NICE information for the public

Psoriasis

Information for the public
Published: 1 October 2012

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About this information

NICEclinicalguidelinesadvisetheNHSoncaringforpeoplewithspecificconditionsordiseasesandthe

This information explains the advice about psoriasis that is set out in NICE clinical guideline 153.

All of the treatment and care that NICE recommends is in line with the NHS Constitution (www.dh.gov.uk/en/DH_132961). NICE has also produced advice on improving the experience of care for adults using the NHS. For more information see 'About care in the NHS' on our website (www.nice.org.uk/nhscare).

Does this information apply to me?

Yes, if you are a child, young person or adult with psoriasis.

Psoriasis

Psoriasis is a skin disease in which normal skin cells are produced faster than they are

shed. This results in a build-up of cells seen as patches of raised, red, flaky, skin covered with silvery scales (known as plaques). The skin can also become inflamed (red and swollen). The severity of psoriasis varies greatly, and for many people it has a big impact on their lives. Psoriasis is usually a lifelong condition. At times it might clear up completely but it will normally return. Psoriasis can start at any age, but it is less common in children.

There are different types of psoriasis; most people have a type called plaque psoriasis in which plaques usually appear on the elbows, knees, scalp and lower back, although they can occur on any part of the body. However, there are other types (such as guttate and pustular psoriasis) including some very rare forms that can lead to more serious illness.

Some people with psoriasis also develop joint disease called psoriatic arthritis.

There is no cure for psoriasis. However, for many people treatment will help to control the disease by clearing or reducing the patches of psoriasis.

Your healthcare team

The various types of treatment described may be provided by a range of healthcare professionals who specialise in different treatments. These could include your GP, dermatologists (skin specialists), specialist nurses, pharmacists, psychologists and rheumatologists (if you have psoriatic arthritis).

A member of your healthcare team should discuss psoriasis with you and explain the management of it in detail. Some treatments described may not be suitable for you, depending on your exact circumstances. You should have the opportunity to ask any questions you have – there is a list of questions you might like to ask to help you with this.

Support and information

If you have psoriasis you (and your family or carers) should be offered support and information that is suitable for your needs and circumstances, so that you can understand:

- your diagnosis and treatment options
- any aspects of your lifestyle that may affect your psoriasis
- when and how to treat your psoriasis

- how to use prescribed treatments safely and effectively (for example, how to apply creams and ointments, and how to minimise the risk of side effects)
- when and how to seek further help
- ways to help you cope with the impact of psoriasis on your physical, mental and social wellbeing.

You should be given details of a healthcare professional who you can contact for information and advice about your care. The information and support that you are given should be reviewed whenever you see a healthcare professional about your psoriasis, and particularly in the following circumstances:

- if you are a young person moving from children's services to adult services
- when new treatments become available
- if your psoriasis gets worse or improves, or your personal circumstances change (for example, starting a family, moving GP or changing jobs).

NICE has produced guidance on what adults can expect from NHS services to ensure that you have the best possible experience of care. For more information, see 'Patient experience in adult NHS services' (NICE clinical guideline 138, http://publications.nice.org.uk/IFP138).

Assessment and referral

If you have psoriasis, an assessment should be carried out to find out:

- the severity of your psoriasis and the impact it has on your physical, psychological and social wellbeing
- if you have psoriatic arthritis
- if you have any other related conditions.

Assessment of psoriasis and referral

The severity and impact of your psoriasis should be assessed:

- when you first see a healthcare professional
- before you are referred to a specialist or for a new treatment
- to check whether any treatments you are having are helping.

