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Frontline Champions: Nurses as Drivers of Symptom-Based CKD-aP Care

Announcer:

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Dr. Alberici:

Hello, this is CE with GLC. I'm Dr. Federico Alberici. Here with me is Dr. Anastasia Liossatou. Today we're discussing best practices for nurses to engage and treat patients with CKD-aP. And who better to ask than you, Anastasia?

Dr. Liossatou:

Well, nurses are central on how we identify, understand, and manage CKD-associated pruritus, and the first step to do this is always patient engagement.

This means creating space for our patients to talk about their symptoms that are often underreported, and that we should recognize that CKD-aP is influenced by much more than dialysis adequacy alone. We now understand its links with inflammation, neuropathic pathways, and skin barrier dysfunction, which reinforce the need for holistic approach.

From a practical perspective, nurses can support patients through simple but consistent interventions, such as reinforcing skin care routines, encouraging regular emollient use for dry skin, and promoting sleep hygiene strategies. At the same time, they are uniquely positioned to monitor mood changes, identify symptom triggers, and recognize when itching is affecting quality of life in a broader psychological sense. This is very important to keep in mind.

Communication is another key area. Patients may hesitate. We should keep this in mind that they don't always report symptoms unless specifically asked, so we have to be proactive and make the question. In this sense, structured assessments and the integration of PROMs are very important tools, and we need to integrate them into electronic medical records and dialysis workflows that can make a real difference in visibility and continuity of care.

Importantly, care should not follow, if I may say, a "wait until it becomes severe" approach. Instead, nurses should act as primary symptom identifiers, advocates for validated assessment tools, core decision-makers in treatment escalation, also act as educators by supporting adherence, and act as key liaisons between nephrology teams, dermatology, and the patients.

This multidimensional role is clearly reflected in recent evidence, and we have some studies that have been conducted in European multicenter surveys, which highlight the expanding scope and the great impact of nursing practice in the management of CKD-associated pruritus.

And I would like to take the opportunity to mention 2 of these studies, and 1 publication is contributing to our discussion, and it is a paper from Italy by Mancin et al that was published in 2026 in *Kidney Dialysis*, and this is a narrative review that develops basically a multidimensional nursing framework for CKD-associated pruritus. And it brings together pathophysiology, symptom burden, and psychological impact that translate these into practical nursing roles, such as assessment, education, skin care support, and multidisciplinary coordination.

And last, I would like to mention a study that we have conducted within our EDTNA/ERCA Research Group. This was released in 2025 at the *Journal of Renal Care*, and it is a multicenter European survey that explored the nurses' perceptions in real-world practice with their intention to measure these practices in managing CKD-aP across the dialysis units in Europe.

We have found that there is a wide variety of how these symptoms are managed. There is under recognition of the CKD-aP in the assessment practices that we did, and also there was a clear need for more structured tools, also for education and systematic integration into routine dialysis care.

So it is very important that we approach our patients and make them understand, encourage them to speak about their symptoms, and this is a very, very important role we have.

Dr. Alberici:

Thanks, Anastasia. This is very insightful. I do believe that the nurses play a central role in recognition and in contributing to the management of CKD-aP, and there's therefore need for education also in terms of how to relate to the patients and how to explore this and other symptoms that our patients may experience during dialysis.

So I do hope that the overview will be useful, and thanks for listening.

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