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https://reachmd.com/programs/cme/quantifying-ckd-ap-tools-for-better-care/36295/

Released: 10/24/2025
Valid until: 10/24/2026
Time needed to complete: 1h 00m

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Quantifying CKD-aP: Tools for Better Care

Announcer:
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Dr. Burton:
This is CME on ReachMD, and my name's Dr. Jim Burton. It's lovely to see everyone. Here with me today is my colleague Dr. Emilio Sánchez. And Emilio, today we're talking about the assessment of severity and impact of CKD-associated pruritus.

So, Emilio, tell me, what tools have we got for assessing CKD-associated pruritus in patients on hemodialysis, and how should healthcare providers and healthcare professionals be using those in our everyday practice?

Dr. Sánchez:
Thank you for this interesting question. And I want to begin saying that to aid the diagnosis of CKD-aP, there are several scales commonly used in practice. One of the most commonly used is the WI-NRS, the Worst Itch Numerical Rating Scale, a one-dimensional scale that asks the patient about the rating of their worst itch, which can range from no itch, which it means 0 points, to the worst itch imaginable, which is 10 points. Scores are categorized in 4 strata: no pruritus, mild, moderate, and severe. And we know that changes in 3 or more points are clinically significant.

In another way, traditionally, this scale uses question 20 in the SF-36 quality of life questionnaire. With only one single question, we have an idea of the impact of pruritus in the last month, and it is widely used and validated for CKD population. This scale is also unidimensional and asks how much the patient has been bothered by itching in the last 4 weeks, and the responses range from not at all to extremely bothersome.

There are also multidimensional models that not only assess the intensity of itching, but also consider its impact on quality of life. The SADS, which is the acronym of Self-Assessed Disease Severity of illness scale, due to its simplicity is one of the most widely used and distributes patient responses into 3 levels of affectation, with score A being the mildest and C the most severe.

The Skindex-10 is another multidimensional model which asks 10 questions and is scored from 1 to 6. It analyzes 3 spheres: the disease itself, the emotional impact, and finally, the social impact.

And finally, the 5-D itch scale specifically diagnoses for CKD-aP and is sometimes used to analyze the evolution of itch over time. It has 5 questions answered with a score ranging from 1 to 5.

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And these are the most used tools to diagnose and to manage CKD-aP.

Dr. Burton:
There are a number of different tools, but I guess one of the most important points is to use one of those validated tools in our practice. By asking someone and getting a baseline score, we know that there are treatments and things that we can do to manage itch, and having that baseline score enables us to, I guess, kind of assess that response to treatment, because some of the newer treatments—for example, the kappa-opioid receptor agonists—we can see that for those people with a significant amount of itch—you mentioned the WI-NRS—you can see in up to 74% of people are more than 3-point, a clinically relevant improvement in itch scores from baseline. And for some people, for up to 25 of people with moderate to severe itch, there's actually a complete resolution that we can see from the data.

So I guess you would probably agree that whichever one of those we use, it's just important to get that baseline score of itch.

Dr. Sánchez:
Yeah, I think so. And it is important to proactively move with these tools.

Dr. Burton:
Well, thanks for breaking that down for us, Emilio. I think that's about our time. Thanks to the audience for listening in, and we will see you for the next episode.

Dr. Sánchez:
Thank you.

Announcer:
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