

Pruritus in the Elderly

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Chief Complaint: Chronic Itching



Lecture Outline

- Definition
- Scope
- Pathophysiology and underlying causes
- My approach to evaluation
- Treatment
- References

Definitions

- Pruritus
 - An unpleasant sensation that causes the desire to scratch.
- Chronic pruritus:
 - Itch lasting for more than 6 weeks.
 - Diagnosis of exclusion.
- Senile Pruritus
 - Chronic pruritus in patients > 60 years old.



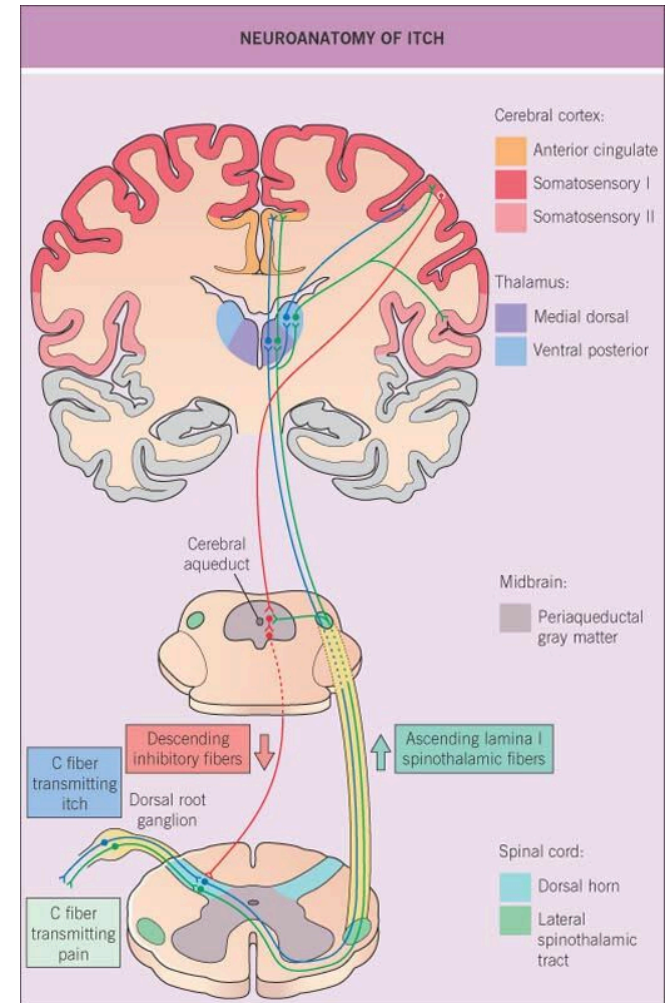
The Scope of the Problem

- Worldwide lifetime prevalence of 25%.
- Approximately 75% of patients with chronic pruritus report a negative impact on quality of life (QoL).
- QoL impact greater than asthma, diabetes, and angina and equivalent to chronic pain.



Pathophysiology

- Transmitted primarily by unmyelinated C Fibers.
- Primary Mediators of Itch
 - Histamine
 - Tryptase
 - Prostaglandin E
 - Substance P
 - Opioid peptides
 - Nerve Growth Factor (NGF)
 - IL-2, IL-31



(Adapted from Yosipovitch G. Pruritis: an update. *Curr Probl Dermatol.* 2003;15:137-64.)

