

Dermatology MUR skills for community pharmacists

Prescribing Information for Dovobet[®], Dovonex[®], Fucibet[®] and Fucidin[®] H is on
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Overall aims:

- To educate community pharmacists about MUR in relation to the treatment of common (long-term) dermatological diseases
- To equip community pharmacists to play their part in the multidisciplinary team caring for patients with dermatological disease

Educational objectives:

After completing the workshop participants should be able to:

- Carry out MURs for patients with common dermatological diseases, including the following steps:
 - Take and document the medication history
 - Assess findings
 - Make appropriate recommendations
 - Complete the MUR form correctly



Insert slides 3-7 (The MUR process) (3 or 6 to the page but preferably 3 to a page double-sided throughout)



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Insert slides 8-22 (Acne) (3 or 6 to the page)



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Case exercise 1

Acne

Jessica is a 17-year old college student who has acne. You have known her since childhood and know that she wants to be a model. She has tried numerous OTC and prescription products for acne. She tells you that nothing works for her acne. She has recently become rather withdrawn and quiet although she used to be a lively, outgoing girl. You notice that she has open and closed comedones but not much inflammation at present. You invite her to attend for MUR.

You ask her to describe the medication that she has had in the past, how it was used and what effect it had. She says that she has used each one for one-two weeks, carefully applying them to the spots and pimples. Last year she asked for a "really strong" acne treatment and was sold a product containing benzoyl peroxide 10%. It made her skin red, dry and sore so she has avoided BPO products ever since. Recently she was prescribed adapalene, which she used in the same way

What medicines use issue(s) can you identify and what actions would you propose?



Insert slides 23-35 (Eczema) (3 or 6 to the page)



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Case exercise 2

Eczema

Saira Khan is a 22-year-old research student. She has had eczema since childhood and now has lichenified patches with some painful fissures on her forearms and at the back of her neck. Her regular prescription contains 1 per cent hydrocortisone, some bath oil and a light cream emollient. She tells you that the treatment is not very effective and you invite her to attend for a MUR.

You ask her to describe how she uses her medication. She tells you that she applies the emollient and the steroid cream twice a day (morning and evening). Neither the emollient nor the steroid makes much difference to her eczema, she says. She scratches the eczema patches frequently whilst asleep and often wakes up to find blood-stained sheets. She does not use the bath oil because she only takes showers.

What medicines use issue(s) can you identify and what actions would you propose?



Insert slides 36-54 (Psoriasis) (3 or 6 to the page)



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Initial treatment of chronic plaque psoriasis: BAD/PCDS guidelines (2003)

- **Emollients** should be used to soften scale and reduce irritation
- For **localised plaque psoriasis** e.g. elbows or knees, one or more of the following:
 - A tar-based cream or tar/corticosteroid mixture
 - A moderate-potency topical corticosteroid e.g. clobetasone butyrate 0.05%; more potent agents may be used on areas of thicker skin eg palms, soles or on scalp
 - A vitamin D analogue e.g. calcipotriol, calcitriol or tacalcitol; the latter two are less irritant and are more suitable for use on the face or flexures but should still be used with caution.
 - Calcipotriol with betamethasone dipropionate as a combination product
Note: long-term data regarding relapse rates are not yet available.
 - A topical vitamin A analogue (tazarotene)
 - Short-contact dithranol treatment
- For more **widespread plaque psoriasis** e.g. on trunk or limbs the same treatments may be appropriate. **Note:** Dithranol is impractical if there are multiple small lesions and will irritate flexures. Topical corticosteroids may be inappropriate for long-term use on large areas. Application by suitably-trained nurses may overcome these problems.
- For **scalp psoriasis** one or more of:
 - A tar-based shampoo
 - Plus 2-5% salicylic acid preparation or a coconut oil/tar/salicylic acid combination ointment.
 - A potent topical corticosteroid preparation e.g. betamethasone valerate
 - Calcipotriol scalp application
Note: A keratolytic agent should be used first if the scale is thick.
- For **psoriasis affecting the palms and soles**, where there is usually thickening and inflammation: keratolytic agents, potent corticosteroids, tar and vitamin D analogues.
- For **psoriasis affecting the flexures** milder agents are used: low potency topical steroids, mild tar preparations and calcitriol or tacalcitol.
- For **psoriasis affecting the face:** emollients and mild agents: low potency topical steroids, mild tar preparations and calcitriol or tacalcitol.

