
RELIEVING THE ITCH: Palliative Management of Pruritus by Garry Snipes, MD

Atul Gawande is a surgeon and medical writer in Boston who frequently contributes articles to *The New Yorker*. In the June 30, 2008 issue of this magazine, Gawande relates the story of “M”, a young woman with intractable itching on the right side of her scalp after an episode of herpes zoster. The patient was seen by multiple consultants who conducted exhaustive evaluation of the problem, and eventually “M” was referred to psychiatry for possible psychogenic pruritus. Despite multiple attempts at treatment, the patient eventually developed an ulcerated, crusted area on the scalp from incessant scratching. This prompted “M” and her physician to redouble efforts to protect the area from her own inadvertent self-excoriation during sleep.

Then disaster struck. “M” awakened one morning to find a “greenish liquid” pouring from the ulcerated area on her scalp. Upon evaluation at the Massachusetts General Hospital Emergency Department, the emergency physician discovered that she had managed to scratch completely through her skull. The “fluid” draining from the wound was actually infected cerebrospinal fluid.

This is a dramatic tale of the misery and suffering that “the itch” can represent. Pruritus is a disturbingly common symptom of a number of diseases, both simple and complex, and it can also be a prominent symptom of a number of end-stage diseases or even palliative medications used in their treatment. The purpose of this article is to provide a brief review of the palliative management of pruritus in 3 of those conditions—end-stage renal disease, advanced liver disease, and opioid-related pruritus.

End-stage renal disease (Reference 2 and 3)

The cause of pruritus in patients with stage 5 chronic kidney disease is not clearly identified but is likely due to multiple factors including secondary hyperparathyroidism, dry skin, inadequate dialysis, anemia and iron deficiency. Excellent management of advanced renal disease is the best approach. Adequate dialysis (if applicable); management of hyperphos-

photemia and hyperparathyroidism; and treatment of anemia with erythropoietin and iron replacement are all important, depending on the goals of care of the patient. In addition to general measures for pruritus such as skin emollients and moisturizers, certain medications have been identified as helpful in relieving generalized itching in this population:

- ◆ Antihistamines such as hydroxyzine, diphenhydramine, and periactin; however, they are anticholinergic and may cause unwanted sedation.
- ◆ Gabapentin in renally adjusted doses and with attention to cognitive side effects.
- ◆ Naltrexone, an opioid antagonist. Use with caution in those on opioids because of risk of withdrawal and aggravation of pain.
- ◆ Ondansetron (Zofran)—through its effect on the 5-HT receptor.
- ◆ Mirtazipine (Remeron).
- ◆ Phototherapy with UVB light.

Therapy is empirical, as each of these medications has been found effective in small populations of patients with chronic renal insufficiency.

Advanced liver disease (References 2 and 4)

Pruritus may accompany either cholestatic or non-cholestatic liver disease. If biliary obstruction is present, relieving the obstruction is the best approach, if that is feasible. If not, these medications may be helpful:

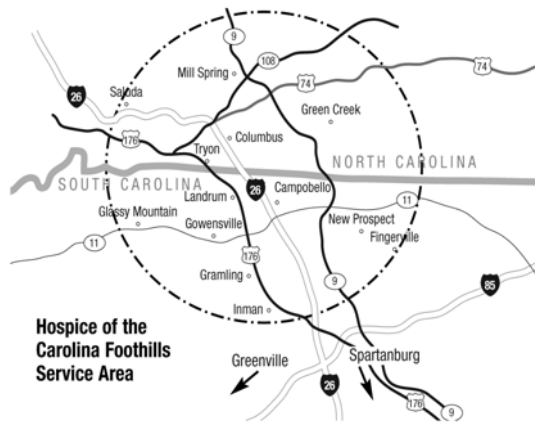
- ◆ Antihistamines; in this situation they probably work mainly through their sedative effect.
- ◆ Cholestyramine, a total of 2-16g daily, may relieve pruritus if biliary obstruction is the underlying cause. Side effects include unpalatability at these doses, and constipation.
- ◆ Rifampin in starting doses of 150-300mg/day has been shown useful, though it can be hepatotoxic itself and patients must be monitored for worsening hepatic function.

At Hospice of the Carolina Foothills

WHO

- Jean Eckert
Executive Director
- Garry Snipes, MD
Medical Director
- Sharon Maddox, RN, MPH
Director of Patient Care Services
- Wendy McEntire, CMSW, LMSW
Director of Bereavement Services
- Doug Brooks, RN
Admissions Coordinator
- Meg Hoke, LMSW
Palliative Care Program Coordinator
- Maureen Murphy
Program Liaison

WHERE



WHAT

Hospice Stats:
April - June 2008

Number of Patients served:	149
Average Length of Stay in days:	123
Where served:	
Patient's home:	49%
Nursing home:	50%
North Carolina	57%
South Carolina	43%
Total Staff & Volunteer Visits:	7330
Deaths in Polk County:	63
We served 68%:	43

Pruritus: continued

- ◆ Naltrexone may also be effective, since endogenous opioids have been implicated as a cause of pruritus in liver disease.
- ◆ Sertraline (Zoloft) and Paroxetine (Paxil).

Opioid induced pruritus (References 2 and 5)

Pruritus is a recognized potential side effect of most opioids, occurring in 2-10% of patients receiving oral morphine. This side effect is fortunately uncommon, but bothersome when it occurs. Purely symptomatic management is often ineffective, and it is often necessary to reduce the dose of the opioid if possible or rotate to a different agent. There is some data to suggest that fentanyl and oxycodone are less likely to produce histamine release, particularly as compared to morphine. Palliative medications that may be helpful include:

- ◆ Antihistamines, mainly through sedation
- ◆ Ondansetron
- ◆ Paroxetine

In Summary

There are very few controlled studies of palliative measures for pruritus, so most of the recommended medications are based on anecdotal experience. I should point out that treatment of

pruritus is an off-label indication in the case of many of these medications.

Pruritus is a difficult symptom of advanced disease for the sufferer, and a challenge for the clinician attempting to relieve it. But sequential trials of these therapies can usually at least mitigate this vexing problem. I hope that this brief synopsis of the problem provides a starting point in management, and would urge review of the references for more detailed information.

References

1. Gawande, Atul. The Itch. *The New Yorker*, June 30, 2008 (online edition).
2. Watson, MS, Lucas CF, et al. *Oxford Handbook of Palliative Care*. Oxford: Oxford University Press, 2005. P. 312-314.
3. Cohen LM, Moss AH, et al. Renal Palliative Care. *J Palliat Med* 9: 977-992, 2006.
4. Sanchez W, Talwalkar JA. Palliative Care for Patients with End-Stage Liver Disease Ineligible for Liver Transplantation. *Gastroenterology Clinics of North America*. 35:201-219, 2006.
5. Fine PG. The Last Chance for Comfort: An Update on Pain Management at the End of Life. www.medscape.com/viewprogram/4550_pnt. Accessed on 1/10/06.

1 14,000 MOST Forms Distributed in Six Months

114,000 MOST (Medical Order for Scope of Treatment) forms have been distributed by the NC DHHS since the form became available January 2008. The form has been well received by hospitals, long-term care facilities and physicians' offices. One NC doctor in private practice said she had only done one but loves it. "It was invaluable in having the discussion with the family. I think one of the keys is to educate both the public and the professionals, in different ways, of course, but simultaneously."

Hospice House Update



Photo taken from the woods with chapel in foreground. Check out construction progress @ www.hocf.org. Hospice House is scheduled for completion in Dec.'08.

