic Review ☐ RCT ☐ Qualitative ☐ Other

Appraising the evidence

Nationally recognised guidelines e.g. NICE are assumed to be based on high quality evidence and do not need to be appraised. For all study types, following steps (1), (2) and (3) will help you to make sense of the evidence.

(1) What question did the study ask? ***What is the ...***

Population/clinical problem?

Intervention/therapy?

Control/comparison?

Outcome?

Is the study question the same as yours? ☐ Yes ☐ No

(2) How well was the study done? Below are some questions to help you make sense of a RCT (See supplementary sheet for other study types)

Recruitment? ☐ Subjects representative of target population

Allocation? ☐ Randomised & concealed ☐ Comparable groups at start of trial

Maintenance? ☐ Equal co-interventions for each group ☐ Adequate follow-up; losses <20%

Measurement of outcomes? ☐ Blinded subjects and assessors ☐ Objective outcomes

(3) What do the results mean? Some tips for interpreting statistics in a RCT study

P-Value - $p<0.05$ is often accepted as "statistically significant" i.e. there is a less than 1 in 20 (or 5 in 100) chance that the difference seen in the study would have arisen by chance.

NNT (Number Needed to Treat) is used to help assess clinical significance, for example, if NNT=5 then treating 5 patients with the new treatment will prevent 1 adverse event occurring.

95% CI (Confidence Interval) - If the CI does NOT cross 1 (for a ratio) or 0 (for a mean) - it is statistically significant. There is evidence of an effect and it may be clinically significant.

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C Discussion Points

Consider, for example, whether this is new evidence (or old evidence not yet acted upon) - could it have an impact on patient care? Are the results credible and clinically significant? Is there a large variation in current practice? What barriers exist to its implementation?

Not all aware that severe psoriasis is linked with high CV risk
Top tip to use emollients for 10 minutes prior to application of active treatment eg steroids
Indications for referral
use of community dermatology nurse
Choice of preparation may depend on experience and characteristics of the condition eg how much scaling
Use of occlusion

Does the evidence confirm or change current practice? ☒ Confirm ☒ Change ☐ Not relevant

What action(s) are you going to take?

For example, do you need to find more evidence / have training/ undertake an audit / take advice from specialists / spread to other practices / change your practice management / follow-up with *health:mk*?

		Who by?	Date by?
Action 1	Summarise discussion on a page-flow chart. bring to practice clinical meeting on 25 3 13	NS	25/03/13
Action 2			

Summary drafted by	NS	Date	25/03/13
Verified / transcribed by		Date	

Please take a copy for your records and e-mail the original to Linda.potter@mkhospital.nhs.uk or send in the internal mail to MKH Library, Postgrad Centre, Standing Way, Eaglestone, Milton Keynes MK6 5LD. Use your copy to record outcomes of actions.

Reviewing your agreed action(s)

Please use the space below on your copy to record benefits and/or outcomes of action(s) taken; it is recommended that agreed action(s) are reviewed 3 months after your IMPACTE meeting discussion. (On review, please send a copy to Linda.potter@mkhospital.nhs.uk)

		Date
Action 1		
Action 2		

For Library use

Uploaded to QMK	☐ 2991	Topic(s)	☐ 2997	Date	
SCAN pages updated	☐ Practice	☐ Topics	☐ Summary	Date	

Psoriasis – Parkside IMPACTE 22 3 13-Summary

Based on NICE + SIGN Guidance

Assessment

- Body surface area affected
- Involvement of nails+ difficult areas eg face, scalp,palms,soles,flexures,genitals
- Psych-**static physician's + patient's global assessment**
- Impact on wellbeing-aspects of daily living, coping, mood,distress,impact on family+ carers.**Dermatology life quality index**

CV Risk Assessment every 5 years

Tips

- Use emollient 1st-leave on for 10 mins then apply steroid

Indications for referral

- Diagnostic uncertainty
- Severe disease eg > 10%
- Failed topical Rx in 2-3/12
- Guttate psoriasis
- Nail dis. With major functional or cosmetic impact
- Major impact on physical,psych or social wellbeing eg life quality index>10
- psoriatic arthritis
- Children
- **Pustular psoriasis + erythroderma-same day**

Treatment-Trunk + Limbs

- 4W OD potent steroid +OD vit D analogue
- Consider dithranol, coal tar, tazarotene gel
- *Phototherapy*
- *Systemic Rx*

Palmoplantar pustulosis

Betnovate/dermovate under cling film

Facial + Flexural

Moderately potent steroid,vit D analogue, tacrolimus

Guttate

Emollients, coal tar, vit D analogues, UVB

Scalp

Depending on severity + scaling

- Dovonex, coal tar, salicylic acid, olive oil + coconut oil
- Overnight with shower cap