Your healthcare professional should record:

- how severely your skin is affected (using a tool called the static Physicians' Global assessment to rate the skin from clear to very severe)
- what percentage of your body surface is affected
- how bad you feel your psoriasis is – you may be asked to use a tool called the static Patient's Global Assessment to rate your skin on a scale from 'clear' to 'very severe'
- whether your nails are affected or you have psoriasis on parts of your body that are particularly visible or difficult to treat (such as the face, scalp, palms, soles, body creases [called flexures], and genitals)
- whether the psoriasis is causing more serious illness if you have erythroderma or generalised pustular psoriasis
- how your everyday life is affected by psoriasis (for example, if it causes embarrassment or affects your participation in social or physical activities, employment or education)
- how you are coping with the condition and any treatment, if your psoriasis is causing you any distress and if you need any further help
- if your psoriasis has a big impact on your mood (for example, if it makes you feel down or anxious).

If your healthcare professional uses a tool to assess your psoriasis they should use one that takes into account your age, any disabilities or language and communication difficulties you might have. They should also be aware that if you have dark skin, it may make it more difficult to measure any redness.

They should also ask you how your psoriasis is affecting your family or carers. Your healthcare professional should always ask you questions in a way that is appropriate for your age.

At the same time, your healthcare professional should also assess whether you are depressed and offer advice and support for depression if needed.

If you are a child or young person you should be offered a referral to a specialist when you first see a healthcare professional with symptoms of psoriasis.

If you are an adult having an assessment you should be offered referral for advice from a dermatologist if:

- your diagnosis is uncertain when you first see your healthcare professional
- your psoriasis is severe, widespread or has a big impact on your physical, psychological or social wellbeing
- your psoriasis is not improving with topical treatments
- you have acute guttate psoriasis that needs treating with phototherapy
- you have nail psoriasis that has a big impact on using your hands or your appearance.

If you have generalised pustular psoriasis or erythroderma you should be referred to a specialist immediately.

Assessment and referral for psoriatic arthritis

You should be offered an annual assessment to find out if you have a type of joint disease associated with psoriasis, called psoriatic arthritis. This should be done in the first 10 years after your psoriasis starts.

If your healthcare professional suspects you may have psoriatic arthritis you should be referred to a rheumatologist for further assessment and advice on planning your care.

Assessment for other related conditions

People with psoriasis, especially those with severe psoriasis, may be at increased risk of related conditions such as heart disease and deep vein thrombosis.

Your healthcare professional should explain the risks and give you advice and information on how to reduce the risks of related conditions and make healthy lifestyle changes.

If you have severe psoriasis you should be offered an assessment of your risk of cardiovascular disease when you first see your healthcare professional and then at least every 5 years.

Involving you in decisions about your treatment

When your healthcare professional offers you treatment for your psoriasis they should make sure they take into account your health goals, individual circumstances, any other illnesses you may have and previous treatments.

Your healthcare professional should discuss the risks and benefits of the treatment options, using actual figures if you find these helpful. They should also discuss the importance of using the treatment as prescribed to get the best outcome.

Initial treatment with topical medication

'Topical' means that something is applied to the skin. The NICE guideline does not cover the use of emollients (moisturisers) in managing psoriasis, although these may be prescribed by your doctor and can be helpful in psoriasis. It covers only topical medications that contain active ingredients to treat the psoriasis, which are referred to as topical medications in this information. You should be offered a topical medication as the initial treatment for psoriasis. If topical treatment alone is unlikely to help you because your psoriasis is widespread or you have nail disease you may also be offered additional treatments.

Your healthcare professional should offer you and/or your family or carers practical help and advice on how to use your treatment. If you have a physical disability or visual impairment that might affect your ability to apply a topical medication, you and/or your family or carers should be offered additional advice and support specific to your particular needs.

A variety of topical medications are available to treat psoriasis, including topical corticosteroids, vitamin D preparations, coal tar preparations, dithranol and calcineurin inhibitors. When deciding which treatment is most suitable for you, your healthcare professional should take into account:

- any preferences you have
- whether the treatment is likely to be cosmetically acceptable
- whether there might be any practical problems with applying the treatment
- where and how widespread the psoriasis is.

