PATIENT INFORMATION LEAFLET

VITILIGO

WHAT ARE THE AIMS OF THIS LEAFLET?

This leaflet helps you learn about vitiligo. It explains what vitiligo is, what causes it, what treatments are available, and where to get more help and information.

WHAT IS VITILIGO?

Vitiligo is a condition where some areas of the skin lose their normal colour and become very pale, white or light pink. It can affect any part of the body. This means it can not only affect the skin, but also hair, lips and nails. Some people have only a few patches, while others have many.

It is difficult to know how fast vitiligo might spread. For some people, vitiligo changes slowly and may stay the same for years. Some colour may return on its own or with treatment, but full colour return is not guaranteed

Vitiligo is common and affects about 1 in 100 people around the world. Typically, it starts before age 20 but can begin at any age. It affects people of all skin tones, but patches may be more noticeable on brown or black skin.

WHAT CAUSES VITILIGO?

Vitiligo is an autoimmune condition. This means the body's defence system attacks its own cells by mistake. In vitiligo, the immune system is attacking melanocytes, the cells that make melanin (the pigment that gives skin its colour and protects it from the sun). When these cells are damaged, loss of colour can happen, causing pale or white patches to appear.

Vitiligo may be linked to other autoimmune conditions, including thyroid disease and type 1 diabetes. Individuals with vitiligo may also have an increased risk of other autoimmune conditions.

In some people, skin injury such as burns, cuts, scratches or rubbing can trigger new patches of vitiligo.

Vitiligo is not contagious; this means it cannot be passed onto another person. There is no proven link between vitiligo and diet or smoking.

IS VITILIGO HEREDITARY?

Vitiligo can run in families, but having vitiligo does not mean your children will definitely get it.

WHAT DOES VITILIGO LOOK AND FEEL LIKE?

Vitiligo looks like pale, pink or white patches of skin with defined edges. The skin feels normal to touch. It may appear on one side of the body or both. Commonly affected places include the hands, face, areas around the eyes, nose and mouth, genitals, and body folds like the underarms and groin. The patches can vary in size. Hair within vitiligo patches may turn white.

When colour comes back, it often starts around hair roots, giving a speckled look. Vitiligo is not usually itchy or painful, but some people feel itching before a new patch appears. Because vitiligo patches have no melanin, they may burn more easily in the sun. Melanin acts as natural sunblock and it is missing in vitiligo patches.

HOW WILL VITILIGO BE DIAGNOSED?

Vitiligo is usually diagnosed by the way it appears on the skin. Your healthcare professional may use a special ultraviolet lamp called a Wood's lamp to help find the patches. You may also be asked to do blood tests to check for vitamin D levels, thyroid

disease or other autoimmune conditions, if relevant. There are no specific blood tests which are needed to make the diagnosis of vitiligo.

Your healthcare professional may also take photos of your skin to keep track of changes over time. Sometimes it might be tricky to diagnose vitiligo as patches are small and may look similar to other conditions causing white patches. In these cases, your GP may need to refer you to a dermatologist to confirm the diagnosis.

WHAT ARE THE DIFFERENT TYPES OF VITILIGO?

There are two main types of vitiligo:

- Non-segmental vitiligo – patches appear on both sides of the body.
- Segmental vitiligo – patches (usually small) appear on just one side of the body.

Non-segmental vitiligo is the most common type, and most likely to spread to other parts of body, limbs and/or face.

It might be important to find out which type of vitiligo you have as this will help your healthcare professional decide on the most appropriate treatment.

CAN VITILIGO BE CURED?

Although there is no cure for vitiligo, several treatment options are available and may help bring the skin's natural colour back. Vitiligo is usually a lifelong condition, which means that you may need to treat new patches as they come back or appear in new places.

HOW CAN VITILIGO BE TREATED?

You can talk to your healthcare professional about the following treatment options. You may also choose not to have treatment. Whatever you decide, it is important to protect your skin from the sun.

- *Sunscreens*. Areas of vitiligo will burn easily in the sun. You should use a sunscreen with 4* or 5* UVA rating and SPF 50 and apply it to the patches and the skin around it before going outdoors. You should also protect your skin from the sun by wearing loose, long-sleeved clothing, wearing a hat, and protective sunglasses (see the 'top sun safety tips' below for more information).
- *Corticosteroids*. Steroids are natural hormones made in the body and have important functions. They can be made in the forms of medicines known as corticosteroids. Some corticosteroids are used either as creams or ointments (known as topical corticosteroids) or in tablet form taken by mouth (known as oral corticosteroids). Either way, they are used to stop the immune system attacking melanocytes and bring back the normal skin colour. Topical corticosteroids are used for a period of time, as reversing the damage is slow. Oral corticosteroids may be used when there is rapidly worsening vitiligo, as a means of slowing down or stopping further damage treatment. They are not used for long periods due to risks of weight gain, mood changes, weakened bones, skin changes (thinning skin, easier to bruise skin and stretch marks), cataracts, amongst other risks.
- *Topical calcineurin inhibitors*. Topical calcineurin inhibitors (TCIs) are creams and ointments used to treat vitiligo. In the UK, the two TCIs available are tacrolimus ointment (in 0.03% and 0.1% strengths) and pimecrolimus cream. Unlike topical steroids, TCIs do not cause skin thinning, stretch marks, or other side effects linked to long-term steroid use. This makes them very useful for treating areas with thin skin, such as the face or around the eyes.
- *Phototherapy*. Narrowband ultraviolet (NB-UVB) is a treatment where ultraviolet light is used to dampen the immune system and treat vitiligo. Treatment usually means going to hospital 2-3 times a week for a minimum of 12 weeks. However, generally treatment lasts for 12 months or longer. As part of this, photos are taken to check progress. In some cases, not all of the natural skin colour