Reference:

British Association of Dermatologists & Primary Care Dermatology Society.
Recommendations for the initial management of psoriasis. 2003.

www.pcids.org.uk



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Case exercise 3

Psoriasis

Jane Smith is a 32-year-old office worker who has chronic plaque psoriasis that comes and goes. She often has small patches on her elbows and shins. She says that her psoriasis is now deteriorating following break up with her partner – new plaques are appearing, and they are very sore and inflamed. She has large, thickened plaques on her forearms and legs. She also has some flexural psoriasis affecting the axillae.

She has used many products over years - the PMR shows that she has had Dovonex[®] cream and ointment, Betnovate[®] cream, Diprosalic[®] ointment, Diprobase[®] ointment, emulsifying ointment, dithranol and coal tar and salicylic acid ointment. Her current prescription is for Dovonex[®] cream and hydrocortisone 1% cream. She asks if she can buy something stronger to control it such as e.g. Eumovate[®] Eczema & Dermatitis Cream. You explain that this is not possible and invite her to attend for MUR.

You ask her to describe the medication that she has had in the past, how it was used and what effect it had. She tells you that the Betnovate[®] was used in the past to control flare-ups. Later on, alternating Betnovate[®] and Dovonex[®] were used to bring psoriasis under control. She has not needed this for several years now and has been able to control minor flare-ups of psoriasis with short courses of Dovonex[®]. She also complains that the large plaques are shedding skin scales profusely "like giant dandruff". She is not using any emollient at present because all the products offered in the past have been unpleasantly sticky.

What medicines use issue(s) can you identify and what actions would you propose?



Case exercise 4

Psoriasis

Colin Barton is a 28-year-old funeral director. He has chronic plaque psoriasis affecting his scalp. He has small patches of psoriasis on his elbows and shins. He has had psoriasis for 10 years and has been prescribed Ceanel[®] Shampoo and Cocois[®] ointment. He is now shedding large flakes of skin from his scalp and fears that his appearance might harm his job prospects. He says that his scalp feels tight and sore. On examination, you see that there are large patches on the scalp that are covered with thickened, adherent scale. You invite him for MUR.

You ask him to describe how he uses his medication. He says that he uses the Ceanel[®] shampoo but rarely uses the Cocois[®] as he says it is difficult and messy to use – and he “can’t see how dabbing it on to his head is going to make a difference”.

PMR shows that he has used Dovonex[®] in the past for plaques on limbs. Now just uses an emollient – usually Doublebase[®] or Unguentum M[®].

What medicines use issue(s) can you identify and what actions would you propose?



Insert slide 55 here (as large as possible)



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Resources

Articles

Psoriasis: first-line treatments. Clark CM. *Pharmaceutical Journal*, 2005;274;623-626 (21 May 2005)

Management of severe psoriasis. Clark CM. *Pharmaceutical Journal*, 2005;274;689-692 (4 June 2005)

Both articles available at: <http://www.pjonline.com/noticeboard/series/psoriasis.html>

Prodigy guidance: Eczema-atopic November 2004
<http://www.prodigy.nhs.uk/guidance.asp?gt=Eczema%20-%20atopic>

Atopic eczema in primary care. *MeReC Bulletin* (July 2003) 2003;14:1

NICE Technology Appraisal Guidance TA81: Frequency of application of topical corticosteroids for atopic eczema. August 2004

How to choose a suitable emollient. Clark C. *Pharm J* 2004;273:351-353

Making the most of emollients. Clark CM and Hoare C. *Pharm J* 2001; 266: 227-229