Your healthcare professional should discuss with you the different forms of medication available (such as creams, lotions, solutions, gels, mousses and ointments) and explain which might be best suited to you depending on your preferences. It is possible that you could be given more than one product to use on different parts of your body.

How to use corticosteroids safely

Topical corticosteroids are used to reduce inflammation and are available in different strengths, for example they can be mild, moderate, potent and very potent. Very potent corticosteroids should not be used to treat psoriasis in children or young people. In adults very potent corticosteroids should only be used in specialist care. This treatment needs to be carefully supervised and should only be used for up to 4 weeks.

Potent and very potent corticosteroids should not be used on the face, flexures or genitals.

It is important that you follow the advice given to you about how to use each topical corticosteroid because they can sometimes cause side effects and could even make your psoriasis worse. Your healthcare professional should explain the possible side effects and how to avoid them. If you are using potent or very potent steroids you should have a 4-week break between courses of treatment to prevent you developing side effects. You may be given a different non-steroidal topical treatment to use during this break, such as vitamin D or coal tar.

Reviewing treatment with topical medications

If you are an adult, your healthcare professional should arrange a review appointment 4 weeks after you start a new topical treatment. Children should have a review appointment 2 weeks after starting a new topical treatment.

If there is little or no improvement at this review, your healthcare professional should

discuss the next treatment option with you and check if there are any reasons why the treatment is not working.

If your psoriasis is responding to topical treatment your healthcare professional should discuss with you:

- the importance of continuing treatment until your psoriasis improves or for the length of time recommended
- that relapse (where the psoriasis worsens again) occurs in most people after treatment is stopped
- that after the initial treatment period topical treatments can be used as and when you need them to control your psoriasis.

You should be offered a supply of your topical treatment to keep at home to use yourself as needed.

If you are an adult and have been using potent or very potent corticosteroids, your healthcare professional should offer you annual once-yearly review to check for problems. Children and young people who have been using corticosteroids of any strength should also have their treatment reviewed once a year.

Topical treatment for trunk and limb psoriasis in adults

If you have psoriasis of the trunk or limbs you should be offered a potent corticosteroid and a vitamin D preparation as initial treatment. Each treatment should be applied once a day (one in the morning, the other in the evening) and should be used for up to 4 weeks.

If this does not improve or control your psoriasis, you should be advised to stop using the potent corticosteroid and apply only the vitamin D preparation twice a day for up to 8 weeks.

If the vitamin D preparation does not improve or control your psoriasis after 8 to 12 weeks, you should be offered one of the following treatments:

- a potent corticosteroid to apply twice a day for up to 4 weeks or

- a coal tar preparation applied once or twice daily or
- a combined product containing a potent corticosteroid and vitamin D applied once a day for up to 4 weeks.

If these treatment options don't control your psoriasis, you may be referred to a specialist who may offer you other topical treatments, or other treatment options depending on how extensive your psoriasis is and the impact the psoriasis is having on your life.

For some forms of localised psoriasis where other treatments have not been successful, your healthcare professional may offer you 'short-contact' dithranol ointment or cream. To ensure it is applied correctly, you should be given educational support to help you apply it yourself or treatment should be given in a specialist setting.

Topical treatment for trunk and limb psoriasis in children and young people

If a child or a young person has trunk or limb psoriasis, their healthcare professional may offer them either:

- a vitamin D preparation called calcipotriol applied once a day (if they are over 6 years old) or
- a potent corticosteroid applied once a day (if they are over 1 year old).

Topical treatment for scalp psoriasis in adults, young people and children

If you have scalp psoriasis, your healthcare professional should offer you a potent corticosteroid to apply once daily for up to 4 weeks as the initial treatment. You should be shown how to apply the treatment.

If you find it difficult or cannot use corticosteroids on your scalp or you have mild to moderate scalp psoriasis, your healthcare professional may instead offer you a vitamin D preparation alone.

