

Letter to the Editor

Psoriasis scoring and evaluation form- an innovative approach towards effective patient care

Sir,

Psoriasis is one of the most common skin diseases which we encounter during our day to day practice.¹ Increased awareness among people and easy availability of phototherapy units has increased the number of patients seeking treatment. Patients receiving phototherapy or immunosuppressive drugs are prone to develop side effects of these therapies, so it is important to have a careful watch on their laboratory parameters, therapeutic doses and adverse reactions like erythema reduction in blood counts.²⁻⁶ It is necessary to quantify the medical

and health care need of the psoriatic patient for effective management. Thus, authors have designed a proforma to easily record the almost all essential clinical and laboratory parameters of the patient as well as subjective and objective response of the treatment. Though we have individual proforma for each parameter, it is tedious for physician as well as patient to manage, especially if the disease is chronic and relapsing, by using this single page proforma it is easy to evaluate the patient on various parameter in short span of time. Its back page can be used for prescription, additional details or diagrammatic representation of disease.

Table 1: Psoriasis scoring and evaluation form I.P. /O.P. No.

Date (A/D)	Head	UL	Trunk	LL	PASI scoring	
Erythema					Score	E,S,D Area
Scaling					1	Mild <10
Induration					2	Moderate 10- 30
Area					3	Severe 31-50
Score (A/D)	E+S+D				4	51-70
	N				5	Very severe 70-90
	A				6	>91
Date (D/S)						
Erythema						
Scaling					PASI= N area score (E+S++D)	
Induration					N for head 0.1, upper limb 0.2	
Area					Trunk 0.3, Lower limb 0.4,	
Score (D/S)	E+S+D				PASI = Trunk + Lower limb + head + upper limb	
	N					
	A					
Phototherapy	MPD/MED-		UVA/UVB		Dose increment /tapered by%	
			Jcm²/mJcm²			
Date	Area					
1.						
2.						
3.						
4.						
Drugs	Started on	Dose weekly /day	Cumulative dose	Concurrent topical details / other		
Methotrexate						
Investigation			Recent last parameters			
CBC	TLC, PLT					
Others	LFT , RFT, FLP					

E-erythema; D-Induration; S-scaling; CBC-complete blood count; RFT-renal function test; LFT-liver function test; FLP-fasting lipid profile; UL -Upper limb; LL -Lower limb; A/D- admission; D/S- discharge; TLC-total leukocyte count; PLT-Platlet count.

Ajay Pandey*, J. P. Swain

Department of Skin & V. D, Chhattisgarh Institute of Medical Sciences, Bilaspur, Chhattisgarh, India

*Correspondence to:

Dr. Ajay Pandey,
E-mail: drajayfeb1982@mail.com

REFERENCES

1. Bhor U, Pande S. Scoring systems in dermatology. *IJDVL*. 2006;72(4):315-21.
2. Kaur I, Dogra S, De D, Kanwar AJ. Systemic methotrexate treatment in childhood psoriasis: further experience in 24 Children from India. *Pediatric Dermatology*. 2008;25(2):184-8.
3. Parikh D. My view point - Psoriasis in children. *Indian J Paediatr Dermatol*. 2012;13:2.
4. Dhar S, Banerjee R, Agrawal N, Chatterjee S, Malakar R. Psoriasis In Children: An Insight. *Indian Journal of Dermatology*. 2011;56(3):262-5.
5. Van de Kerkhof PCM. The Psoriasis Area and Severity Index and alternative approaches for the assessment of severity; persisting areas of confusion. *British Journal of Dermatology*. 1997;137:661-2.
6. Langley RG, Ellis CN. Evaluating psoriasis with Psoriasis Area and Severity Index, Psoriasis Global Assessment, and Lattice System Physician's Global Assessment. *J Am Acad Dermatol*. 2004;51:563-9.

Cite this article as: Pandey A, Swain JP. Psoriasis scoring and evaluation form- an innovative approach towards effective patient care. *Int J Adv Med* 2016;3:444-5.