Books

Dermatology: An illustrated colour text. 3rd Ed. Gawkrödger DJ. Churchill Livingstone 2002

Understanding Eczema. De Berker D. Family Doctor Publications 2002

Training packs

The management and treatment of skin conditions; An open learning course for pharmacists. Christine Clark & Diane Langleben CPPE. HMSO 2005

On-line resources

Prodigy www.prodigy.nhs.uk

Clinical Evidence www.clinicalevidence.com

National Electronic Library for Health www.nelh.nhs.uk

British Association of Dermatologists www.bad.org.uk

Primary Care Dermatology Society www.pcds.org.uk

DermNet (Authoritative facts about the skin from the New Zealand Dermatological Society.) www.dermnetnz.org



Insert a sample MUR form here (4 pages)



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Signposting

National Eczema Society

Hill House,
Highgate Hill,
London,
N19 5NA

Eczema Help Line: 0870 241 3604
(Mon - Fri 8am - 8pm GMT)
www.eczema.org

The Psoriasis Association

7 Milton Street
Northampton
NN2 7JG
Tel: 0184 711129

www.psoriasis-association.org.uk/

The Psoriatic Arthropathy Alliance

PO Box 111
St Albans
Herts
AL2 3JQ
Tel: 01923 672837

www.paalliance.org

The Acne Support Group

PO Box 9
Newquay
Cornwall
TR9 6WG
Tel: 0870 870 2263

www.m2w3.com/acne

www.stopspots.org

The Skincare Campaign

Hill House,
Highgate Hill,
London,
N19 5NA

www.skincarecampaign.org

Note: The Skin Care Campaign is not a patient support group as such. It is an umbrella organisation that represents the interests of all people with skin disease in the UK. It produces a directory that lists more than 30 patient support groups concerned with different skin diseases.



Abbreviated Prescribing Information for Dovobet® 50 microgram/g + 0.5 mg/g Ointment

Indications: Treatment of stable plaque psoriasis vulgaris amenable to topical therapy. **Active ingredients:** 50 µg/g calcipotriol (as hydrate) and 500 µg/g betamethasone (as dipropionate). **Dosage and Administration:** Apply once daily. Recommended treatment period is 4 weeks. After this period repeated treatment can be initiated under medical supervision. Maximum dose should not exceed 15g/day and 100g/week. Treated area should not be more than 30% of body surface. Not recommended for use in people under 18 years. **Contra-indications:** Hypersensitivity to any constituents. Patients with known calcium metabolism disorders. Viral skin lesions, fungal or bacterial skin infections, parasitic infections, skin manifestations in relation to tuberculosis or syphilis, rosacea, perioral dermatitis, acne vulgaris, atrophic skin, striae atrophicae, fragility of skin veins, ichthyosis, acne rosacea, ulcers, wounds, perianal and genital pruritus. Guttate, erythrodermic, exfoliative or pustular psoriasis. Severe renal insufficiency or severe hepatic disorders. **Precautions and Warnings:** Avoid inadvertent transfer to scalp, face, mouth and eyes. Wash hands after applying. Avoid concurrent treatment with other steroids. Adrenocortical suppression or impact on the metabolic control of diabetes mellitus may occur. Avoid application on large areas of damaged skin, under occlusive dressings or on mucous membranes or skin folds. There may be a risk of generalised pustular psoriasis. With long-term use there is an increased risk of undesirable local and systemic corticosteroid effects in which case treatment should be discontinued. There may be a risk of rebound when discontinuing treatment. No experience of use on scalp. No experience of concurrent use with other antipsoriatic products or phototherapy. **Use in Pregnancy and Lactation:** Only use in pregnancy when potential benefit justifies potential risks. Caution when prescribed for women who breast feed. Instruct patient not to use on breast when breast-feeding. **Side Effects:** Pruritus, rash, burning sensation of skin. Additional undesirable effects observed for calcipotriol and betamethasone: Calcipotriol: application site reactions, skin irritation, burning and stinging sensation, dry skin, erythema, dermatitis, eczema, psoriasis aggravated, photosensitivity and hypersensitivity reactions including very rare cases of angioedema and facial oedema. Hypercalcaemia or hypercalciuria may appear very rarely. Betamethasone: local reactions, especially during prolonged application including skin atrophy, telangiectasia, striae, folliculitis, hypertrichosis, perioral dermatitis, allergic contact dermatitis, depigmentation, increase of intra-ocular pressure, cataract, colloid milia, generalised pustular psoriasis, infections. Systemic effects occur more frequently when applied under occlusion, on skin folds, to large areas and long term treatment. **Legal Category:** POM **Product Licence Number and Holder:** 05293/0003. LEO Pharmaceutical Products, Ballerup, Denmark. **Basic NHS Price:** £35.00 /60g, £65.00/120g. **Last revised:** August 2006.



