Should clinicians enquire about joint symptoms routinely in haemodialysis patients? – results from a pilot survey

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Background:

Joint pain is a significant problem amongst patients on maintenance hemodialysis. In many cases it is may be due to non-dialysis related arthritis, renal osteodystrophy or a few hemodialysis patients may have amyloid deposition which leads to wide range of rheumatic manifestations such as carpal tunnel syndrome, destructive arthropathy and tendon contractures.

Most clinicians do not routinely ask for symptoms of musculo-skeletal manifestations during clinic consultations unless the patient raises the issue. We sought to assess how common joint symptoms are in our HD patients.

Methods:

Data on joint problems were collected in a form of questionnaire which was randomly distributed to 50 chronic hemodialysis patients.

Results:

Most respondents were male (60%) with an average age of 70 years. 58% were of Caucasian ethnicity 29% Afro-Caribbean and 13% Asian. 60% of the cohort had been on dialysis for less than 5 years. Half of the patients had some form of joint manifestation in form of pain, swelling or stiffness. Lower limb symptoms were common common with the knee joint was most commonly affected followed by the ankle joints.

Correlation of joint symptoms to calcium and PTH levels showed that 60 % of patients with symptoms had a raised PTH and 33% had hypocalcaemia.

The severity of Joint Pain was mild to moderate in 35% of patients with the rest reporting severe pain for which they took codeine based painkillers daily. Half the patients were on Vitamin D analogues and phosphate binders.

Discussion:

Data from this limited sample of our hemodialysis patients shows that joint manifestations and pain are common within this population and impacts on patients quality of life. Codeine ingestion is a common issue in our dialysis patients with joint complaints. Following this we have commenced a QIP to actively manage pain in our patients and we would recommend that clinicians pre-emptively ask if patients are troubled with joint pains during routine clinic consultations to ensure specialist referral if necessary.