returns after treatment. Some patches may reappear again once treatment is stopped. Fingertips and feet may be more difficult to treat compared to other areas, such as the face. Phototherapy may be used with topical or oral corticosteroids and with food supplements. Phototherapy is available usually at hospitals; however some centres may have home phototherapy services available.

- *Psychological treatments.* Some people may benefit from emotional support. Your doctor can recommend self-help resources or talking therapy if vitiligo is causing distress. You can request talking therapy through NHS for free, however, waiting times can vary (www.nhs.uk/nhs-services/mental-health-services/find-nhs-talking-therapies-for-anxiety-and-depression/).
- *Cover up*. Some people choose to use skin camouflage, makeup, or fake tanning creams to change the appearance of vitiligo patches. If this is something you would like to try, the charity Changing Faces provides expert advice. Some products are long-lasting and water resistant.

The following treatments may only be available in a few specialist NHS centres that have an interest in treating vitiligo.

- *Ruxolitinib cream.* Ruxolitinib is a topical Janus Kinase (JAK) inhibitor. It is the first approved treatment for non-segmental vitiligo in people over 12 years old who also have facial vitiligo. It works by calming the immune system in the skin, stopping it from attacking the cells that give skin its colour. This allows colour to slowly return. This treatment has recently been approved by NICE for use in the NHS.
- *Surgical treatment*. This treatment involves moving small pieces of normal skin into areas of vitiligo that have stayed the same for over a year.
- CO_2 laser and 5-fluorouracil cream. These treatments can sometimes be used together, but only in adults and only on the hands and feet.
- *Excimer laser treatment*. This may help small, stable patches. It is usually combined with topical treatments.

Removing the remaining pigment. If vitiligo covers most of the body or large areas of the face or hands, doctors may think about removing the remaining normal pigment using a bleaching chemical. This must be considered very carefully and only with specialist supervision.

SELF-CARE (WHAT CAN I DO?)

People affected by vitiligo have different feelings about it. Some are not concerned, while for others it can cause anxiety and distress. Some may find it affects their confidence or mood. If vitiligo is affecting how you feel, speak to your healthcare professional. They may suggest support or talking therapy. You can also self-refer using this link: www.nhs.uk/nhs-services/mental-health-services/find-nhs-talking-therapies-for-anxiety-and-depression/.

Top sun safety tips:

- Protect your exposed skin with clothing, and do not forget to wear a hat that protects your face, neck and ears, and a pair of UV protective sunglasses.
- Spend time in the shade between 11am and 3pm when it is sunny.
- When choosing a sunscreen look for a high protection SPF (SPF 50 or more) to protect against UVB, and 4 or 5 UVA stars to protect against UVA. Apply plenty of sunscreen on all sun-exposed areas 15 to 30 minutes before going out in the sun, and reapply every two hours and straight after swimming, towel-drying and strenuous exercise.
- Sunscreens should not be used as an alternative to clothing and shade; instead, they offer additional protection. No sunscreen will provide 100% protection. Keep babies and young children out of direct sunlight as far as possible. It may be necessary to take Vitamin D

supplement tablets as strictly avoiding sunlight can reduce Vitamin D levels. You should ask your doctor or dermatologist about this.

Vitamin D advice

People who stay out of the sun might not get enough vitamin D. They should think about checking their vitamin D levels. If the level is low, they may consider:

- Taking vitamin D supplements (10-25 micrograms per day). Your GP can advise you.
- Eating more foods rich in vitamin D, such as oily fish, eggs, meat, butter, fortified margarine and cereals.

WHERE CAN I GET MORE INFORMATION ABOUT VITILIGO?

Patient support groups providing information:

The Vitiligo Society
Tel: 0203 778 2204
Web: www.vitiligosociety.org

Vitiligo Support UK
Tel: 0208 876 6870
Email: info@vitiligosupport.uk
Web: www.vitiligosupport.uk/

Changing Faces
Email: skincam@changingfaces.org.uk
Web: www.changingfaces.org.uk

Web links to other relevant sources:

DermNetNZ:
www.dermnetnz.org/colour/vitiligo

The British Association of Dermatologists' guidelines for the management of people with vitiligo 2021 provide recommendations for treatment of the condition:
doi.org/10.1111/bjd.20596

Jargon Buster:
www.skinhealthinfo.org.uk/support-resources/jargon-buster/

Please note that the BAD provides web links to additional resources to help people access a range of information about their treatment or skin condition. The views expressed in these external resources may not be shared by the BAD or its members. The BAD has no control of and does not endorse the content of external links.

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

BRITISH ASSOCIATION OF DERMATOLOGISTS

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