

Guiding Principle: Treat the patient's daily pruritus **if it is impairing** their sleep or quality of life.

► **Step 1: Address possible contributing factors:**

- Correct iron deficiency (See: [Anemia Guideline](#)).
- Other: xerosis, drug hypersensitivities, allergies, infestations, contact dermatitis, or inflammation.

► **Step 2: Consider non-pharmacological management:**

- **Good skin care and moisturizers are considered first line treatment. Some general principles to follow:**
 - Baths are better than showers (daily in lukewarm water for at least 15 minutes).
 - Avoid harsh soaps, body washes, bubble baths, etc. Try gentle cleansers (eg. Cerave, Cetaphil), and only in limited places such as the axilla and groin areas.
 - Post bath: **pat dry** and moisturize skin within **two minutes** of getting out. Skin will still be damp. Ideally, use hypoallergenic moisturizers with ceramides (eg. Cerave) that are free from fragrance and additives. Do not use the moisturizers on areas of broken skin.
- **Other skin care strategies include the following:**
 - Keep skin cool by wearing light and cool clothing.
 - Avoid scratching – keep fingernails short, encourage massaging rather than scratching, wear gloves at night.
 - Maintain a humid home environment, especially in the winter.
- See: [Itch Patient Handout](#)

► **Step 3: If non-pharmacological interventions are not successful, and if the pruritus is localized, consider topical therapies:**

- **Pramoxine**
 - Gold Bond Medicated Anti-Itch products (OTC) – contain pramoxine, dimethicone, menthol
 - Pramox HC (hydrocortisone 1%/pramoxine 1%) - apply two times a day for 4 weeks
- **Capsaicin 0.025% or 0.03% ointment**
 - Zostrix 0.025% and Zostrix Hp 0.075%
 - Can be applied 2-4 times a day to affected areas.
 - *It may initially cause burning to the area.*
- **Menthol, Camphor and Phenol** are separate products that can be added to most creams, typically in the range of 0.3-1.0%
 - All three may be added together, commonly with a 0.3% concentration for each.
 - *Must be compounded by pharmacy.*
- **Gamma-Linolenic acid (GLA) 2.2% cream**
 - Apply cream twice daily to identified dry skin.
 - *May not be easily accessible in Alberta.*

► **Step 4: If topical therapies are not successful, or if the pruritus is generalized, consider systemic therapies:**

Many of the following medications have been dose-adjusted for the ESKD patient and some are being used off-label for pruritus. Medications such as gabapentin and pregabalin should be tapered down as kidney function deteriorates.

Note that gabapentin is not commercially available in 50 mg capsules, but can be compounded for patients if the recommended low starting dose is desired.

Antihistamines are not recommended in the treatment of uremic pruritus.

• **Gabapentin**

- A recommended starting dose is 50 -100 mg* nightly. If not effective, it can be further titrated by 100 mg every 7 nights to a maximum of 300 mg PO qhs. It should be taken 2-3 hours before bedtime due to delay of peak onset.
- The most common side effects are drowsiness, dizziness, confusion, and fatigue. Peripheral edema may also be a side effect.

- **Pregabalin:** Similar to gabapentin, but more expensive and not covered by Seniors' or Basic Alberta Blue Cross plans. Other private plans may cover the cost. Pregabalin can be initiated at 25 mg PO nightly and titrated by 25 mg every 7 nights to a maximum of 75 mg PO qhs. It should be taken 2 hours before bedtime. Potential side effects are similar to those of gabapentin.
- **Doxepin**
 - Doxepin 10 mg PO QHS as tolerated.
 - Doxepin is a tricyclic antidepressant. A randomized control trial found that it may be effective.
 - Potential adverse effects: dizziness, blurred vision, constipation, urinary retention. Particularly in older adults, there is an increased risk of confusion and sedation.
- **Phototherapy:** Not much is known about the long term effects of UVB, but a trial of three times a week for 3 weeks may provide some relief for a period of time. Requires referral to Dermatology.
- **Acupuncture:** Although there is a lack of good evidence about its efficacy, patients may wish to consider this as an alternative or complementary treatment option.

Conservative Kidney Management Acronym Legend

Acronym:	Intended Meaning:
ATC	Around the Clock
BID	Twice Daily
CKD	Chronic Kidney Disease
CKM	Conservative Kidney Management
COPD	Chronic Obstructive Pulmonary Disease
CO ₂	Carbon Dioxide
EOL	End of Life
ESA	Erythropoietin Stimulating Agent
ESKD	End Stage Kidney Disease
GFR	Glomerular Filtration Rate
GI	Gastrointestinal
g/L	Grams per litre
HgB	Hemoglobin
IN	Intranasal
IU	International Units
IV	Intravenous
kg	Kilogram
mcg	Microgram
mg	Milligram
mL	Millilitre

Acronym:	Intended Meaning:
mmol/L	Millimoles per Litre
OTC	Over the Counter
PO	By Mouth
PRN	As Needed
NSAID	Non-steroidal Anti-inflammatory Drugs
q(1-8)d	Every (Time Eg, 2) Days
q(1-8)h	Every (Time Eg, 4) Hours
q(1-8)weeks	Every (Time Eg. 2) Weeks
QHS	At Bedtime
RLS	Restless Leg Syndrome
SC	Subcutaneous
SL	Sublingual
SNRI	Serotonin and Norepinephrine Reuptake Inhibitors
SSRI	Selective Serotonin Reuptake Inhibitors
TCA	Tricyclic Antidepressant
TID	Three Times a Day
>	Greater Than
≥	Greater Than or Equal To
<	Less Than
≤	Less Than or Equal To