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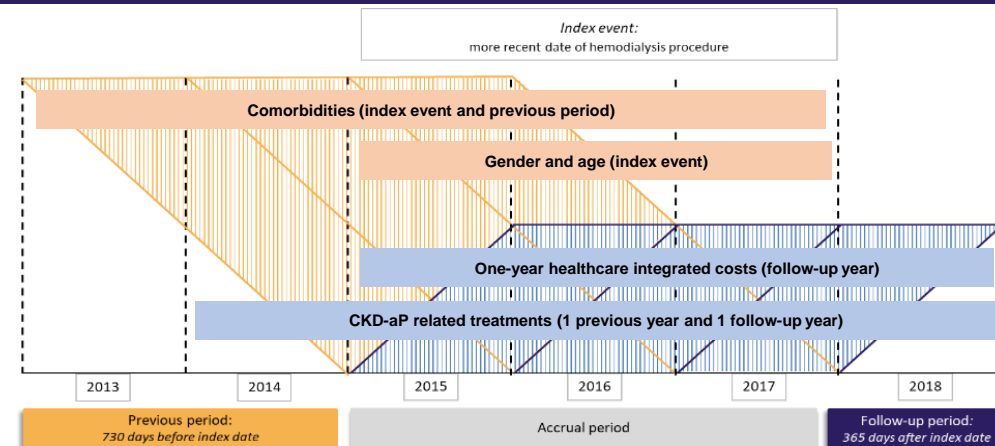
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BACKGROUND AND OBJECTIVES

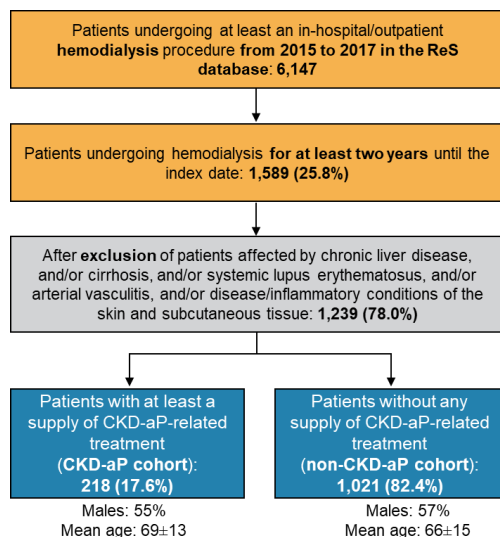
Chronic kidney disease associated pruritus (CKD-aP), also known as uremic pruritus, frequently affects hemodialysis patients. To date, no causative or aetiology-specific treatments have been established. **The analysis of Fondazione ReS (Ricerca e Salute) aimed to describe the population undergoing hemodialysis and potentially affected or not by CKD-aP, and to evaluate their therapeutic patterns and integrated healthcare costs from the perspective of the Italian National Health Service (INHS).**

METHODS

From the ReS database, through the **cross-linkage of healthcare administrative data**, patients with at least an **in-hospital/outpatient hemodialysis procedure from 01/01/2015 to 31/12/2017** were selected (index event). Those treated with hemodialysis during at least 2 years and not affected by chronic liver disease/cirrhosis/systemic lupus erythematosus/arterial vasculitis/skin-subcutaneous tissue disease-inflammation were categorized based on **presence/absence of CKD-aP treatments** (gabapentin, pregabalin, thalidomide, antihistamines and ultraviolet light therapy), according to the common clinical practice, in 180 days before/after index event. CKD-aP/non-CKD-aP cohorts were characterized in terms of **gender, age and comorbidities**. **Costs were assessed within 1-year follow-up; CKD-aP treatments were assessed during 1 year before and after index date.**



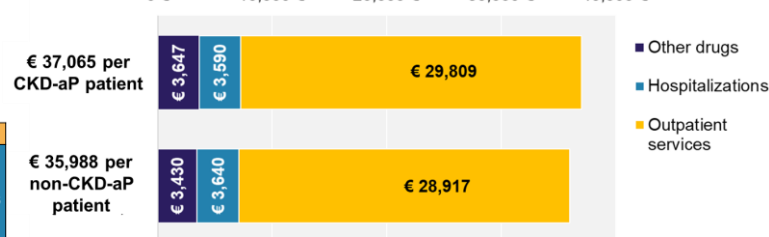
RESULTS



CKD-aP patients were more affected by comorbidities, especially hypertension (74.3% vs 71%), hyperphosphatemia (68.8% vs 61.0%) and hyperparathyroidism (46.8% vs 42.8%).

CKD-aP related treatments	1 year before index date		1 year after index date	
	Patients (n; % on CKD-aP cohort)	Mean n° of packages/performances per patient treated	Patients (n; % on CKD-aP cohort)	Mean n° of packages/performances per patient treated
Gabapentin	23; 10.6	4.7	20; 9.2	5.4
Pregabalin	0	-	0	-
Thalidomide	0	-	0	-
Antihistamines	108; 49.5	4.6	122; 56.0	4.2
Cetirizine	53; 24.3	1.5	53; 24.3	1.8
Desloratadine	19; 8.7	1.8	28; 12.8	1.7
...				
Ultraviolet light therapy	3; 1.4	2.0	3; 1.4	4.0
At least one CKD-aP related treatment	127; 58.3		142; 65.1	

Mean expenditure per capita over 1 year after index date



Per CKD-aP and non-CKD-aP patient respectively, **hemodialysis procedures accounted for the 62.3% and 66.3% of the overall expenditures for hospitalizations and for the 77.9% and 78.4% of the outpatient specialist care costs**. High-efficiency hemodialytic therapies were the most performed.

CONCLUSIONS

Even if patients with CKD-aP resulted underestimated, due to the limitations related to the unique use of administrative databases, this study highlighted some **current critical therapeutic strategies in nephrology** (i.e. wide use of high-efficiency dialytic therapies). Thus, **appropriate and effective treatments for CKD-aP are deserved, also to offer cost offsets**. Healthcare policy makers and payers must accelerate researches and favor the development of awareness and the sharing of information amongst clinicians and patients.