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CKD-aP Treatment Tool Kit

Announcer:
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Dr. Kraft:
This is CME on ReachMD, and I'm Dr. Leonie Kraft. Here with me today is Dr. Emilio Sánchez.

Emilio, let's use our time here to talk about and focus about the treatment of CKD-aP. Clinicians are still using antihistamines and gabapentinoids to treat patients with CKD-aP. But how effective are they?

Dr. Sánchez:
And I must begin saying that, yes, we are still using these kind of drugs to treat CKD-aP. Clinicians are still using antihistamines and gabapentinoids to treat our patients.

With data coming from the DOPPS study, which is now 10 years old, we can understand how pruritus has been treated in hemodialysis patients. At that time, antihistamines were the over heavily preferred option, followed closely by steroids, gabapentin, antidepressants, and opioids.

More recent data coming from the CENSUS study indicate underdiagnosis of CKD and a low rate of administration of anti-itch measures, always primary with antihistamines regardless of the degree of pruritus.

But we have more and more information indicating that these drugs are not the best treatment options. Antihistamines are widely used to treat CKD-aP; however, there is no evidence of their efficacy in this condition. The itch sensation is largely mediated by non-histaminergic neurons, which limits their efficacy. Their perceived benefit can sometimes be related to their sedative and sleep-promoting effect.

Both gabapentin and pregabalin have been used to control itch; however, we must be aware of their adverse events, which are especially relevant in old and fragile people with advanced chronic kidney disease. Problems such as dyspnea, drowsiness, weight gain, angioedema, or an increase in the suicide risk limit their use in hemodialysis patients. Therefore, it seems clear that these 2 options are not very good for our patients.

Dr. Kraft:
Thank you, Emilio. I think your points highlight that while antihistamines and gabapentinoids are still widely used and prescribed by us,

to be honest, antihistamines rarely provide meaningful relief. And while gabapentinoids may help selected patients, they are still limited by their central nervous system side effects, and the evidence supports the use of newer agents, probably.

Can you explain how and when you integrate non-pharmacological measures for your patients?

Dr. Sánchez:
It is important for patients with chronic kidney disease and CKD-aP to use some emollients or creams to re-hydrate the skin. It is important that there be non-alcoholic creams, because they can promote xerosis and promote more itch. But it is important also to use clothes made by natural things, like cotton for example, instead of another artificial things to use. All these measures are quite useful and available for all patients.

Dr. Kraft:
Great. Thank you so much for that summary, Emilio, and thanks to our listeners for tuning in.

Dr. Sánchez:
Thank you very much.

Announcer:
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