

Home > Dermatology and venereology > What to do about chronic itching?

Dr. Andrea Wülker

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IT ITCHES AND ITCHES AND ITCHES...

What to do about chronic itching?

One in five people suffer from chronic itching at some point in their lives. Persistent pruritus can significantly affect sleep and quality of life. It is often difficult to find the cause and sometimes it takes time for treatment to take effect.



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Chronic itching is usually caused by inflammation.

Depending on the cause, a distinction is made between an **inflammatory**, a **neuropathic** and a *mixed form* of chronic itching.

In about 60 percent of those affected, inflammation is the underlying cause, [writes Daniel Butler and his team from the University of Arizona College of Medicine in Tucson \(1\)](#). This can be caused by various underlying diseases.

In every fourth case, **pruritus is caused by neuropathy** or a **mixed form**.

Neuropathic causes and their effects

Neuropathic causes include postherpetic **neuralgia** and **notalgia paraesthetica**, which arise from localized or **generalized neural dysregulation**.

Around 15 percent of patients with chronic pruritus have other causes, such as systemic diseases with secondary pruritus (e.g. uremic or cholestatic pruritus), drug-induced pruritus (e.g. immunotherapy) or an infectious origin in tinea corporis or scabies.

Diagnostic measures in unclear cases

If there are only **a few primary skin changes** such as erythema or scaling, **laboratory tests** can be helpful in addition to a detailed medical history. The authors recommend a complete blood count as well as determination of liver and kidney values and thyroid function in order to rule out malignant hematological diseases or organ dysfunction. This is especially true if the itching has been present for less than a year.

Therapeutic options for chronic inflammatory pruritus primarily include **topical anti-inflammatory therapies**:

- Hydrocortisone (2.5%),
- Triamcinolone (0.1%) or
- Tacrolimus ointment.

However, around ten percent of patients do not respond to topical treatments. In these cases, systemic oral or injectable therapies such as dupilumab or methotrexate should be considered.

Treatment options for neuropathic itching

If no underlying disease associated with pruritus is found, it is suspected that the condition is chronic neuropathic pruritus or a mixed etiology, e.g. chronic pruritus of unknown origin.

Topical antineuropathic therapies such as menthol, pramoxine or lidocaine can then be used – either as monotherapy or in combination with immunomodulatory substances, for example together with topical steroids.

Other effective therapies against neuropathic pruritus are **gabapentin** and **antidepressants** such as sertraline or doxepin, but also **opioid receptor agonists/antagonists** such as naltrexone or butorphanol.

Patience in therapy: slow effect and longer treatment duration

In the case of neuropathic pruritus, referral to a neurological practice may also be useful. The authors emphasize that it sometimes takes longer for itching therapy to take effect.

In the case of neuropathic pruritus, it can take several weeks or months to find an effective and tolerable dosage. Successful therapy should last at least six to twelve months. Relapses are more likely to occur with shorter treatment periods.

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inflammation

itching

Neuropathy

Pruritus

Contributions from the department

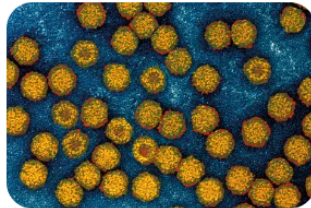
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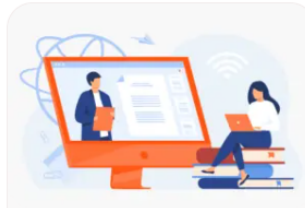
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