

Pruritus



Pruritus is an unpleasant sensation which provokes the desire to scratch

Causes / risk factors

- Allergies
- Renal – chronic renal failure
- Hepatic disease – primary biliary cirrhosis, cholestasis, hepatitis
- Drug induced
- Haematological - lymphoma, leukaemia, myeloma, polycythaemia rubra vera, iron deficiency,
- mastocytosis
- Endocrine – hyperthyroidism, hypothyroidism, carcinoid, diabetes mellitus
- Dermatological - eczema, psoriasis
- Paraneoplastic
- Parasitic – scabies, fleas
- Psychiatric – psychosis

Management

Correct the correctable

Review the patient's medication. If an opioid has been recently prescribed consider opioid rotation. If a drug is the likely cause it should be stopped if possible. If there is cholestasis consider whether bile duct stenting is possible / appropriate?

Non drug treatment

- Avoid provocative factors e.g. overheating, vasodilators
- Try to break itch/scratch cycle - clip nails short, wear cotton gloves.

Avoid washing with soap and bubble bath; add a handful of sodium bicarbonate to a cool bath. Pat rather than rub dry.

Drug treatment

Topical

Virtually all patients with pruritus and advanced cancer have dry skin. Rehydration of the skin with emollient cream may obviate the need for specific systemic treatments in some patients.

- Use emulsifying ointment as a soap substitute and bath emollient e.g. Oilatum or Balneum

Use emollient after bathing e.g. Aqueous cream or Diprobase cream. Apply surface cooling agents with emollients e.g. 1% Menthol in Aqueous cream or Calamine lotion BP

Systemic

- Corticosteroid

Useful if skin is inflamed but not infected e.g.

Prednisolone 10-20mg od PO

Dexamethasone 4mg od PO

Hodgkin's lymphoma – 1st line

- Sedating antihistamines

Useful to determine whether antihistamine is of benefit e.g.

Chlorphenamine 4mg qds PO



- Non-sedating antihistamines
Useful for maintenance treatment where antihistamine is helpful e.g.
Cetirizine hydrochloride 10mg od PO
- NSAID
Useful in en cuirass breast cancer with local pruritus
- Paroxetine
1st line in paraneoplastic pruritus. Also useful in cholestasis
polycythaemia vera and pruritus of unknown cause. Dose 5-20mg od PO
- Mirtazapine
2nd line for paraneoplastic pruritus or where cause unknown
Also useful for Hodgkin's lymphoma. Dose 15-30mg nocte PO
- Ondansetron
Useful in cholestatic pruritus e.g.
Ondansetron 4mg bd PO or 8mg/24hr CSCI
- Rifampicin
Useful in cholestatic pruritus Dose 150mg bd PO
- Cimetidine
2nd line in Hodgkin's lymphoma. Dose 800mg /24hr PO
- Cholestyramine
Unpalatable + causes diarrhoea, therefore not used 1st line. Dose 6-8g/24hr PO
- Intractable itch
Benzodiazepine e.g.
Diazepam 2mg tds PO
Chlorpromazine 25–50 mg nocte PO or
Levomepromazine 12.5–50mg /24 hrs CSCI
- Gabapentin for neuropathic irritation that may result in itch
- Naltrexone
Oral opioid antagonist:used in some centres for uraemic or cholestatic itch. Should not be
used by patients taking opioids for pain control. Dose 12.5-50mg od PO



References

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