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CKD-aP or Something Else? Decoding the Diagnosis

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

And I'm just going to go straight into it because, Emilio, we've heard about the significant burden, the high prevalence of CKD-associated pruritus itch in our patients on hemodialysis, and its real significant impact on quality of life. What are some best practice points that can help providers better identify and differentiate pruritus in that group of people?

Dr. Sánchez:
The clinical expression of chronic kidney disease-associated pruritus is very diverse, and it is the impact of itch on patients' quality of life and on very important aspects of daily life, such as sexuality or sleep—at least that is what is reflected in a survey that we conducted in Spain, in which both nephrologists and patients participated.

Recently, the results of the CENSUS study have been published. The CENSUS study is a retrospective, cross-sectional, multicenter study across 7 countries in Europe, in which eligible patients were asked to complete 5 patient-reported outcomes questions: 1 on CKD-aP severity and 4 on quality of life. This study showed the impact of itch on important aspects such as sleep, mood, and the impact on basic activities of daily living. In all cases, the more severe the itch, the greater the deterioration in all of these aspects.

When addressing possible treatments for CKD-aP, we must consider aspects related to the etiopathogenesis of itch. In people with CKD, itching can occur due to dermatological problems such as xerosis, toxin accumulation, and alteration in calcium and phosphate product, immune system dysregulation with the secretion of pro-inflammatory markers, and finally, an opioid system dysregulation. In people with CKD, there is an overexpression of mu-opioid receptors and inhibition of kappa receptors. These lead to an increase in the sensation of itch.

With all this information, we must move on to different treatments that we can use to treat CKD-aP in our patients.

Dr. Burton:
And what is it, do you think, that people could take from those data and from that learning back to their own practice in their dialysis units to do one thing that would improve the symptom of itch for the people in their units? Would it be concentrating on detection using symptom scores? Would it be thinking about their management pathways?

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Dr. Sánchez:
I think that it should be a combination of both. Probably in the last few years we were not very aware of itch because we did not have tools to treat of all our patients. Now we have some responses to this.

So I want that the nephrologists around the world proactively ask patients about the degree of pruritus and how pruritus impacts their quality of life. With this tool, with the answer of our patients, we can prescribe different treatments to promote a better quality of life, a better sexuality, sleep quality, and finally to reduce the itch sensation.

Dr. Burton:
Yeah. And I guess one of the things is that the later we ask, the longer it takes to reach that diagnosis, the longer that person is living with those symptoms. The earlier we ask, the more proactive we can be, the quicker we will exclude other diagnoses. That's important.

Anyway, I think again, Emilio, that's our time. It's been great talking to you again, my friend, and thanks to everybody for tuning in. We'll see you next time.

Dr. Sánchez:
Thank you very much.

Announcer:
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