Pruritis

Uremic Pruritis is one of the most common and frustrating symptom experienced by patients with end-stage renal disease. Approximately 60% of dialysis patients experience pruritis, sometimes worse during the dialysis session.\textsuperscript{1,2} A specific etiology has not been identified in uremic pruritis, but a number of factors have been shown to contribute to the condition. Secondary hyperparathyroidism, hyperphosphatemia, increased calcium phosphate deposition in the skin, dry skin, inadequate dialysis, anemia, iron deficiency and low grade hypersensitivity to products used in the dialysis procedure have all been identified as possible causes of pruritis in the dialysis patient.\textsuperscript{3-9}

**TREATMENT PROTOCOL GUIDELINES**

1. Patient should be well dialyzed with a KT/V $\geq 1.4$.\textsuperscript{7}

2. Compliance with dietary restriction and phosphate-binding therapy should be encouraged. Normalize PTH.\textsuperscript{4-6}

3. Epogen therapy should be given and optimized according to Hct values.\textsuperscript{8}

4. If the patient has xerosis, start an emollient such as Aveeno moisturizer, Aveeno Oil, Eucerin creme, Lac-Hydrin, Lubriderm Sensitive, Moisturel. If patient has partial response try an emollient with an antipruritic such as Aveeno anti-itch, Zonalon with any of the emollients.\textsuperscript{3}

5. If pruritis only during dialysis consider switching to beef heparin. If the patient is non reuse and ethylene oxide sensitive switch to a gamma-irradiated membrane.\textsuperscript{10}

6. Initiate a 2-3 week trial of oral antihistamine therapy with Benadryl 25-50 mg q 8-12 hours, Atarax 25-50 mg q 6-12 hours, Periactin 2-4 mg q 8-12 hours, Vistaril 25-50 mg q 6-12 hours, Tavist 2 mg bid, Hismanal 10 mg qd.\textsuperscript{10}

7. If antihistamine trial is ineffective initiate a 3-week trial of phototherapy with UVB light three times weekly.\textsuperscript{6}

8. If the patient does not respond to phototherapy try Naltrexone Hcl 50mg, $\frac{1}{2}$ pill q hs.\textsuperscript{11}

9. If the Naltrexone interferes with opioids for pain or is not tolerated by patient try Capsaicin cream bid-qid.\textsuperscript{12}

10. If Capsaicin cream is ineffective try Ketotifen 2 mg bid or Ondanstron 4 mg bid.\textsuperscript{13,14}

11. If Ketotifen or Ondanstron is ineffective try cholestyramine 5 mg bid or activated charcoal 6g qd per day in 4-6 divided doses for 8 weeks.\textsuperscript{15,16}

12. If the above steps are ineffective try a combination of antihistimine and UVB light, or cholestyramine and UVB light or antihistamine, antihistamine and capsaicin cream etc.

13. If patient still having pruritis try I.V. lidocaine 100 mg IV during dialysis.\textsuperscript{17}
14. Thalidomide 100 mg at bedtime has been shown to be effective in a randomized trial with refractory pruritis in dialysis patients. Care must be taken in handling pills and exposure to pregnant women.

References


