

Itch Intensity and Therapeutic Management of Pruritus in the Real-World Setting

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BACKGROUND

- Pruritus is a ubiquitous cutaneous symptom but could be a manifestation of a wide range of systemic conditions making it difficult to manage.
- It is one of the most common symptoms described by dermatology patients as a whole¹.
- Regardless of the underlying condition, pruritus as a symptom is often ignored and can have a significant impact on quality of life².
- Itch intensity is a measure of symptom severity and can influence management.
- Real-world treatment patterns and therapeutic management for this common symptom are not well characterized.

OBJECTIVE

- The objective of this research was to understand the influence of itch intensity on therapeutic management of pruritus in the real-world setting.

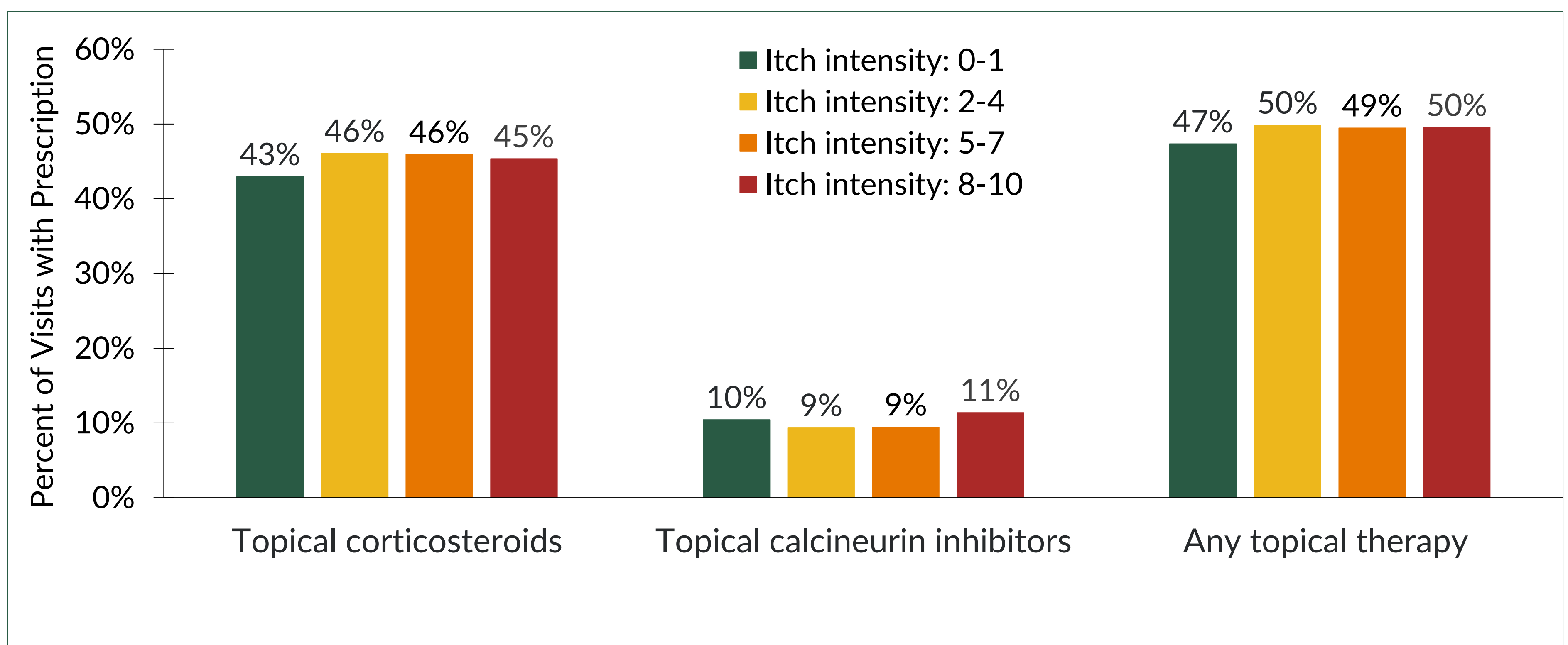
METHODS

- The OMNY Health real-world data platform was used to access electronic health record data from 6 specialty dermatology networks from 2017 to 2023.
- Patients were included if they met the following criteria:
 - Ever had a diagnosis code for pruritus (International Classification of Diseases, 10th Revision: L27*)
 - Ever had a 10-point itch intensity assessment associated directly with a pruritus diagnosis code
- Demographic characteristics of the patient population were summarized.
- Percentages of patients with prescriptions for any of the following treatments were tabulated by 10-point itch intensity quartile:
 - Topical treatments
 - Topical corticosteroids
 - Topical calcineurin inhibitors
 - Capsaicin
 - Menthol
 - Pramoxine/lidocaine/prilocaine
 - Topical doxepin
 - Systemic treatments
 - Non-sedative antihistamines
 - Sedative antihistamines
 - Opioid receptor antagonists
 - Selective serotonin reuptake inhibitors (SSRI)
 - Systemic doxepin

