

Referral Support Service

Dermatology

D07

Generalised Pruritus

Definition

- Pruritus is defined as the desire to scratch. When generalised it affects most or all of the body.
- Can lead to anxiety, depression, skin damage etc.

Exclude Red Flag Symptoms

- Check for lymph nodes (cervical, axillae and groins) and organomegaly i.e. hepatomegaly, splenomegaly.
- A full general examination is essential, repeated if symptoms don't settle.

General Points

Causes

- Dry skin, eczema, scabies are commonest - examine the skin very carefully.
- If there is no rash except excoriations consider:
 - Anaemia, especially iron deficiency
 - Uraemia
 - Cholestasis, autoimmune liver disease
 - Hypo and hyper-thyroidism
 - Lymphoma-itch may precede diagnosis by several years.
 - Carcinoma-especially in middle aged/elderly
 - Psychological

Management

- Advise smoking cessation
- Encourage weight loss if appropriate
- Strong advice not to scratch is very important due to the itch/scratch/itch cycle-“the more you scratch, the more you itch”. Also advise to keep cool, keep nails short and smooth. Cotton gloves at night can help to avoid skin damage. Luke warm baths or showers or cool flannels can help. Applying emollients can help to reduce itch due to their cooling effect. Distraction can help many too.
- **Standard emollients** and soap substitutes are essential – see [Emollients Guidance/Medal Ranking](#) for full information on prescribing

- If an emollient alone does not provide adequate relief, consider a trial (100g) of an emollient with an active ingredient for example **menthol 0.5% (eg Dermacod®) or 1% in aqueous cream** or topical **crotamiton (Eurax®)**.
- The use of topical steroids should be discouraged
- **Sedating antihistamines:**
 - **Chlorphenamine 4mg nocte or tds**
Hydroxyzine 25mg nocte increased if appropriate to 25mg 3-4x daily (please consider [MHRA advice](#) re: hydroxyzine)
Care with sedative antihistamines –warn re drowsiness especially in elderly.
- **Alternative treatments** - beneficial for any associated anxiety: **Amitriptyline, Sertraline**

See BNF for additional prescribing information

Referral Information

Referral Criteria

- Unresponsive to above treatments and no underlying cause found.

Information to include in referral letter

- Investigations as below, treatments already tried
- Relevant past medical/surgical history
- Current regular medication
- BMI/Smoking status

Investigations prior to referral

- FBC, U/E, LFT, TFT, ferritin, ESR/CRP
- CXR, urinalysis if above negative
- Consider checking B12/folate depending on FBC result.

Patient information leaflets/ PDAs

- <http://www.dermnetnz.org/systemic/itch.html> for clinicians
- <http://www.patient.co.uk/doctor/Itching.htm> for clinicians
- <http://www.patient.co.uk/health/itching-leaflet> for PIL

Reference

[NICE CKS – Itch](#) (March 2016)