



ASSESSMENT

- General History:**
- Generalized vs localized pruritus
 - Duration of pruritus
 - Character of pruritus (e.g paroxysmal, continuous)
 - Exacerbating and relieving factors
 - Detailed drug history

- Physical Examination**
(check for signs of severe pruritus):
- Physical findings of other primary skin eruptions (see possible etiologies)
 - Excoriation marks
 - Prurigo nodularis
 - Lichenification of the skin

CONSIDER ETIOLOGY

- Uremia Related:**
- Xerosis
 - HD adequacy
 - Anemia (CKD or iron-deficiency)
 - Secondary hyperparathyroidism

- Uremia Unrelated:**
- Infestations (scabies, lice, etc)
 - Allergy
 - Drug hypersensitivity
 - Contact dermatitis (e.g. adhesive)
 - Hypercalcemia
 - Inflammation
 - Neoplasm
 - Hepatitis
 - Hypothyroidism

Pruritus

Check Ca/
PO4/PTH

Normal

Correct
abnormalities

Consider and adjust PRN:

- Heparin allergy → switch to NS flush or Citrasate dialysate and sodium citrate lock
- Ensure HD Adequacy → kt/V greater than 1.4
- Check LFTs/TSH/Ferritin
- Change dialyzer
- Change tubing
- Change dialysate → switch to ultrapure dialysate

Non-Pharmacological Measures

- Use gentle soap e.g. Dove
- Apply soap only to axillae and groin/perineum (except if other areas such as arms or legs are visibly dirty)
- Avoid excessive bathing or bathing with hot water – use only lukewarm water
- Eliminate wool or irritating clothing
- Keep finger nails trimmed
- For dry skin, apply moisturizing cream (NOT lotion) BID and after bathing, e.g. [glaxal base](#), [Uremol® cream](#), Nivea® Cream, Creamy Vaseline®

Localized Itchiness

(not recommended for large open areas)

- Topical steroids – Apply BID PRN (Use ointment on thick, lichenified lesions; low potency agents preferred on face and intertriginous areas)
 - Low potency – [hydrocortisone 1% cream](#)
 - Medium potency – [betamethasone valerate 0.1% cream](#) x 3 months or less
 - High potency – [desoximetasone 0.25% cream](#) x 3 months or less
 - Very high potency – [clobetasol propionate 0.05% cream](#) x 2-3 weeks only
- capsaicin 0.025% cream – Apply sparingly BID-QID (may take 2-4 weeks for onset of action)

Generalized Itchiness

- Oral antihistamine
 - [hydroxyzine](#) 10mg PO TID PRN; titrate by 10-25mg weekly to a maximum of 25mg PO QID as tolerated
 - [diphenhydramine](#) 25mg PO BID-TID PRN, titrate by 25mg weekly to maximum of 25mg PO QID as tolerated
 - [Gabapentin](#) 100mg PO post HD (titrate by 100mg weekly up to a maximum 300mg PO HS as tolerated)

Inadequate Control

- If no contraindication, [doxepin](#) 10mg po HS PRN; titrate by 10-25mg weekly to a maximum of 50mg PO HS PRN as tolerated
- Dermatology consult for differential diagnosis. Consider UVB light.