

# Current Management of Chronic Pruritus by French Dermatologists

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**Knowledge concerning pruritus is rapidly evolving and could deeply modify its management. The main objective was to evaluate the management of chronic pruritus by French dermatologists and their current knowledge. This prospective descriptive study used an online questionnaire, which was sent to French dermatologists via the newsletters of 3 dermatological associations. A total of 361 responses to the questionnaire were received, 80.1% from qualified dermatologists, 29.0% from dermatologists with their main practice in hospitals. Only half of respondents considered pruritus chronic after 6 weeks. The initial laboratory workup included blood count (98.8%), creatinine (93.9%), liver function tests (98.6%), thyroid-stimulating hormone (93.9%), and serum protein electrophoresis (81.7%). There was a significant difference between hospital and non-hospital practitioners in the evaluation of creatinine, fasting blood glucose, viral serologies, syphilis serology, and skin biopsies. Some 34.6% of dermatologists disagreed that pruritus is present in the majority of psoriasis patients. French dermatologists' knowledge of chronic pruritus and its management is satisfactory, but there is still room for improvement and harmonization.**

**Key words:** pruritus; itch; survey; practice assessment; management.

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Pruritus (itch) is defined as an unpleasant sensation that leads to the need to scratch (1). The various mechanisms of pruritus are still under investigation (2), but research has recently led to the development of new therapies (3). Pruritus is considered chronic when it lasts for more than 6 weeks (4). There are a variety of cutaneous or extra-cutaneous aetiologies.

Itch is a frequent symptom in dermatology. A recent international study with over 50,000 individuals estimated the prevalence of itch at 39.8% (5). Other studies estimated the 1-year incidence of chronic pruritus at around 7% (6) and the lifetime prevalence around 8–25.5% (7). In 2003, a French survey showed that the estimated prevalence of chronic pruritus during the 24 months prior to the survey was 12.4%, and the estimated prevalence was 5.4% (8). Its prevalence and negative

## SIGNIFICANCE

This study revealed the state of practice for the management of chronic pruritus by French dermatologists. There are differences between hospital and non-hospital-based dermatologists for the blood and imaging workup. A further study for the use and reasons of antihistamine treatment may be warranted. The level of knowledge regarding pruritus is satisfying, though there is still room for harmonization and improvement. To our knowledge, no study on practice and knowledge of dermatologists has been performed, with the exception of a study on European dermatologists among some experts.

impact on quality of life (9) – it is especially associated with sleeping disorders (10) and depression (11) – justify a rigorous diagnostic approach.

European recommendations for the management of chronic pruritus were updated in 2019 (12) and a new version is in preparation. The aetiological diagnosis and management of chronic pruritus is a step-by-step process, which might require a multidisciplinary approach. Recent therapeutic innovations (3) have prompted renewed interest in its clinical management.

This study aimed to assess how French dermatologists currently manage chronic pruritus and their knowledge level.

## MATERIALS AND METHODS

A prospective descriptive study was conducted using an anonymous online questionnaire distributed to French dermatologists via 3 national dermatology associations (Société Française de Dermatologie, Association des Futurs Dermatologues Vénérologues de France, Fédération Française de Formation et d'Évaluation Continue en Dermato-Vénérologie) from January to March 2024.

The survey included 32 questions (4 demographic and 28 related to pruritus); answers to 31 questions were mandatory. Statistical analyses were carried out to compare several groups, using a  $\chi^2$  test when possible or Fisher's exact test. A Benjamini–Hochberg correction was then used for multiple comparisons.

## RESULTS

We received 361 responses (81.4% women; mean age: 40.5 years). Among respondents, 80.1% were certified

**Table I. Demographic data (n=361)**

Category	n (%)
Gender	
Women	294 (81.4)
Men	67 (18.6)
Age	
20–29 years	94 (26)
30–39 years	115 (31.9)
40–49 years	45 (12.5)
50–59 years	61 (16.9)
60–69 years	35 (9.7)
> 70 years	11 (3)
Qualifications	
Accredited dermatologist	289 (80.1)
Dermatology resident	72 (19.9)
Principal practice setting	
Hospital	167 (46.3)
Private practice	169 (46.8)
Substitute	45 (12.5)

dermatologists, and 29% primarily hospital-based. The demographic data are presented in **Table I**. For 85.9% of the respondents, less than 25% of their patients presented chronic pruritus. Only 49.3% recognized the 6-week threshold for defining the chronicity of pruritus. The results from the general information on pruritus and treatment can be found in **Table II**.

