

CONGRESS HANDBOUT

A CLOSER LOOK AT ITCH SEVERITY AND ITCH ASSESSMENT IN CLINICAL PRACTICE

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The most common causes of chronic pruritus

Chronic pruritus, defined as itch lasting 6 weeks or longer, has an enormous impact on the quality of life of patients (Pereira 2020; Silverberg 2019).

To determine the most common causes of chronic pruritus, researchers at a specialized tertiary itch center in the United States conducted a retrospective study that included 597 patients with a complaint of chronic pruritus at their first visit (Mollanazar 2016).

Itch severity was evaluated using a numeric rating scale (NRS) that had been incorporated into the electronic health record. Patients rated itch intensity over the past 24 hours from 0 (no itch) to 10 (worst itch imaginable).

As shown in the table, the most common cause of chronic pruritus was prurigo nodularis, with a mean NRS of 8.7. Atopic dermatitis was also a common cause of chronic pruritus, with a mean NRS of 7.5.

While the study shows the severity of itch associated with some dermatologic conditions, it also highlights the importance of assessing itch in practice.

Most frequent causes of chronic pruritus at a first visit to a specialized tertiary itch (N=597) (Mollanazar 2016)

Diagnosis	n	mNRS ± SD
<b>Prurigo nodularis</b>	<b>35</b>	<b>8.7 ± 1.7</b>
Pruritus of advanced age	12	8.5 ± 1.2
Uremic pruritus	10	8.3 ± 1.7
Pruritus of unspecified origin	63	8.2 ± 2.0
Contact dermatitis	37	7.9 ± 2.1
Xerosis	30	7.8 ± 2.0
Unspecified dermatitis	19	7.8 ± 2.0
Neuropathic pruritus	79	7.8 ± 1.8
Scabies	10	7.6 ± 2.4
Lichen simplex chronicus	24	7.6 ± 2.2
Psoriasis	42	7.5 ± 2.7
<b>Atopic dermatitis</b>	<b>110</b>	<b>7.5 ± 2.3</b>
Drug reaction	24	7.5 ± 2.3
Urticaria	42	7.2 ± 2.7
Fungal infection	11	7.2 ± 2.4
Psychogenic pruritus	12	7.0 ± 2.4
Stasis dermatitis	13	6.8 ± 2.2
Seborrheic dermatitis	24	6.1 ± 2.9

mNRS, mean numeric rating scale; SD, standard deviation

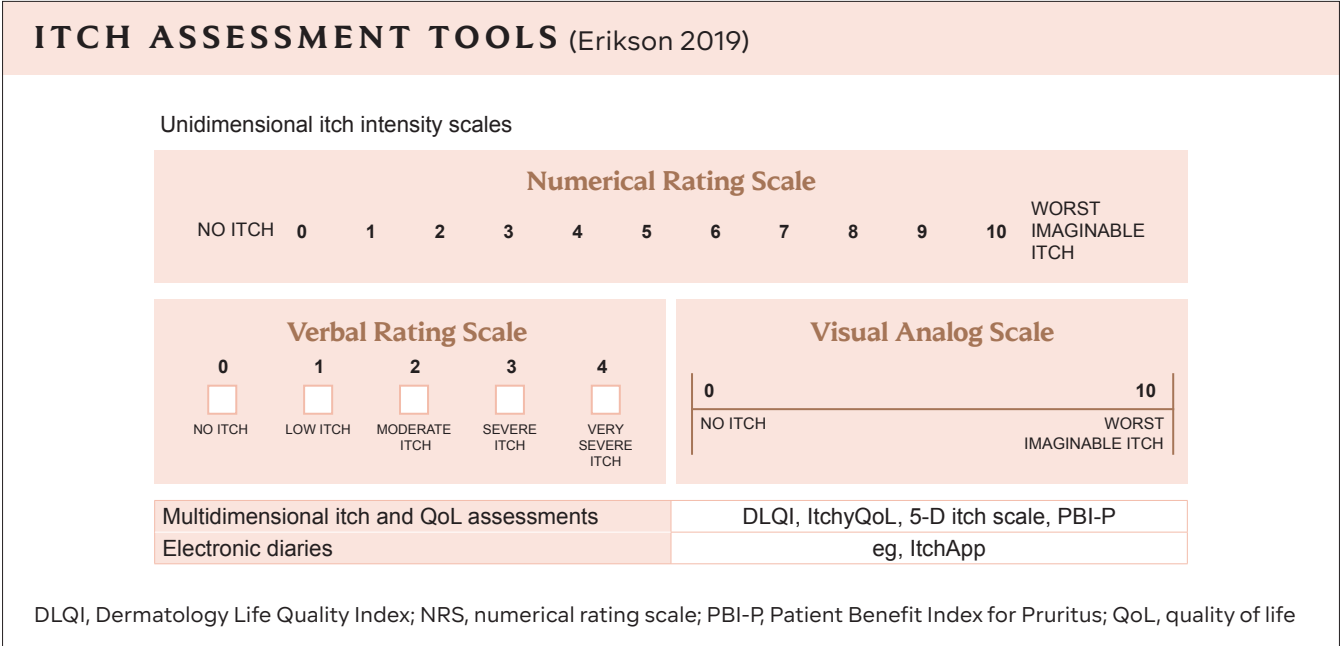
Incorporating itch assessment into clinical practice

Several tools have been developed and validated for itch and quality of life assessment. Among the simplest unidimensional itch assessment tools are the NRS, Verbal Rating Scale, and Visual Analog Scale (Erikson 2019).

For their study, Mollanazar and colleagues explain that they used NRS to evaluate itch because it allowed them to track changes in itch intensity, and they suggest clinicians may want to incorporate itch assessment using NRS in their practice (Mollanazar 2016).

“We encourage dermatologists to add an NRS for itch intensity to the list of measurements routinely recorded in clinic visits, so they may easily monitor disease progression and response to therapy,” they write (Mollanazar 2016).

Further supporting its use in practice, a study by Pereira and colleagues found that physicians consider NRS for itch to be the most useful tool for making therapeutic decisions as well as the most feasible to incorporate into clinical practice (Pereira 2024).



The enormous impact of itch on quality of life

Chronic itch has an enormous impact on the quality of life of patients and is associated with sleep disruption, impaired work and daily activities, and poor mental health (Pereira 2020; Silverberg 2019). Despite this, the severity of itch and its impact on patients may go under-recognized in practice (Chovatiya 2021).

As shown by Mollanazar and colleagues, prurigo nodularis and atopic dermatitis are common causes of chronic pruritus. Indeed, studies show these patients consider itch to be the most burdensome symptom (Silverberg 2023; Pereira MP 2021), underlining the importance of assessing chronic itch in clinical practice.

**References**

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