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Improving Sleep and Mental Health in Patients with CKD-aP

Announcer:

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Dr. Manenti:

This is CME on ReachMD, and I'm Dr. Lucio Manenti. Here with me today is Dr. Leonie Kraft. Leonie, nice to see you. And the question is about patients with CKD-aP that struggle not only with itch, but also with sleep, depression, and other issues known as symptom clusters.

Leonie, let's review how CKD-aP symptom clusters manifest through a real-world patient case study.

Dr. Kraft:

Thank you, Lucio. I think that's a really important point you bring up. And I want to share a real patient case I had a couple of years ago, and he was one of the patients we started DFK really early on. He was on dialysis for 2 months before he developed itch. He was 80 years old, and on the physical side, he had severe scratch marks on his skin, arms, legs, and his torso.

But there was also a sentence he said back then to me that has stayed with me, and I think that captures the impact CKD-aP has on our patients. First, he said, "My medical history was nowhere near as bad as this itch." And I mean, he was an 80-year dialysis patient. We all know that he probably had a complex medical history, which he had, and he also said, "I don't go out anymore, I don't sleep, and I don't enjoy my favorite show."

And this is just a classic example of symptom cluster—itch leads to sleep disturbance, mood decline, social isolation. And all that goes beyond the skin and just deeply affects the quality of life of our patients.

And with this patient, we started DFK pretty soon after it became available in Germany, but his response was not immediate, so it took him a couple of weeks till he showed a response. And he even thought about stopping dialysis altogether because of the severity of his symptoms. And we also discussed discontinuing DFK, but because we didn't have any other good option, we continued.

And after 11 weeks was the first time he came in the morning to dialysis, and he said, "I slept so much better tonight. I don't think I scratched my skin, but the sleep is so much better." And he experienced meaningful relief and improved sleep after 11 weeks.

But I just want to make it clear, 11 weeks is not a normal time for a response for most patients. Over 60% of the patients who respond do so after 4 weeks, and most of the patients, over 90%, respond after 8 weeks. But it is still important to give our patients enough time

to respond, and there's always this odd one out, so we continue for 12 weeks till we determine nonresponse for our patients.

And I think another question that we keep asking ourselves—and you and Emilio already addressed this—is can we discontinue DFK eventually when the patient shows a response? And in our patient case, we unintentionally answered this question because we once forgot to order the medication. And this was a couple of years ago, so it was harder to access DFK, and his symptoms returned with full force. He had a WI-NRS from 8 to 9 again. And only after we started DFK again did he stop scratching his skin and showed a meaningful relief.

We also have good real-world data from, I think, over 600 US patients that show this, that when patients discontinue DFK, they experience a rise in the itch score again.

And I think I want to let you go with a quote from this patient. I asked him again a couple of weeks ago how his itch is, and he said, “I don't think about the itch.”

And I think this is so impressive for a patient who spent his days and his nights thinking about nothing else than itching, and for him to not think about it is just a huge accomplishment for all of us.

Dr. Manenti:

Well, this has been a good discussion, but our time is up. Thanks for listening.

Announcer:

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