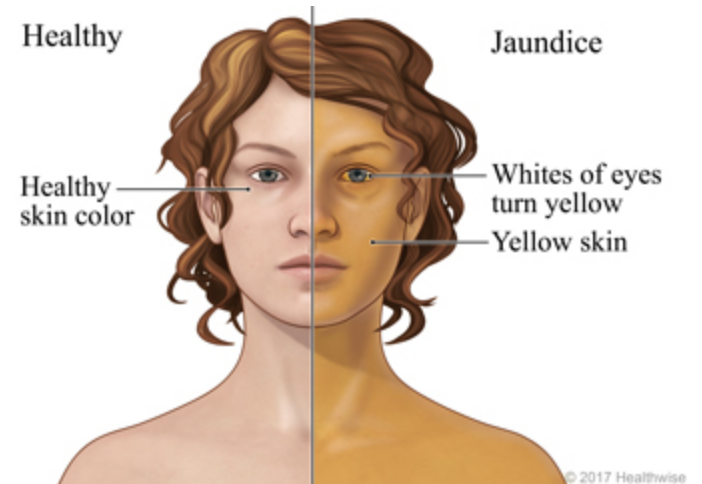
Underlying Causes

- Xerosis
 - Affects 50% of elderly patients; the most common underlying cause of pruritus.
- Medications
 - ACEi, Calcium channel blockers, chloroquine, salicylates.
 - Illicit drugs.



Underlying Causes

- Medical Causes
 - Hyper/hypothyroidism
 - Polycythemia vera
 - Iron deficiency
 - Liver disease
 - Renal disease
 - Malignancy
- Neuropathic
- Idiopathic



Evaluation: History

- Duration
- Location
 - Generalized or localized to skin lesions
- Severity
- Medications
- Review of Systems



Evaluation: Physical Exam

- Search for primary lesions
 - Secondary changes/lesions
 - Prurigo nodules
 - Lichen simplex chronicus
- Search for xerosis

TABLE 3-1. DERMATOLOGIC LESIONS



- Cysts (fluid-filled *nodules*)

An Aside: Red Itchy Bump Syndrome (RIBS)

- AKA: The eruption of immunosenescence or papular dermatitis
- Likely caused secondary to immune shifts associated with aging
- Diffuse edematous and erythematous papules
- Biopsy will show superficial and deep perivascular lymphocytic infiltrate with eosinophils
 - “Dermal hypersensitivity”
 - “Consistent with arthropod bite”
- Rule out arthropod bites or scabies



An aside: red itchy bump syndrome (RIBS)

- Treatment
 - Non-sedating antihistamines
 - Topical Steroids
 - +/- Permethrin for scabies
 - NBUVB
- Often self-limited
 - 1-2 years



Evaluation: Work-up

- Labs
 - CBC
 - CMP
 - TSH
- Consider
 - CXR
 - Drug Screening
 - HIV
 - Hepatitis Panel



Treatment: Xerosis

- Emollients
 - Ideally twice daily or more
 - Most important time is immediately upon exiting bath/shower
 - Cream or ointment based
 - Avoid Lotions!!!



Treatment: Xerosis

- Skin care
 - Bathing/Showering
 - Frequency: Daily or every other day
 - Duration: 5-10 min
 - Temperature: warm
 - Mild soap, fragrance free



Treatment Ladder: Step 1

- Skin cooling
 - Cold compresses
 - Emollients stored in refrigerator
- Topical anti-pruritics
 - Pramoxine
- Non-sedating antihistamines
 - Cetirizine 10 mg po bid
- ? Sedating antihistamines at bedtime
 - Hydroxyzine

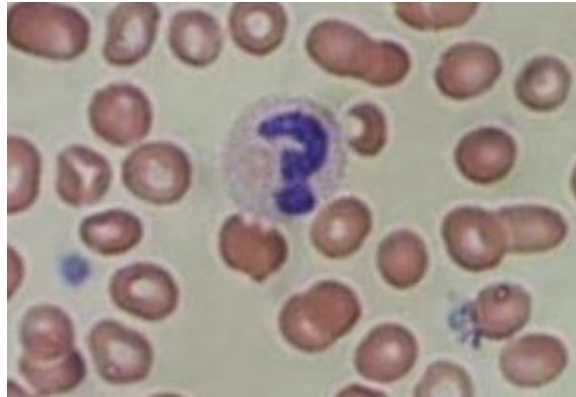


Treatment Ladder: Step 2

- Phototherapy
 - Especially helpful in renal or hepatic pruritus
- Gabapentin/pregabalin
- Future treatments
 - IL-31 inhibition
 - Nemozumab
 - Phase III trials in atopic dermatitis and prurigo nodularis



Questions



References

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