Further information can be found in the Summary of Product Characteristics or from: LEO Pharma, Longwick Road, Princes Risborough, Buckinghamshire, HP27 9RR.

If you wish to report an adverse event, this can be done either by contacting Drug Safety at LEO Pharma (01844 347333) or by logging on to www.yellowcard.gov.uk.

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Abbreviated Prescribing Information for Dovonex® Cream 120g/Dovonex® Ointment 120g/Dovonex® Scalp Solution 120ml

Indications: Cream/Ointment: Treatment of plaque psoriasis (psoriasis vulgaris) amenable to topical therapy. **Scalp Solution:** Topical treatment of scalp psoriasis. **Active ingredient:** Cream/Scalp Solution contain 50 micrograms calcipotriol per g/ml (as hydrate). Ointment contains 50 micrograms calcipotriol per g. **Dosage and Administration: Cream/Ointment:** Adults: Apply once or twice daily. For maximum benefit use twice daily. Maximum weekly dose should not exceed 100g. Children: Apply twice daily. Maximum weekly dose should not exceed 75g in children over 12 years, 50g in children aged 6 to 12 years. Limited experience in children under 6 years - maximum safe dose not established. No experience of use in combination with other therapies in children. **Scalp Solution:** Apply twice daily. Maximum weekly dose should not exceed 60ml. No experience in children. When used with Dovonex Cream or Ointment, the total dose of calcipotriol should not exceed 5mg per week, e.g. 60ml Scalp Solution plus 30g Cream or Ointment, or 30ml Scalp Solution plus 60g Cream or Ointment. **Contra-indications:** Patients with known calcium metabolism disorders. Hypersensitivity to any constituents. **Precautions:** Do not use on the face. Wash hands after application. Avoid inadvertent transfer to other body areas, especially the face. Hypercalcaemia has been reported in generalised pustular and erythrodermic exfoliative psoriasis. Use no more than maximum weekly dose since hypercalcaemia may occur. **Interactions: Cream/Ointment:** No experience of concomitant therapy with other antipsoriatic products applied to the same skin area at the same time. Dovonex will not increase the overall effectiveness of UVB treatment but has a light-saving effect when used in combination with UVB in adults and response is achieved at a lower dose of UVB. Dovonex should be applied at least 2 hours before UVB therapy. Dovonex should not be initiated where patients may already be receiving an erythemogenic or sub-erythemogenic dose of UVB. **Scalp Solution:** No experience of concomitant therapy with other antipsoriatic treatments. **Use during Pregnancy:** Avoid unless no safer alternative. **Side effects: Cream/Ointment:** Transient local irritation. Dermatitis, pruritus, erythema, aggravation of psoriasis, photosensitivity. Facial or perioral dermatitis may occur rarely. **Scalp Solution:** As above, local irritation of scalp or face, other local reactions, and rarely hypercalcaemia or hypercalciuria. **Legal Category:** POM **Product Licence Number and Holder: Cream** 0043/0188, **Ointment** 0043/0177, **Scalp Solution** 0043/0190. LEO Laboratories Limited, Princes Risborough, Bucks. **Basic N.H.S. Price: Cream:** £24.04/120g. **Ointment:** £24.04/120g. **Scalp Solution:** £26.07/120ml. **Last revised:** January 2006.



