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Winning the CKD-aP Battle: A United Physician-Nurse Front

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Dr. Fishbane:

This is CE with GLC. I'm Dr. Steven Fishbane, and here with me today is Dr. Nancy Helou.

Caring for patients with CKD-associated pruritus, it's often a multidisciplinary team effort. Nancy, what are some of the best practices for the care team that our listeners should try to keep in mind?

Dr. Helou:

The first best practice is to make CKD-associated pruritus a shared responsibility among nephrology, dermatology, nursing, and primary care.

The nephrologist confirms whether the itch is consistent with CKD-aP, reviews the dialysis prescription according to recent literature, considers differential diagnosis, and initiates or adjusts treatment.

Dermatology is essential when the presentation is atypical, when there are primary skin lesions, infection, diagnostic uncertainty, or poor response to management.

Nurses, on the other hand, are central because they see patients repeatedly and can detect any changes early on. During routine dialysis care, nurses can ask about itch severity, sleep, scratching, skin integrity, triggers, adherence, and side effects of treatment and medication. They can reinforce skin care, emollient use, trigger avoidance, like avoiding perfumed soap, etc., the correct use of prescribed treatment. They can also encourage symptom logs and remind patients that effective therapy cannot be stopped prematurely.

A practical pathway would be first screen routinely, then quantify with a scale, like the Worst Itch Numeric Rating Scale, or other validated scales, like the 5-D Itch Scale. Document skin findings and sleep impact, start or adjust evidence-based management, reassess at defined intervals, and refer to mental health or other services when needed.

The team should also watch for mood or sleep problems. If a patient itch is improving, but sleep or anxiety remains severe, we have not finished the job. The goal is not just to lower the itch severity; it's also a better quality of life.

Dr. Fishbane:

Yeah, I think that's very well said. And I'd like to amplify that the care team is so important here. Studies have shown that patients don't always like to talk about their itching and frequently don't bring it up with the nephrologist or medical directors of dialysis facilities. The nurses are there. They're there every treatment, they're seeing the patient, and I think they play a very important role. In our units, dietitians also, because they're speaking about minerals, they're talking to patients, they also will frequently pick up on symptoms that patients may have.

And as Nancy mentioned, the use of scales because patients don't ordinarily just spontaneously talk about itching as much as it may bother them. If we use scales or we use different metrics to try to understand over time what is happening with a patient in terms of itch, it not only gives a more objective way of understanding the amount of pruritus the patient suffers from, but it opens up a route of communication. It makes it easier to talk about and to bring up with patients.

So the multidisciplinary care team is very important, and trying to understand either through symptom logs that the patient keeps or through scales that we use for measurement, and the role of the multidisciplinary care team, really important in the management of this disorder.

I enjoyed our discussion, Nancy. Our time is up. Thank you for tuning in.

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