If this does not control your scalp psoriasis after 4 weeks you may be offered:

- a different formulation to try (such as a shampoo or mousse) and/or
- a scalp treatment to remove the scales (such as an emollient or oil) before further applications of the potent corticosteroid.

If after a further 4 weeks of treatment, your scalp psoriasis is still not controlled, you should be offered:

- a combined product containing a potent corticosteroid and vitamin D applied once a day for up to 4 weeks **or**
- a vitamin D preparation applied once a day (if you can't use corticosteroids and have mild to moderate scalp psoriasis).

If a combined product or vitamin D preparation does not control your scalp psoriasis after 8 weeks, you should be offered one of the following options:

- for adults only, a very potent corticosteroid applied up to twice a day for 2 weeks
- a coal tar preparation applied once or twice a day
- referral to a specialist for help with topical applications or advice on other treatments.

Topical treatment for psoriasis of the face, flexures and genitals in adults, young people and children

If you have psoriasis of the face, flexures or genitals you should be offered a mild or moderate strength corticosteroid applied once or twice daily for no longer than 2 weeks.

If this treatment does not control your psoriasis or your psoriasis gets worse when you stop using it, you should be offered treatment with a calcineurin inhibitor, which should be applied twice daily for 4 weeks. A healthcare professional with expertise in treating psoriasis should start this treatment.

Your healthcare professional should also explain that topical treatments used on the face, flexures and genitals may cause irritation and that there is a greater risk of skin thinning at these areas. They should give advice on how to minimise these risks. You should also be advised to only use corticosteroids for 1–2 weeks a month.

Treatment using phototherapy

Phototherapy uses ultraviolet (UV) light to treat psoriasis. It can be used alone or with drugs called psoralens, which make the skin more sensitive to light (as also known as PUVA). Phototherapy should be used periodically and it is not suitable for long-term use to control your psoriasis.

Your healthcare professional should offer you phototherapy if you have psoriasis that cannot be controlled with topical treatment alone. Treatment is usually given 3 or 2 times a week.

You may be offered topical treatment as well as phototherapy if:

- you have plaques that do not respond to phototherapy, are on parts of the body that are difficult to treat or are covered with hair and need treatment (such as flexures and the scalp) or
- you are not able or do not want to take systemic drugs.

Phototherapy and risk of skin cancer

Exposure to UV light during phototherapy can increase your risk of skin cancer so your treatment should be carefully monitored.

Some people are at especially high risk of skin cancers (for example, people with xeroderma pigmentosum or familial melanoma or who have already received a lot of phototherapy). If you have one of these conditions, phototherapy is not likely to be suitable for you.

When considering PUVA treatment, your healthcare professional should first discuss with you:

- other possible treatment options
- the risks of skin cancer, explaining that the risk increases with the number of treatments.

Systemic treatment

If topical treatment does not control your psoriasis and your psoriasis has a considerable impact on your wellbeing, and is widespread or occurs at sites that cause you problems in daily functioning or high levels of distress you should be offered treatment called systemic treatment. There are 2 types of systemic therapy known as systemic non-biological therapy and systemic biological therapy.

You should also be offered systemic treatment if phototherapy does not control your psoriasis or cannot be used (for example, if you are at high risk of skin cancer or cannot receive phototherapy for practical reasons such as transport or getting time off work).

All systemic drugs have the potential to give rise to serious side effects and should only be prescribed in specialist care. Your specialist may formally ask other healthcare professionals to help supervise and monitor your treatment. You may be offered topical therapy to use at the same time to get the most benefit.

The choice of therapy and the dosing schedule will depend on your needs and views. To help decide on the best treatment for you, your healthcare professional will take into account your age, your psoriasis and the affect it is having on you and whether you have psoriatic arthritis or any other conditions. They will also ask if you have any plans to have a baby. Your healthcare professional should explain the risks and benefits of these treatments and healthcare professionals with specific training and competence should provide support and advice on their use.

