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Call to Action: Elevating CKD-aP Care

Announcer:
Welcome to ReachMD. This episode is part of the Global Kidney Academy and is brought to you by Medtelligence.

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Dr. Pollock:
Chronic kidney disease affects approximately 10% of patients worldwide, so millions of people. And a significant burden is the debilitating itch known as CKD-associated pruritus. Despite its prevalence, effective therapeutic options remain limited. Current treatments often have inadequate efficacy or undesirable side effects. This unmet need underscores the importance of implementing novel targeted therapies in clinical practice. We obviously should all strive to lessen the symptom burden of patients with CKD-associated pruritus and improve the quality of life of our patients. To this end, I'd like to take a moment to highlight the recent advances in CKD-associated pruritus care.

This is ReachMD and I'm Dr. Carol Pollock.

A number of presentations at the recent American Society of Nephrology meeting in Philadelphia towards the end of last year highlighted the impact of CKD-associated pruritus in hemodialysis patients. In particular, they highlighted sleep disorders, increased pain, and the fatigue that accompanies pruritus. There is also an increased anxiety and depression which correlates with the severity of the pruritus. And we also know that pruritus is associated with increased mortality and increased healthcare utilization.

We now have a therapeutic option that has been specifically developed to reduce itch called difelikefalin. It's been shown to reduce itch by activating the kappa-opioid receptors, which we know is overactive compared to the new opioid receptors. And by that, it alleviates the itch. We know that this is a peripherally acting medication. There's no central effects, so this isn't associated with somnolence, with euphoria, or with dependence. So it's important to proactively assess patients for CKD-associated pruritus because now we have an effective therapy.

So assessing people for CKD-associated pruritus is easy. There are 2 scales that we use, most commonly the worst itch numerical rating scale, the WI-NRS scale. There's also the self-assessment disease severity scale, which is the SADS scale. And using these scales, patients rate their itch as being zero, mild, moderate, or severe. Using these scales, difelikefalin has been assessed in two phase 3 clinical trials, one that was US based called KALM-1, and one that was a global study called KALM-2.

In these studies difelikefalin was given post dialysis 3 times a week for 12 weeks to patients undergoing hemodialysis therapy. Both of these studies demonstrated significant improvement in itch over the course of this study, and that was independent of the patient demographics or background use of other agents that haven't really been shown to be effective in treatment of itch, for example, gabapentin.

Now, importantly these studies have been replicated in real-world experience. We also know that in follow-up studies the effect in patients is sustained for up to 24 weeks, so even 12 weeks after the cessation of the KALM studies.

So I'd like to support the Global Kidney Academy in their efforts to improve the treatment of patients with chronic kidney disease by providing up-to-date knowledge and data by clinicians who are experts in their field. I personally certainly look regularly at the Global Kidney Academy for updates and opinion.

So to summarize today's discussion, I think there are 3 key points. CKD-associated pruritus is a problem leading to multiple other

symptoms in the patient with CKD, so we should be assessing patients for itch as we can now finally do something about it. And I think that the most important message is that we should be instigating treatment for CKD, as it is effective.

So that's all the time we have today. So I want to thank the audience for listening in and keeping up with the innovations we're seeing for managing our patients with CKD-associated pruritus.

Announcer:
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