RESULTS

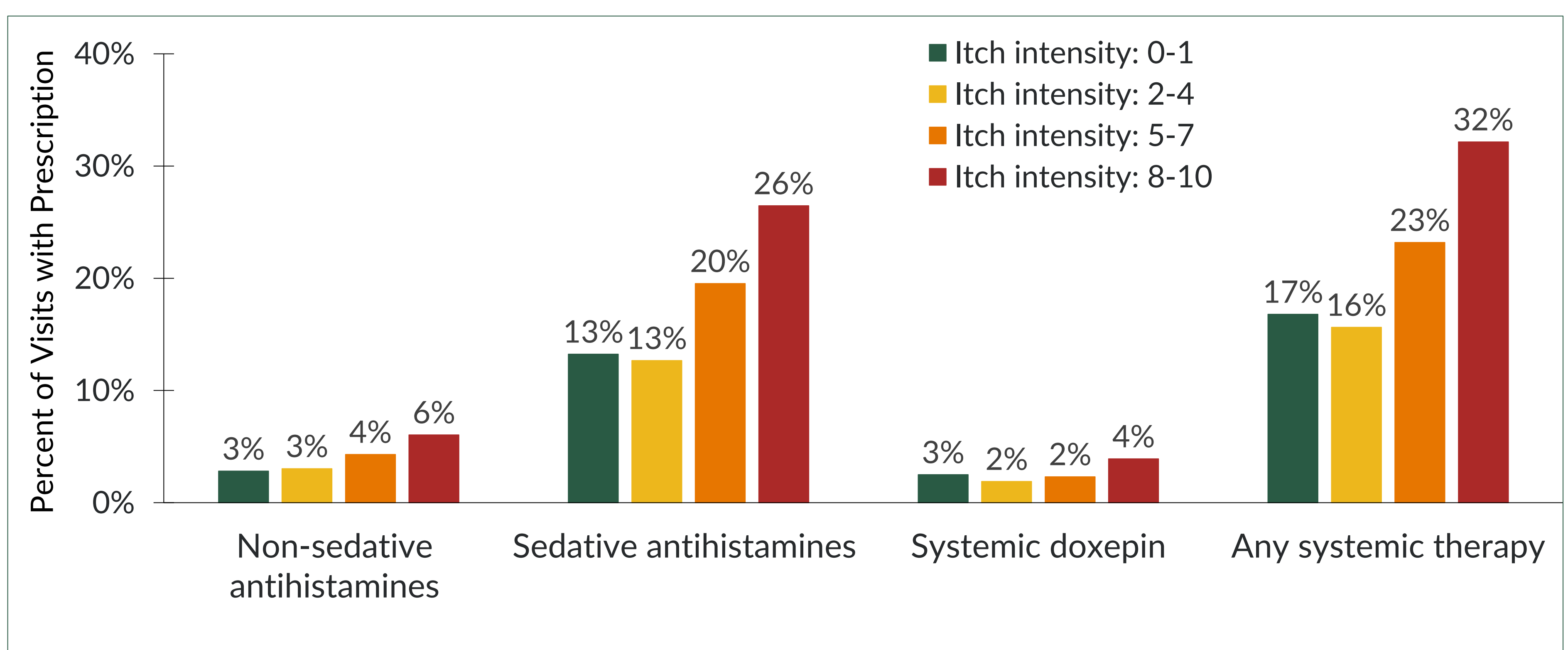
- A total of 7,330 patients and 8,115 associated encounters were included.
- Distribution of 10-point itch intensity: 0-1 (13%), 2-4 (31%), 5-7 (32%), 8-10 (24%)
- Demographic characteristics were as follows: gender (60% female, 40% male), race (85% White, 8% Black, 7% Other), and age (5% < 21 years, 37% 21-60 years, 57% > 60 years).
- Percentages of visits with prescriptions for topical therapies are presented in Figure 1.

Figure 1: Topical Therapy Prescriptions by Pruritus Itch Intensity



- Overall, topical therapies were prescribed at approximately 50% of pruritus visits, regardless of itch intensity.
- Prescriptions of topical therapies were dominated by topical corticosteroids, which were prescribed at approximately 45% of visits.
- Topical calcineurin inhibitors were prescribed at approximately 10% of pruritus visits.
- Prescriptions of capsaicin, menthol, and pramoxine/lidocaine/prilocaine were negligible.
- Systemic therapy prescriptions by itch intensity are summarized in Figure 2.

Figure 2: Systemic Therapy Prescriptions by Pruritus Itch Intensity



- Prescriptions of any systemic therapies were similar for itch intensities 0-1 and 2-4 (17%) but increased monotonically for greater itch intensities (23% for 5-7; 32% for 8-10).
- Sedative antihistamines were the most prescribed systemic therapy (13% to 26%) and displayed a similar correlation with itch intensity as any systemic therapy.
- Non-sedative antihistamines and systemic doxepin were prescribed less frequently; prescriptions of opioid receptor antagonists and SSRIs were negligible.

CONCLUSIONS

- Results provide insights into real-world therapeutic management of pruritus.
- Greater itch intensity was associated with greater prescriptions of systemic therapy but not of topical therapy.
- Given the diverse etiology of pruritus, other therapies are likely used to treat various underlying diseases, which may preclude the need for antipruritics.

REFERENCES

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