

General Commissioning Policy

Treatment	Vitiligo
For the treatment of	Vitiligo
Background	<p>NHS Scarborough and Ryedale CCG (SRCCG) commissions' healthcare on behalf of its local population across primary, secondary and tertiary care sectors. Commissioning policy including clinical referral pathways and thresholds have been developed and defined using appropriate NICE guidance and other peer reviewed evidence and are summarised here in order to guide and inform referrers</p> <p>This policy defines the SRCCG commissioning position for Vitiligo</p>
Definition	<p>Vitiligo is an acquired condition with complete loss of skin pigment resulting in discrete white patches. For images click here.</p> <p>If affects about 1% of the world population and any part of the body can be affected.</p> <p>Exclude Red Flag Symptoms Consider pityriasis alba (hypopigmented patches on the face in childhood and adolescence).</p> <p>Leprosy (thickened, hypopigmented anaesthetic patches of skin)</p>
Management	<p>Sun protection advice</p> <ul style="list-style-type: none"> • Is essential • The white skin will not tan but will burn • If surrounding skin tans the white patches will be more apparent <p>Cosmetic camouflage</p> <ul style="list-style-type: none"> • Very useful as no treatments are very successful in reversing the depigmentation • Available from Changing Faces <p>Potent or very potent topical steroids</p> <ul style="list-style-type: none"> • Mometasone fuorate 0.1% as cream or ointment - Elocon® (potent) • Clobetasol Propionate 0.05% as cream or ointment - Dermovate® (very potent) • May be used for a trial period of up to 2 months

Responsible GP – Dr Peter Billingsley, SRCCG	Approved: April 2017
Responsible Consultant – Ms Kathryn Thomson, YTHFT	Date published: April 2017
Responsible Pharmacist – Ms Rachel Ainger, SRCCG Medicines Mngt	NHS Scarborough & Ryedale Clinical Commissioning Group

	<ul style="list-style-type: none"> • Be aware of problems with steroid side effects <p>Refer to Dermatology for consideration of other treatments if patient distressed by condition</p> <ul style="list-style-type: none"> • Calcineurin inhibitors • Narrowband UVB • Laser treatment • PUVA • Depigmentation of normal skin if very extensive
Investigations prior to referral	Associated with other autoimmune diseases so exclude diabetes, pernicious anaemia, thyroid disease, Addison's disease and alopecia areata with blood tests if appropriate
Information to include in referral letter	<ul style="list-style-type: none"> • Site and extent of white patches • Photograph is desirable • How long since problem began • Any treatments tried already • Relevant past medical / surgical history • Current regular medication • BMI / Smoking status
Summary of evidence / rationale	<p>Patient Information Leaflets/ PDAs</p> <p>Patient Information Leaflets are available from the British Association of Dermatologists or patient.co.uk</p> <p>Patient information is also available from the Vitiligo Society</p>
Effective from	November 2014
Reviewed	March 2017
Review Date	2019
Contact for this policy	Service Improvement Team scrccg.rssifr@nhs.net

References:

Excellent clear information and lots of images available from [Primary Care Dermatology Society](#)

Useful information also available on [dermnet website](#)

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