

Chronic Itch- A Disease State on Its Own Right

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Chronic itch has recently been defined by The International Forum for the Study of Itch (IFSI) as itch that lasts 6 weeks or longer [1]. Chronic Itch has significant impact on quality of life of million of patients, It may persist even when the initiating medical condition has resolved, and it may occur alone, without any obvious skin or systemic disease or obvious neuropathic damage. It is difficult to manage and there are no general-purpose antipruritic drugs that have been developed except anti histamines that have limited or no effect on most types of chronic itch.

Recent epidemiological studies indicate that nearly 17% of adults in Germany suffer from chronic itch. A quarter of the affected persons had suffered from pruritus for >5 years, Forty seven percent of the patients had never sought medical advice [2], and 94% had not undergone any treatment suggesting that chronic itch is inadequately managed [2]. In a large study in patients with end stage renal failure the International Dialysis

Outcomes and Practice Patterns Study, which evaluated more than 18,000 patients on hemodialysis therapy, pruritus was associated with a 17% greater mortality risk, an effect that was no longer significant after adjustment for measures of sleep quality [3]. This observation suggests that sleep disturbances may have an important role in the greater mortality risk associated with chronic itch in hemodialysis patients. To practicing dermatologists it is quite clear that chronic itch corrodes the spirit and mind and disrupts the ability of patients to function and has extended effects on family and the society. However when we manage these patients we often address only part of the complex problem and in most cases the therapeutic approach is only tailored to address the skin disease or lesions rather than the multidimensional aspects of chronic itch. In-order to improve the quality of care of chronic itch dermatologists should change their view of chronic itch as a symptom of a disease while the itch itself being ignored. The Oxford definition of disease is "A condition of the body, in which its functions are disturbed or deranged; a morbid physical condition". Clearly, chronic itch withstands this definition. Moreover we have made progress in understanding the neurobiological basis of itch both in the skin and the central nervous system [4]. Chronic itch has many similarities to chronic pain including peripheral and central sensitization of nerve fibers leading to increased sensitivity to itch. This explains why chronic itch sufferers have increased itch sensation to stimuli such as heat, touch, exposure to certain cloths scratching and sweat [4]. Changes in physical and psychosocial factors are an integral part of chronic itch similar to chronic pain. The following factors include: disturbed sleep, stress, anxiety and fear, poor work performance, disability and isolation from friends and family, as well as dependence on medication. Depression is common among chronic itch sufferers and can end up in extreme cases to suicide. For these reasons chronic itch should be acknowledged in the dermatology community as a disease in its own right.

What practical steps we should take to manage chronic itch as a disease entity?

(a) Increased awareness among healthcare professionals of the

magnitude of the problem, modes of management, and the stage at which patient should be referred to a specialist in itch management

- (b) Establishing a multidisciplinary team that includes a physician, nurse practitioner and, psychologist that can address the multidimensional aspect of itch similar to pain centers, currently there is only one center of this type in Germany. .
- (c) Funding allotted by governments, medical insurers and other interested parties to establish itch centers offering the full gamut of services, medicines and medical technologies currently available for the management of itch. Resources are also needed to advance research and discovery of novel treatments for itch.
- (d) Adequate training of residents on the diagnosis and treatment of chronic itch. The teaching of itch is deficient in dermatology, and often does not exist at all, at schools of medicine, nursing and allied healthcare professions. This includes specialty training in disciplines in which itch is a frequent problem of the patients involved such as in nephrology, hepatology, neurology and psychiatry.
- (e) Increased awareness among patients and the public at large, to encourage people to demand their right to obtain adequate itch treatment

Conclusion

Recognition of chronic itch as a disease on its own right is a timely issue our profession needs to spearhead. This will enable to improve the quality of life of millions of our patients as well as patients with systemic diseases that do not often see dermatologists.

References

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