

“Happiness is having a scratch for every itch” - Pruritus in the dialysis population

Dr Mina Raahimi¹, Dr Jonathan Gamble¹

¹Portsmouth Hospitals NHS Trust, Portsmouth, United Kingdom

Introduction: Chronic pruritus is a tormenting state that can cause hopelessness and desperation. Pruritus is an under-diagnosed and often not well recognised symptom in the dialysis population that causes reduced quality of life and has been shown to correlate with increased risk of depression and death. The aetiology of pruritus in the dialysis patient is still not well understood and is therefore difficult to manage. A lack of randomised control trials has led to unclear guidance in its management. Perhaps being a morbidity rather than mortality risk, it often does not get sufficient medical attention.

Interested to hear the experience of our dialysis population we set out to quantify how much of a problem pruritus really is, how it is experienced and what they perceive helps. Our aim was to find good practice and in standardised approach to implement it uniformly for dialysis patients presenting with pruritus.

Method: Data was collected using a questionnaire that was designed in liaison with the Dermatology department; it used a grading system to capture their experiences of pruritus. Interviews to complete this questionnaire were held with 52 haemodialysis patients during dialysis sessions between May and August 2019. Patient responses were then collated with their dialysis duration, mode and frequency, and biochemical parameters including electrolytes, PTH, Haemoglobin and Urea levels.

Results: 29 of the 52 surveyed patients had been on dialysis for more than 24 months.

64% of the questioned patients reported having suffered from pruritus in the past and 48% reported to suffer from pruritus currently. Of these currently affected, 43% reported to have this daily and 20% weekly. In addition, 70% of the pruritus group suffered from dry skin in contrast to 32% of the non-pruritus group. Almost a fifth (19.4%) of those affected, rated their symptoms as severe.

There was no difference in PTH, haemoglobin or urea levels between the two groups, however phosphate levels were elevated in 33% of the affected group in comparison to 8% of the unaffected. Furthermore, 27% of the patients complaining of pruritus also reported that strict diet control (including the use of Phosphate binders) seemed to have an impact, another 16% stated heat avoidance helped.

Discussion: The limitations of our study are a relatively small sample size, the subjectivity of a symptom such as pruritus and the multifactorial element of the complaint; however, we can say that pruritus is problem for the majority of our patient cohort, there is no consistent treatment supplied to these patients beyond topical emollients and our traditional markers of dialysis quality are not markedly raised in those affected. In the future we feel that we should rather look at further qualitative measures to guide our treatment successes and test the speculation that simple interventions such as education, dietary guidance and simple emollients might have a bigger impact than complex protocols.