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Table SI. Overview of survey questions

*Demographic information*

1. What is your age?
2. What is your gender?
  - a. Male
  - b. Female
3. What is your current profession?
  - a. Dermatologist
  - b. Dermatology resident
4. How many years of clinical experience in dermatology do you have?
  - a. 0–10 years
  - b. 10–20 years
  - c. >20 years
5. What kind of practice do you work in?
  - a. University hospital
  - b. General hospital
  - c. Private practice
  - d. Other (please specify)

*Prevalence of chronic pruritus in daily practice*

6. Chronic pruritus is defined as itch present for a minimum of 6 weeks. How often do you see a patient with chronic pruritus AND insufficient reduction of itch after initiation of conventional treatment (such as topical treatment, phototherapy, oral antihistamines, oral corticosteroids)?
  - a. 1 per day
  - b. 1 per week
  - c. 1 per month
  - d. 1 per 3 months
  - e. 1 per 6 months
  - f. 1 per year
  - g. <1 per year

*Prescription of gabapentinoids*

7. Do you prescribe oral antiepileptic treatment for patients with chronic pruritus?
  - a. Yes
    - i. If YES: Which antiepileptic treatment do you prescribe and what is your experience on reducing itch after initiation of these treatments?
      - a. Gabapentin
        - a. Very poor
        - b. Poor
        - c. Fair
        - d. Good
        - e. Very good
      - b. Pregabalin
        - a. Very poor
        - b. Poor
        - c. Fair
        - d. Good
        - e. Very good
  - b. No
    - i. If NO: Why not?
      - a. Not enough evidence available for this indication
      - b. Not enough knowledge or experience
      - c. Side-effects
      - d. Interactions
      - a. Other (please specify)

*Prescription of antidepressants*

8. Do you prescribe oral antidepressant treatment for patients with chronic pruritus?

a. Yes

i. If YES: Which antidepressant treatment do you prescribe and what is your experience on reducing itch after initiation of these treatments?

- a. Amitriptyline
  - a. Very poor
  - b. Poor
  - c. Fair
  - d. Good
  - e. Very good
- b. Doxepine
  - a. Very poor
  - b. Poor
  - c. Fair
  - d. Good
  - e. Very good
- c. Fluoxetine
  - a. Very poor
  - b. Poor
  - c. Fair
  - d. Good
  - e. Very good
- d. Fluvoxamine
  - a. Very poor
  - b. Poor
  - c. Fair
  - d. Good
  - e. Very good
- e. Mirtazapine
  - a. Very poor
  - b. Poor
  - c. Fair
  - d. Good
  - e. Very good
- f. Nortriptyline
  - a. Very poor
  - b. Poor
  - c. Fair
  - d. Good
  - e. Very good
- g. Paroxetine
  - a. Very poor
  - b. Poor
  - c. Fair
  - d. Good
  - e. Very good
- h. Sertraline
  - a. Very poor
  - b. Poor
  - c. Fair
  - d. Good
  - e. Very good

b. No

i. If NO: Why not?

- e. Not enough evidence available for this indication
- f. Not enough knowledge or experience
- g. Side-effects
- h. Interactions
- i. Other (please specify)

*Comfort prescribing systemic treatment*

9. 'I feel comfortable prescribing antiepileptic treatment'
  - a. Strongly disagree
  - b. Disagree
  - c. Neither agree or disagree
  - d. Agree
  - e. Strongly agree
10. 'I feel comfortable prescribing antidepressants'
  - a. Strongly disagree
  - b. Disagree
  - c. Neither agree or disagree
  - d. Agree
  - e. Strongly agree

*Other systemic treatment*

11. Do you prescribe other systemic treatments for chronic pruritus?

*Remarks and suggestions*

12. Do you have any remarks or suggestions?
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