(ie, *American Family Physician*, *Family Medicine*, *Journal of Family Practice*, and *BMJ USA*). Evidence was graded using a 3-point scale based on the quality of methodology (eg, randomized controlled trial, case-control, prospective/retrospective cohort, case series, etc) and the overall focus of the study (ie, diagnosis, treatment/prevention/screening, or prognosis) as follows:

I. Good-quality patient-oriented evidence (ie, evidence measuring outcomes that matter to patients: morbidity, mortality, symptom improvement, cost reduction, and quality of life)
II. Limited-quality patient-oriented evidence
III. Other evidence, including consensus guidelines, opinion, case studies, or disease-oriented evidence (ie, evidence measuring intermediate, physiologic, or surrogate end points that may or may not reflect improvements in patient outcomes)

Clinical recommendations were developed on the best available evidence tabled in the guideline. These are ranked as follows:

A. Recommendation based on consistent and good-quality patient-oriented evidence
B. Recommendation based on inconsistent or limited-quality patient-oriented evidence
C. Recommendation based on consensus, opinion, case studies, or disease-oriented evidence

In those situations where documented evidence-based data is not available, we have used expert opinion to generate our clinical recommendations or opted not to issue a recommendation.

This guideline has been developed in accordance with the AAD/AAD Association Administrative Regulations for Evidence-based Clinical Practice Guidelines (May 2014),[274] which includes the opportunity for review and comment by the entire AAD membership and final review and comment by the AAD Board of Directors. Additionally, this guideline is developed in collaboration with the National Psoriasis Foundation (NPF) and as part of the review process; the NPF medical board members provided their feedback. This guideline will be considered current for a period of 5 years from the date of publication unless reaffirmed, updated, or retired before that time.

Definition

Psoriasis vulgaris is a chronic inflammatory skin disease that classically presents with well-demarcated, red plaques with silvery scale, commonly involving the scalp, elbows, knees, and presacral region, though any area of skin may be involved, including the palms, soles, nails, and genitalia. While the severity of psoriasis is defined in part by the total body surface area (BSA) involved, with less than 3% BSA considered mild, 3% to 10% BSA considered moderate, and greater than 10% considered severe disease, psoriasis can be severe irrespective of BSA, when it has serious emotional consequences or when it occurs in select locations, including, but not restricted to, the hands, feet, scalp, face, genital area, or when it causes intractable pruritus. The Psoriasis Area Severity Index (PASI) is a more specific means of quantifying the extent and severity of psoriasis, because it takes into account not only BSA but also the intensity of redness, scaling, and plaque thickness, ultimately producing a score from 0 (no disease) to 72 (maximal disease severity). The PASI is used for monitoring response to treatments in clinical trials and as a research tool to judge the severity of psoriasis. It is rarely used by dermatologists in clinical practice to guide management.

Psoriasis is an inflammatory, immune-mediated condition involving cutaneous T-cells, dendritic cells, and keratinocytes with subsequent release of a variety of cytokines and other soluble mediators. These chemical signals are responsible for keratinocyte hyperproliferation manifesting as characteristic scaly plaques, and they also contribute to the augmented inflammation underlying a number of systemic disease associations, including metabolic syndrome, cardiovascular disease, and psoriatic arthritis. To inhibit the inflammation underpinning this condition, a number of topical and systemic medications have been created with varying success. Topical treatments refer to agents that are applied directly on the skin in order to exert their therapeutic action. AM is a group of diverse medical and health care practices and products that are not presently considered to be part of conventional medicine. These therapies can be defined as alternative when are used in place of conventional treatments and complementary when used together with conventional treatments.