Topical treatments and phototherapy: Treatment recommendations

- An ointment of tacrolimus 0.1% may be recommended as an off-label use monotherapy for paediatric psoriasis of the genital region and the face.
- A combination of betamethasone dipropionate 0.064% and calcipotriol 0.005% is recommended in patients ≥12 years of age for scalp and body psoriasis.
- Calcipotriol may be recommended as an option for the management of childhood plaque psoriasis. However, its application is not recommended in large body surface areas.
- Rotational therapy with topical corticosteroids, tar-based therapies, emollients, topical calcineurin inhibitors and topical vitamin D analogues can be considered to avoid the adverse effects of continuous long-term steroid-based therapy.
- Coal tar preparations when combined with other topical therapies or as monotherapy may be used.
- Narrow-band UVB may be recommended as an option to manage guttate psoriasis and moderate-to-severe paediatric plaque.

Nonbiologic systemic treatments: Treatment recommendations

- MTX may be the recommended systemic therapy effective in managing moderate-to-severe plaque psoriasis and other subtypes in children.
- Cyclosporine may be the recommended effective systemic therapy in moderate-to-severe plaque psoriasis in children. However, during treatment, it is recommended to monitor the blood pressure routinely.
- Acitretin may be recommended as an effective, non-immunosuppressive systemic therapy for children with extensive guttate or moderate-to-severe psoriasis vulgaris and pustular psoriasis. However, caution should be exercised while administering long-term acitretin therapy to children because of the decreased bone mineral density, formation of periosteal bone, calcification of anterior spinal ligaments, hyperostosis resembling diffuse idiopathic skeletal hyperostosis, and potential risk of premature epiphyseal closure.

Biologic therapy: Treatment recommendations

- Adalimumab 0.8 mg/kg (maximum, 40 mg) may be administered at weeks 0 and 1 and every other week, off-label, to effectively manage adolescents and children with moderate-to-severe psoriasis.
- Infliximab 3.3–5 mg/kg may be administered at weeks 0, 2 and 6 and then every 8 weeks in combination with MTX or as monotherapy, for off-label use, in the case of severe plaques or pustular psoriasis in the paediatric population.
- Alternative biologics include ustekinumab, secukinumab, ixekizumab and etanercept.

MTX: methotrexate; UVB: ultraviolet B