

General Commissioning Policy

Treatment	Generalised Pruritus
For the treatment of	Generalised Pruritus
Background	<p>NHS Scarborough and Ryedale CCG (SRCCG) commissions' healthcare on behalf of its local population across primary, secondary and tertiary care sectors. Commissioning policy including clinical referral pathways and thresholds have been developed and defined using appropriate NICE guidance and other peer reviewed evidence and are summarised here in order to guide and inform referrers</p> <p>This policy defines the SRCCG commissioning position for Generalised Pruritus</p>
Definition	<p>Pruritus is defined as the desire to scratch. When generalised it affects most or all of the body. Can lead to anxiety, depression, skin damage etc.</p>
General points	<p>Causes</p> <ul style="list-style-type: none"> • Dry skin, eczema, scabies are commonest – examine the skin very carefully <p>If there is no rash except excoriations consider:</p> <ul style="list-style-type: none"> • Anaemia, especially iron deficiency • Uraemia • Cholestasis, autoimmune liver disease • Hypo and hyper-thyroidism • Lymphoma – itch may precede diagnosis by several years • Carcinoma – especially in middle aged/elderly • Psychological <p>Exclude red flag symptoms</p> <ul style="list-style-type: none"> • Check for lymph nodes (cervical, axillae and groins) and organomegaly i.e. hepatomegaly, splenomegaly • A full general examination is essential, repeated if symptoms don't settle
Management	<ul style="list-style-type: none"> • Strong advice not to scratch is very important due to the itch/scratch/itch cycle – “the more you scratch the more you itch”. Also advise to keep cool, keep nails short and smooth. Cotton gloves at night can help to avoid skin damage. Luke warm baths or showers or cool flannels can help. Applying emollients can help to reduce itch due to their cooling effect. Distraction can help many too. • Standard emollients and soap substitutes are essential – see Emollients Guidance for full information on prescribing • If an emollient alone does not provide adequate relief, consider a trial (100g) of an emollient with an active

Responsible GP – Dr Peter Billingsley, SRCCG	Approved: June 2017
Responsible Consultant –Dr Kathryn Thomson, YTHFT	Date published: July 2017
Responsible Pharmacist – Ms Rachel Ainger, SRCCG Medicines Mngt	NHS Scarborough & Ryedale Clinical Commissioning Group

General Commissioning Policy

	<p>ingredient for example menthol 0.5% (e.g. Dermacool®) or 1% in aqueous cream or topical crotamiton (Eurax®)</p> <ul style="list-style-type: none"> The use of potent topical steroids should be discouraged unless there is active eczema Sedating antihistamines: Chlorphenamine 8mg nocte or tds Hydroxyzine 25-50mg nocte increased if appropriate to 25mg 3-4x daily (please consider MHRA advice re: hydroxyzine). Care with sedative antihistamines – warn re: drowsiness especially in elderly Alternative treatments – beneficial for any associated anxiety Amitriptyline Sertraline <p>See BNF for additional prescribing information</p>
Referral criteria	Unresponsive to treatments and no underlying cause found
Investigations prior to referral	<ul style="list-style-type: none"> FBC, U/E, LFT, TFT, ferritin, ESR/CRP CXR, urinalysis if above negative Consider checking B12/folate depending on FBC result
Information to include in referral letter:	<ul style="list-style-type: none"> Investigations and treatments already tried Relevant past medical/surgical history Current regular medication BMI/Smoking status
Summary of evidence / rationale	<p>Patient information leaflet – http://www.patient.co.uk/health/HYPERLINK "http://www.patient.co.uk/health/itch/" HYPERLINK "http://www.patient.co.uk/health/itch"itch</p> <p>References http://www.dermnetnz.org/systemic/itch.html - for clinicians http://patient.co.uk/doctor/itch HYPERLINK "http://patient.co.uk/doctor/itching.htm" HYPERLINK "http://patient.co.uk/doctor/itching.htm"ng.htm - for clinicians</p>
Effective from	November 2014
Reviewed	June 2017 – Review date June 2019
Contact for this policy	Service Improvement Team Scrccg.enquiries@nhs.net

References:

[NICE CKS – Itch \(March 2016\)](#)

Responsible GP – Dr Peter Billingsley, SRCCG	Approved: June 2017
Responsible Consultant – Dr Kathryn Thomson, YTHFT	Date published: July 2017
Responsible Pharmacist – Ms Rachel Ainger, SRCCG Medicines Mngt	NHS Scarborough & Ryedale Clinical Commissioning Group