Before you start systemic therapy, your healthcare professional should offer you the opportunity to be part of a long-term register that records the safety of this type of treatment. When your healthcare professional reviews how your psoriasis has responded to treatment they should take into account:

- whether the severity of the disease has changed since treatment started
- whether any psoriatic arthritis has been controlled
- the impact of your psoriasis on your physical, psychological and social wellbeing
- the benefits and risks of continuing treatment
- your views (and the views of your family or carers).

Systemic non-biological therapy

Most people should be offered methotrexate tablets as the first choice of systemic drug. Sometimes another tablet called ciclosporin may be offered. If the first drug you try doesn't work well enough, your healthcare professional may suggest changing to the other drug.

If you have psoriatic arthritis, the choice of drug to treat your psoriasis should be decided in consultation with a rheumatologist.

Systemic biological therapy

If your psoriasis is severe and has not improved with other treatments you may be offered injections with a systemic biological drug.

If you develop side effects or your psoriasis has not shown an adequate response to systemic biological therapy after 10 to16 weeks the treatment should be stopped and you may be offered treatment with a different biological drug.

If treatment with a second biological drug doesn't work, there should be further discussion with a specialist doctor who has a particular expertise in biological therapy.

NICE has produced the following information for the public on biological drugs that you may find useful:

- Ustekinumab for the treatment of adults with moderate to severe psoriasis (see www.nice.org.uk/guidance/TA180/PublicInfo)
- Adalimumab for psoriasis (see www.nice.org.uk/guidance/TA146/PublicInfo)
- Infliximab for psoriasis (see www.nice.org.uk/guidance/TA134/PublicInfo)
- Etanercept and efalizumab for the treatment of psoriasis (see www.nice.org.uk/guidance/TA103/PublicInfo).

Questions to ask

These questions may help you discuss your condition or the treatments you have been

offered with your healthcare team.

About your condition

- Can you tell me more about psoriasis?
- Are there any support groups my local area?
- Can you provide any information or advice for my family or carers?
- Is there anyone I can talk to about my feelings about psoriasis?
- Do I need to see a specialist?
- Can you provide information for my child's teachers?
- Is there some other information (a leaflet, DVD or website) to help me understand my psoriasis? Is there any information designed for children?

Treatments

General

- Can you tell me why you have decided to offer me this particular type of treatment?
- What are the risks and benefits of this treatment? Can you give me figures about how many people' psoriasis will clear up (for example out of 100 people treated)?
- Are there any serious side effects associated with this treatment?
- I am worried about a particular side effect. Can you tell me how likely I am to get this side effect (for example out of every 1000 people treated, how many will get that side effect?)
- What other treatment options are available?
- Is there any other treatment that I should not use while using this treatment?
- If I am unwell should I stop this treatment?
- What I can do to help improve my skin condition?

- How will it help me? What effect will it have on my symptoms and everyday life? What sort of improvements might I expect?
- How long will it take to have an effect?
- What should I do if there is no improvement?
- Are there different treatments that I could try?
- Does the length/dose of my current treatment need to be changed?
- Is there some other information (like a leaflet, DVD or a website I can go to) about the treatment that I can have?
- Can I get help with the cost of prescriptions?

Topical treatments

- How do I apply the topical treatment you have prescribed?
- How much of the topical preparation prescribed should I use for each application? Can you show me?
- Do I have to wash off or remove the treatment?
- Should I wash my hands after applying the treatment? What should I do if my hands are being treated?
- How much (in grams) should I use over a month to fully treat my psoriasis? How long should this tube/bottle last for?
- How many days will I have to apply the treatment for? How will it affect my plaques and surrounding skin?
- How do I get further supplies of my topical treatment?
- When should I stop applying the treatment?
- When should the treatment be reviewed?
- Should my child take treatment to school to use after games or swimming lessons?

