**Baseline demographic features**:

Name: Tel:

Age: Sex: Diagnosis:

Skin type:

Living place:

PASI score:

SCORAD:

VASI:

VIDA:

Past medical history:

Drug history:

Family history (autoimmune disorders, photodermatosis, skin cancers):

Past history of HSV:



**Dosing guidelines for NBUVB in psoriasis**

|  |  |  |  |
| --- | --- | --- | --- |
| Skin type | Initial UVB dose, mJ/cm | UVB increase after each treatment, mJ/cm | Maximum dose, mJ/cm2 |
| I | 130 | 15 | 2000 |
| II | 220 | 25 | 2000 |
| III | 266 | 40 | 3000 |
| IV | 330 | 45 | 3000 |
| V | 350 | 60 | 5000 |
| VI | 400 | 65 | 5000 |

**Dosing guidelines for NBUVB in psoriasis, if subsequent treatments are missed**

|  |  |
| --- | --- |
| Missing days | Suggesting dose |
| 4-7 days | Keep dose same |
| 1-2 weeks | Decrease dose by 25% |
| 2-3 weeks | Decrease dose by 50% or start over |
| 3-4 weeks | Start over |

**Maintenance therapy for NB-UVB after >95% clearance**

|  |  |  |
| --- | --- | --- |
| Frequency of treatment | Duration | dosage |
| 1 per wk | NBUVB for 4wk | Keep dose same |
| 1 per 2wk | NBUVB for 4wk | Decrease dose by 25% |
| 1 per 4wk | NBUVB | 50% of Highest dose |

**Recommendation for NBUVB**

**Contraindications**:

* Patients with known lupus erythematosus or xeroderma pigmentosum

**Caution**:

* Patients with skin types I and II who tend to burn easily
* Those with history of arsenic intake or previous treatment with ionizing radiation therapy
* Those with history of melanoma or multiple nonmelanoma skin cancers
* Any medical condition that is severe enough that patient cannot tolerate heat or prolonged standing in light box

**Acute adverse effects**:

|  |  |  |  |
| --- | --- | --- | --- |
| Type of adverse effects | Mild | Moderate | Severe |
| Erythema |  |  |  |
| Pruritus |  |  |  |
| Burning |  |  |  |

**Long term adverse effects**

|  |  |  |
| --- | --- | --- |
| Type of adverse effects | Yes | No |
| Lentigines |  |  |
| Telangiectasias |  |  |
| Photocarcinogenesis |  |  |

**Recommendations**

* Use of protective goggles
* Use of genital shields during treatment
* When used in conjunction with systemic retinoids , dose of both retinoids and UVB may need to be lowered
* Full body skin check before initiation of therapy
* Regular full skin examination to monitor signs of photoaging, pigmentation, and cutaneous malignancies
* Pregnancy : Generally considered safe (expert opinion)

**Topical PUVA:**

**Topical dosing:**

* Use 0.1% 8-methoxypsoralen in emollient and treat 2-3 times/ week.
* Apply 30 minutes before UVA.
* Start at 0.25-0.5 J/cm2, increase by 0.25-0.5 J/cm2.

### Bath dosing:

* 50 mg of 8-Methoxypsoralen in 100 L of water.
* 20-30 min pre-exposure.
* Schedule similar to oral PUVA.

**Caution:**

* Patients with skin types I and II who tend to burn easily
* Those with history of arsenic intake or previous treatment with ionizing radiation therapy
* Those with history of melanoma or multiple nonmelanoma skin cancers
* Patients who are pregnant or nursing.

### Duration of treatment:

* May take 30 treatments to have noticeable response.
* Single course usually is 30-40 treatments.
* May be repeated as indicated.

**Pregnancy:**

* Category C.

**Nursing:**

* No data available.

**Acute adverse effects**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of adverse effects | Mild | Moderate | Severe |
| Erythema |  |  |  |
| Pruritus |  |  |  |
| Burning |  |  |  |
| Hyperpigmentation |  |  |  |

**Long term adverse effects**

|  |  |  |
| --- | --- | --- |
| Type of adverse effects | Yes | No |
| Lentigines |  |  |
| Telangiectasias |  |  |
| Photocarcinogenesis |  |  |