5 Minute Consult: Pruritus Daniel Markwalter, MD

Etiologies: Xerosis, medications (consider deprescribing as treatment), uremia, cholestasis, heme (polycythemia, lymphoma, leukemia), neuropathic, and allergic, among others



Topical Non-Pharmacologic Unscented detergent Lidocaine (neuropathic) 4-5% patches, 4% cream Smooth, lightweight fabrics (clothes, Pramoxine (uremic) beddina) 1-2.5% BID (not on open skin) Moisturizers/barrier creams w/o Steroids (ointment preferred) scents and other additives Only for inflammatory conditions - Cool, humid environments Consult potency table; consider - Avoid overbathing, soap, and high hydrocortisone or triamcinolone temperatures 2% diphenhydramine QID - Transparent film over localized areas 5% doxepin QID Avoid caffeine, ETOH, hot water, and 1-3% menthol other vasodilators -0.025-0.1% capsaicin TID Oatmeal baths (burning resolves; wash Cotton gloves hands) Wet wraps Zinc oxide/ferric oxide (calamine) if mild Systemic Special Cases Antihistamines Cholestyramine 4 (opioid, urticaria) g PO gd: titrate Cimetidine 300 mg to max QID PO a6-12h (cholestatic) - Diphenhydramine Aspirin 500 mg PO q8-12 h 12.5-50 mg PO/SC/IV q6-12h (polycythemia) Hydroxyzine, cetirizine, doxepin, and -Cromolyn 200 mg PO qd-QID (mast cyproheptadine cell stabilization) Steroids (inflammatory conditions) Consider lidocaine infusion for Dexamethasone 2-8 mg PO/SC/IV qd or prednisone 10-30 mg PO qd refractory cases Antidepressants Opioid-induced pruritus Mirtazapine 15-45 mg PO ghs Morphine most common Paroxetine 10-40 mg PO qd Antihistamines, ondansetron, and (psychogenic, paraneoplastic) gabapentin as treatment options Sertraline 50-100 mg PO qd Rotate opioids (cholestatic) Gabapentin 100-300 mg PO qd-TID Ondansetron 4-8 mg PO/SC/IV g8h (opioid, cholestatic, and uremic)



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References

- 1. Adapted from: Bodtke A and Ligon K. Hospice and Palliative Medicine Handbook: A Clinical Guide. 2016.
- 2. Icon from N.Style of the Noun Project.

