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