- Is it OK to use the treatment if I'm pregnant or breastfeeding? If it isn't, what else can I use?
- How can I avoid side effects from corticosteroids?

Phototherapy

- How often and for how long will I need phototherapy treatment?
- How long will my psoriasis stay away after the treatment?
- How many courses of phototherapy can I have?
- Should I use topical treatments at the same time as receiving phototherapy treatment?
- Can you give me a letter for my employer/teacher so I can arrange to attend appointments?
- What are the possible side effects of this treatment?
- Is it safe to have phototherapy if I am pregnant?
- Can I sunbathe on holiday if I have just had a course of phototherapy?

Systemic therapy

- What are the possible side effects of this treatment?
- Who will monitor my safety while taking the medicine?
- How will I know if the treatment is working?
- How often will I be reviewed?
- How long can I use it for?
- Is it safe to use if I'm pregnant, planning on becoming pregnant, or becoming a father? If not, when can I plan for a baby after using the treatment?

Side effects

- What should I do if I get any side effects? (Who should be my first point of contact, for example, should I call my GP, my dermatology nurse specialist or go to the accident and emergency (A&E) department at a hospital?)
- Are there any long-term effects of taking this treatment?

For family members, friends or carers

- What can I/we do to help and support the person with psoriasis?
- Is there any additional support that I/we as carer(s) might benefit from or be entitled to?

Medical terms explained

Calcineurin inhibitors

Calcineurin inhibitors are drugs that reduce the activity of the immune system and help to reduce inflammation.

Coal tar preparations

Coal tar preparations can reduce scales, inflammation and itchiness. They are available in various formulations, such as lotions, creams, shampoos and products for use in the bath or shower.

Deep vein thrombosis

Deep vein thrombosis is a condition that occurs when a blood clot forms deep inside a vein, often in the leg.

Difficult-to-treat psoriasis

Difficult-to-treat psoriasis occurs on areas of the body such as the face, genitals, scalp, palms of the hands, soles of the feet and in the body creases (also called 'flexures') for example the armpits and under the breasts. Psoriasis in these areas can be difficult to treat completely and because the condition is visible, it can have a greater impact on the person.

Dithranol

Dithranol is a topical medication that slows the production of skin cells. It is often used for 'short-contact' treatment, which means that it is applied for short period of time then washed off or removed with oil. It can cause burning or irritation of normal skin so is only applied to the psoriasis plaques. It is also messy to use and can cause staining.

Erythroderma

Erythroderma is a rare form of psoriasis that affects nearly all the skin on the body and can cause intense itching or burning. It can lead to more serious illness, sometimes requiring hospital admission.

Flexures

Flexures are the creases and folds of the body, such as the armpits, groin and the skin between the buttocks and under the breasts.

Generalised pustular psoriasis

Generalised pustular psoriasis is a type of pustular psoriasis, in which blisters are widespread on the body and can lead to more serious illness. It is not contagious and the blisters are not infected.

Guttate psoriasis

Guttate psoriasis (sometimes referred to as 'raindrop psoriasis') is a form of psoriasis in which small red spots occur over the body, arms and legs. It is more common in children

and young people, and can be triggered by a type of throat infection called a streptococcal throat infection. This type of psoriasis may not be long lasting.

Nail psoriasis

Nail psoriasis affects the nails, which develop tiny dents, ridges or pits, become discoloured and grow abnormally, and sometimes separate from the skin and crumble.

Palmoplantar pustulosis

Palmoplantar pustulosis is a type of pustular psoriasis that occurs on the palms of the hands and soles of the feet.

Plaque psoriasis

Plaque psoriasis is the most common form of psoriasis. Raised, red, plaques typically occur on the elbows, knees, scalp and lower back, but it can be more widespread.

Psoriatic arthritis

Psoriatic arthritis is a type of arthritis with swelling, pain and stiffness of one or more joints which may occur in people with psoriasis and needs diagnosing by a rheumatologist.

