Psoriasis is a common dermatological problem faced by approximately 2% of Americans. Symptoms typically include dry skin, which may be thickened or red with a scaly appearance, swelling, itching, and soreness. While it is generally not a debilitating condition, psoriasis can negatively affect quality of life with its often unpleasant symptoms. There are many prescription treatments available to alleviate symptoms, and a compounding pharmacy can offer a host of additional treatment options for the management of psoriasis.

**COMMON TREATMENTS**
Psoriasis can be difficult to treat, and traditional methods don’t work for all patients. Topical treatment is typically the first line of defense against psoriasis, and may work well for many patients with mild to moderate disease. Some topical treatments are commercially available in certain strengths and forms, either by prescription or over the counter, including the following:

- Anthralin
- Calcipotriene ointment (Dovonex)
- Tazarotene topical (Tazorac)
- Topical steroids
- Salicylic acid
- Coal tar

**ABHR Gel In the Treatment of Nausea and Vomiting in the Hospice Patient**


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Nausea and vomiting are great concerns to hospice patients, who are generally in the preterminal stages of their life. A gel containing lorazepam, diphenhydramine, haloperidol, and metoclopramide (ABHR gel) is one of the combination drug therapies that have demonstrated clinical effectiveness for a wide variety of hospice patients suffering from symptoms of nausea or vomiting. ABHR gel is administered easily, causes little or no discomfort to the patient, can be a cost-effective tool in the management of nausea and vomiting, and for many patients enhances the quality of their life as it nears its end.

**CASE REPORTS**

**Patient 1:** 72-year-old woman
Diagnosis: Malignant neoplasm in the bronchi and lungs

Continued on reverse
Other treatment options include systemic therapy, which generally is reserved for patients with moderate to severe disease since it may have significant adverse effects. Systemic medications used to treat psoriasis include cyclosporine, methotrexate, actretin (Soriatane), isotretinoin (Accutane), and sulfasalazine.  

Phototherapy, a treatment that involves exposing the skin to wavelengths of ultraviolet light, is particularly useful in patients with generalized psoriasis. Phototherapy may utilize an artificial UVB light source or a UVA light source, which may be used in conjunction with apsoralen, a therapy known as PUVA. Phototherapy is always carried out under medical supervision.  

COMPOUNDED TREATMENTS  

Wile many patients experience relief with a commercial topical treatment, others with more severe disease may require a specialized prescription available only from a compounding pharmacist. In such cases, a wide variety of options are available to the prescriber and the patient without having to resort to systemic therapy.  

One product that has proven successful in some patients is a preparation of zinc pyrithione 0.02% in a topical spray or solution. Clobetasol 0.05% may be added to this compound and can further enhance its effectiveness. The preparation, formerly marketed under the brand name Skin-Cap, was pulled from the United States market when it was found to contain an unlabeled percentage of clobetasol. Prescribers who found the product effective for their patients have been able to refer them instead to compounding pharmacies, where the product can be compounded.  

Certain systemic treatments may be converted to topical forms to meet the needs of a patient without exposing the whole body to the medication. Cyclosporine, a pharmacologic treatment that generally is administered systemically, has shown a degree of effectiveness in topical forms for the treatment of psoriasis, and may be prepared according to a prescriber’s specifications. Tacrolimus, another systemic treatment for psoriasis, has shown effectiveness in a compounded topical form when used after the lesions have been descaled and the skin occluded.  

Other compounded treatments include combinations of topical steroids, coal tar, or salicylic acid in varying strengths and in vehicles that may not be commercially available. These medications can be prepared in bulk and may be more cost-effective to the patient.  

A new research indicates other promising treatments, including topical pentoxifyllin, this drug has been shown to trigger a variety of physiologic changes at the cellular level and has demonstrated efficacy in animal studies. Topical calcitriol also has been indicated for the treatment of psoriasis. Calcitriol inhibits T-cell proliferation and inflammatory mediators, and it has demonstrated effectiveness in psoriasis with good tolerance and systemic safety.  

Compounded treatments can be very valuable tools in successfully relieving the uncomfortable symptoms of psoriasis. They provide solutions that are too often overlooked. Whether the treatment calls for a customized strength of an otherwise commonplace commercial product, recreation of a medication that is no longer on the market, or preparation of a pharmacologic therapy in a topical form, a compounding pharmacist can work successfully with a patient and prescriber to offer an individualized solution.  

REFERENCES  