



Psoriasis Scotland Arthritis Link Volunteers

Patient Factsheet - Phototherapy

Phototherapy (sometimes referred to as light treatment) is a common treatment used for psoriasis affecting the skin. It cannot be used to treat psoriatic arthritis. You have to see a dermatologist in order to get phototherapy. Your dermatologist may recommend phototherapy if your psoriasis is not responding to creams or ointments alone (topical therapies) or if your psoriasis is so extensive that it is impractical to try and treat with topical therapies. Most patients with psoriasis need to have tried phototherapy before they can be considered for tablet therapies. In some cases phototherapy is used in combination with tablet therapies.

Phototherapy refers to the process of shining ultraviolet light (artificial sun light) onto the skin in a very controlled manner. Ultraviolet light has an anti-psoriasis effect, which explains why many people with psoriasis notice an improvement in their skin following exposure to the sunshine. Phototherapy does not cure psoriasis but causes it to go into remission. In some patients, phototherapy will clear psoriasis for months to years, however, some patients only get clearance for a few weeks or it does not work at all. Rarely, phototherapy can make psoriasis worse.

There are two main types of phototherapy – ultraviolet-B (UVB) and psoralens + ultraviolet-A (PUVA). Your dermatologist will decide which is best for you but you're your actual treatment will be overseen by a specialist phototherapy nurse. Both UVB and PUVA can be delivered to the whole body, with the patient standing in a phototherapy booth (like a phone box with ultraviolet light bulbs on the inside) or just to the hands and/or feet if only these areas are affected by psoriasis. The main side effect of phototherapy is skin redness on exposed areas (like sun burn). This is more common in patients with very fair skin. Another adverse effect you may be told about by your dermatologist is that large doses of phototherapy (particularly PUVA) may increase your future risk of developing skin cancer. For this reason, there is a maximum number of treatments of phototherapy you are allowed in a lifetime.

UVB is the most commonly used phototherapy. Typically treatment is three times per week for six to eight weeks. At the start of treatment, exposure times are very low (a few seconds) and build up slowly over the treatment course. This is to try and avoid significant redness (erythema). Starting dose is usually determined by your skin type, which your dermatologist should enquire about before booking you for treatment. Occasionally, if there is concern that you may react badly to phototherapy, a special skin test called a Minimal Erythema Dose (MED) is done to determine your start dose. The phototherapy nurse looking after your treatment will determine when you should finish treatment, depending on your response.

PUVA is used much less commonly than UVB. Typically treatment is twice per week, again for six to eight weeks. With PUVA a drug called psoralens has to be taken prior to exposure to ultraviolet light. Psoralens is usually taken as a tablet on the day of treatments, though in some cases patients can soak in a solution of psoralens about half an hour before treatment (so called "bath PUVA"). Psoralens makes you more sensitive to both the ultraviolet light coming from the phototherapy machine and natural sun light. For this reason, you have to be extremely careful not to expose your skin or eyes to daylight for around 24 hours after taking psoralens.

Important practical points about phototherapy...

- You are probably not suitable for phototherapy if you suffer from epilepsy, claustrophobia or a medical problem which means you cannot stand upright for up to 10 minutes.
- You must always inform your phototherapy nurse of any medications (including herbal remedies) you are taking, as some drugs can make you more sensitive to phototherapy and more likely to get redness (erythema)
- All patients getting phototherapy have to wear protective goggles and sometimes a face shield. These should never be removed.
- You can continue to use topical therapies during phototherapy, though on the days of treatment you should apply after treatment
- If you wear any clothing in the phototherapy booth e.g. shorts, try to ensure you wear the same thing each time to avoid redness (erythema)
- Sunbeds/tanning beds are not recommended to treat psoriasis and especially should not be used by patients during a course of phototherapy.

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