Pustular psoriasis

Pustular psoriasis is a rare form of psoriasis in which pus-filled blisters appear on the skin. It is not infectious and the pus is not a sign of infection.

Rheumatologist

A rheumatologist is a doctor who specialises in diagnosing and treating arthritis and diseases related to the joints, muscles and bones.

Scalp psoriasis

Scalp psoriasis is a form of psoriasis in which dry, flaky plaques occur on the scalp, hairline, forehead and inside and around ears.

Specialist

A specialist is a doctor working in an outpatient dermatology clinic that may be able to offer you additional treatment options.

Specialist nurse

A specialist nurse is an experienced nurse who specialises in working with people with skin conditions.

Systemic biological therapy

Systemic biological therapy is a type of systemic treatment given by injections that is used to treat severe psoriasis or psoriasis that has not responded to other treatments. Systemic biological therapy targets specific parts of the immune system, and includes adalimumab, etanercept, infliximab and ustekinumab.

Systemic non-biological therapy

Systemic non-biological therapy is a type of systemic treatment that includes drugs methotrexate, ciclosporin and acitretin.

Systemic treatment

Systemic treatment means tablets or injections that work throughout the entire body. There are 2 sorts of systemic treatment known as systemic non-biological therapy and systemic biological therapy.

Topical corticosteroids

Topical corticosteroids are topical treatments that reduce inflammation. This slows the production of skin cells and helps reduce itching. They usually come as creams and ointments but are also available as a mousse or shampoo for use on the scalp. Topical corticosteroids are normally used once or twice a day. Topical corticosteroids vary in strength; they can be mild, moderate, potent and very potent.

Vitamin D preparations

Vitamin D preparations slow the production of skin cells and reduce inflammation. They are available as lotions, ointments and scalp solutions and gels. Depending on the product, they can be used once or twice a day.

Sources of advice and support

- Psoriasis and Psoriatic Arthritis Alliance (PAPAA), 01923 672837
  www.papaa.org
- Psoriasis Association, 08456 76 00 76 or 01604 251620
  www.psoriasis-association.org.uk
  www.psoteen.org.uk (for people aged under 21)

You can also go to NHS Choices for more information about psoriasis.

NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

Other NICE guidance referred to in this guideline

- Preventing type 2 diabetes: population and community interventions (see www.nice.org.uk/guidance/PH35)
- Medicines adherence (see www.nice.org.uk/guidance/CG76/PublicInfo)

- Prevention of cardiovascular disease at population level (see www.nice.org.uk/guidance/PH25)
- Alcohol-use disorders: preventing harmful drinking (see www.nice.org.uk/guidance/PH24)
- Smoking cessation services (see www.nice.org.uk/guidance/PH10)
- Depression in children and young people (see www.nice.org.uk/guidance/CG28/PublicInfo)
- Ustekinumab for the treatment of adults with moderate to severe psoriasis (see www.nice.org.uk/guidance/TA180/PublicInfo)
- Adalimumab for psoriasis (see www.nice.org.uk/guidance/TA146/PublicInfo)
- Depression in adults with a chronic physical health problem (see www.nice.org.uk/guidance/CG91/PublicInfo)
- Promoting physical activity for children and young people (see www.nice.org.uk/guidance/PH17)
- Lipid modification (see www.nice.org.uk/guidance/CG67/PublicInfo)
- Obesity (see www.nice.org.uk/guidance/CG43/PublicInfo)
- Promoting physical activity in the workplace (see www.nice.org.uk/guidance/PH13)
- Infliximab for psoriasis (see www.nice.org.uk/guidance/TA134/PublicInfo)
- Four commonly used methods to increase physical activity (see www.nice.org.uk/guidance/PH2)
- Etanercept and efalizumab for the treatment of psoriasis (see www.nice.org.uk/guidance/TA103/PublicInfo)

Accreditation