

INFORMATION LEAFLET FOR PATIENTS: Pruritus

The aim of this leaflet:

This leaflet is designed to help you understand more about itch (medical term: pruritus). It tells you what pruritus is, what causes it, how it is diagnosed and treated, and practical advice for managing this condition.

What is pruritus?

Pruritus is an unpleasant sensation resulting in an intense need to scratch. It is also found in a large range of medical specialties (many skin and systemic conditions). Acute pruritus lasts 6 weeks or less. It is classified as “chronic” when it persists longer than 6 weeks. Both, acute and chronic pruritus, can severely disturb sleep and the overall quality of life. If it is persistent or severe, a physician should be consulted.

Who is affected by pruritus?

Pruritus affects people of all age groups, from children to the elderly. Chronic pruritus affects nearly one-fifth of the general population. The elderly represent the largest patient group suffering from pruritus.

Skin diseases are the cause of itching in most children. Pruritus is known to be the leading dermatological symptom during pregnancy. However, it is most common in elderly adults with dry skin, kidney or liver diseases, and those taking certain medications.

What causes pruritus?

Pruritus often appears in connection with dermatological, systemic, neurological, and psychiatric illnesses. It is also a side effect of many medications. Even dry skin alone can result in persistent itching.

Which skin conditions are pruritic?

Pruritus is the most common symptom in dermatology. There are a large number of dermatological conditions that result in mild to severe pruritus, ranging from atopic dermatitis, psoriasis, *urticaria* (hives) and more seldom to skin lymphoma. The affected skin often has visible changes due to scratching such as *excoriations* (damaged skin), bleeding, or *crusts* (scabs).

How is pruritus diagnosed?

If pruritus lasts 6 weeks or longer, it is important to search for a possible diagnosis of the underlying etiology. Clinicians should take a structured clinical history and conduct a physical examination of the patient. Various tests can then be recommended to find the cause of the pruritus, ranging from skin biopsy and blood tests to imagiologic examinations (ultrasound, X-Rays).

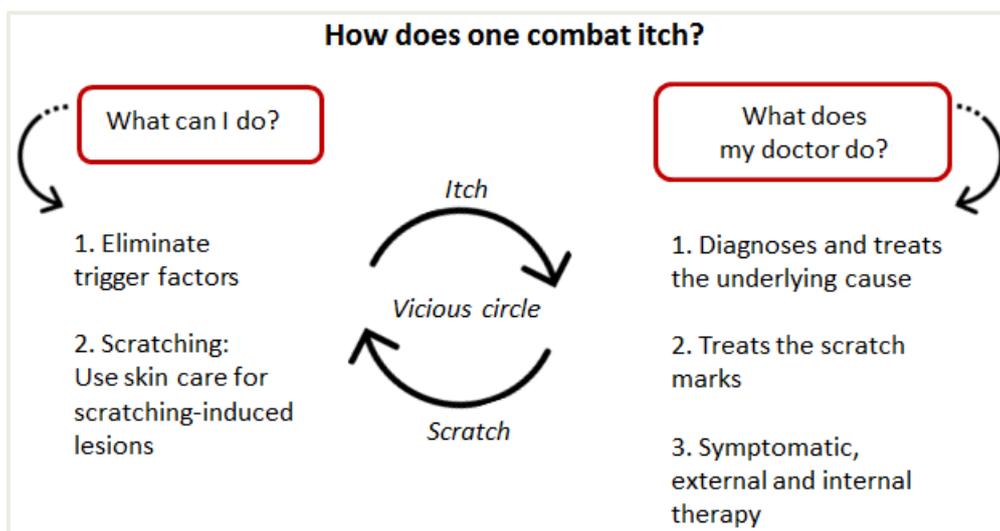
How is pruritus treated?

A first step is to treat the underlying cause. This might not help in every affected person and symptomatic therapies are applied.

Dry skin can be treated with moisturizing creams and topical therapies. People with severe, chronic itch may require special medications controlling itch such as gabapentinoids, antidepressants or immune-modulating agents.

What is practical advice for taking care of pruritus?

- Try to avoid having dry skin.
- Avoiding long baths and an extensive use of soaps; short showers are preferable.
- Allow the skin to adjust to the effects provided by creams and lotions after cleansing.
- Wear non-synthetic, breathable clothing.
- Do not apply ice directly to the skin; use cold wrappings instead.
- Scratching can further damage the skin, but frequently cannot be avoided.
- It is best to seek medical help as soon as possible.
- Try not to become desperate on your own as anxiety increases itch perception; there are societies and patient organizations that can provide more information.
- Search for interdisciplinary support in interrupting the itch-scratch cycle



While every effort has been made to ensure that the information given in this leaflet is accurate, not every treatment will be suitable or effective for every person. Your own clinician will be able to advise in greater detail.

Produced by the EADV Pruritus Task Force

Publication date: 2019 Copyright © EADV