Further information can be found in the Summary of Product Characteristics or from: LEO Pharma, Longwick Road, Princes Risborough, Buckinghamshire, HP27 9RR.

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Abbreviated Prescribing Information for Fucibet® Cream plus Fucidin® H Cream and Fucidin® H Ointment

Fucibet® Cream Indications: Eczematous dermatoses, when secondary bacterial infection is confirmed or suspected. **Dosage and Administration:** Apply a small quantity twice daily until a satisfactory response is obtained. A single treatment course should not normally exceed 2 weeks. **Contra-indications:** Hypersensitivity to Fucibet®. Primary bacterial, viral and fungal skin infections. Acne rosacea and perioral dermatitis. **Warnings, etc.:** Bacterial resistance and contact sensitisation may occur, especially with extended or recurrent application. Caution when used near the eye; glaucoma may result if the preparation enters the eye. Should not be used for more than 7 days without clinical improvement. Inadequate evidence of safety in pregnancy. Use requires benefit to be weighed against possible hazards to the foetus. Avoid long term continuous use in infants and children. Adrenal suppression can occur even without occlusion. **Adverse Events:** Hypersensitivity reactions. Atrophic changes may occur on the face, in flexures or under occlusion and to a lesser degree in other parts of the body after prolonged treatment. Hypercorticism can occur with prolonged/extensive use. Infants and children are at particular risk, especially if occlusive dressings (eg napkins), are used. **Legal Category:** POM. **Product Licence Number and Holder:** 0043/0091. LEO Laboratories Limited, Princes Risborough, Bucks. **Basic NHS Price:** £11.23/60g. **Active Ingredients:** 2% fusidic acid, 0.1% betamethasone (as valerate).

Fucidin® H Cream and Fucidin® H Ointment Indications: Eczema and dermatitis with secondary bacterial infections, where the organisms are known or believed to be sensitive to fusidic acid. **Dosage and Administration:** Apply a small quantity twice daily to uncovered lesions until a satisfactory response is obtained. A single treatment course should not normally exceed 2 weeks. **Contra-Indications:** Hypersensitivity to fusidic acid or its salts. Primary bacterial, viral and fungal skin infections, skin manifestations in relation to tuberculosis or syphilis, perioral dermatitis and rosacea. **Warnings, etc.:** Bacterial resistance and contact sensitisation may occur, especially with extended or recurrent application. Do not use ointment near the eye and use cream with caution. Should not be used for more than 7 days without clinical improvement. Avoid long term continuous use in infants and children. Adrenal suppression can occur even without occlusion. Not recommended on atrophic skin, cutaneous ulcers, acne vulgaris, fragile skin veins and for perioral and genital pruritus. Avoid contact with open wounds and mucous membranes and prolonged use on the face. Inadequate evidence of safety in pregnancy and lactation. Use requires benefit to be weighed against possible hazards to the foetus. **Adverse Events:** Application site irritation, pruritus, skin irritation/rash, worsening of eczema, transient stinging/burning sensation, allergic reaction. Other steroid related effects may occur rarely. **Legal Category:** POM **Product Licence Numbers and Holder:** Fucidin® H Cream 0043/0093. Fucidin® H Ointment 0043/5012R. LEO Laboratories Limited, Princes Risborough, Bucks. **Basic NHS Price:** Fucidin® H Cream £10.60/60g. Fucidin® H Ointment £6.53/60g. **Active Ingredients:** Fucidin® H Cream 2% fusidic acid, 1% hydrocortisone acetate. Fucidin® H Ointment 2% sodium fusidate, 1% hydrocortisone acetate. **Last revised:** August 2006



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