Most dermatologists (98.1%) performed a systematic laboratory workup, including complete blood count, liver enzymes, creatinine, thyroid-stimulating hormone, and

**Table II. General information on chronic pruritus and its treatment (361 respondents)**

Answers	Percentage (%)
Proportion of patients with chronic pruritus	
Less than 25%	85.9
26–50%	12.7
51–75%	1.4
Length of time before pruritus is considered chronic	
4 weeks	12.7
6 weeks	49.2
8 weeks	16.1
12 weeks	21.9
Estimated prevalence of pruritus of unknown origin	
0–25%	31.1
25–50%	31.1
50–75%	32.2
75–100%	5.6
Knowledge of placebo effect	
Yes	82.5
No	17.5
Use of a rating scale	
Yes	29.4
No	70.6
Use of a quality of life assessment tool	
Yes	45.2
No	54.8
Proof treatment for scabies	
Yes	13.3
No	86.7
Use of acupuncture	
Yes	8.0
No	92.0
Insistence on diabetic control	
Yes	86.1
No	13.9
H1 antihistamine could be prescribed regardless of term of pregnancy	
Yes	67.3
No	32.7

protein electrophoresis (Table SI). Significant differences in practice were observed between hospital and non-hospital dermatologists (**Table III**). Systematic imaging procedures were used by 73.1%, mostly chest X-rays and abdominal ultrasound (Table SII).

A total of 88.9% enquired about drugs that could induce pruritus. To an open question on the families of drugs that were investigated, the main answers were anti-hypertensive drugs (58 out of 255 answers), angiotensin converting enzyme inhibitors (67 out of 255 answers), angiotensin II antagonists (31 out of 255 answers), and opioids (57 out of 255 answers). Most respondents (96.7%) gave general advice on reducing pruritus (skin hydration, emollients, avoiding triggers). Patients were rarely referred to hospitals (67%), and 16.1% never referred them. Surprisingly, 65.4% of dermatologists disagreed that pruritus is frequent in psoriasis.

A large majority of respondents (93.9%) disagreed with the idea that pruritus is only present in haemodialysis patients among those with chronic kidney disease. Antihistamines were prescribed by 64.8% for non-urticarial pruritus. JAK inhibitors were rarely prescribed as first systemic treatment (25.6% sometimes used them).

## DISCUSSION

It is remarkable that barely half of the respondents did not know the definition of chronic pruritus. When asked if they treat these patients, this lack of knowledge could most likely have biased their answer. About one-third considered pruritus to be chronic after more than 6 weeks (8–12 weeks). These dermatologists might be treating patients who (by the official definition) suffer from chronic pruritus but this is not formally recognized by them.

Regarding the laboratory and radiological workup, the European guidelines (12) recommend for the first workup a differential blood cell count, creatinine, liver function tests, LDH, TSH, glucose, ferritin, and CRP. Renal and liver function are expected to be part of the investigations as the main providers of abnormalities linked to pruritus. The significant differences observed between dermatologists underscore the need for harmonized guidelines.

Antihistamines for non-urticarial pruritus were frequently used while these drugs are not approved in the absence of urticaria (and probably not more effective

**Table III. Significant differences in laboratory investigations between hospital and private practice (Benjamini–Hochberg corrected): results on 361 respondents**

Test	Corrected <i>p</i> -value
HIV serology	0.0030
Hepatitis B/C serology	0.0030
Ionogram/creatinine	0.0072
Fasting glucose	0.0072
Skin biopsies	0.0072
Syphilis serology	0.0130

than a placebo in the vast majority of cases). A further study could elucidate whether they are used because dermatologists do not know this fact, or because there were very few antipruritic treatments until now, or because these dermatologists aimed to provide sedative effects or a placebo effect (13).

Nowadays, there are a variety of treatments that can be chosen to treat pruritus in atopic dermatitis. A literature review and meta-analysis from 2022 showed that the systemic treatments which could be the most effective and rapid to relieve pruritus were JAK inhibitors (14). Our results show that these treatments were rarely used, which can be explained by the fact that most of the respondents were not working in hospitals while the prescription of these novel therapies is authorized only by hospital dermatologists in France, or by fears concerning side effects.

Drug-induced pruritus is difficult to identify and prove. Our results show that the most frequently investigated drugs are anti-hypertensive drugs (particularly ACE inhibitors) and opioids, but others have been mentioned such as antibiotics, anti-diabetics, and antidepressants. It should be kept in mind that any drug can be a source of pruritus, even if discontinuing it does not always bring relief (15).

What is surprising is that about one-third of the dermatologists did not agree with the fact that psoriasis is a pruritic skin disease. However, it is now known and admitted that pruritus is the major symptom in patients with psoriasis, especially since the study by Yosipovitch et al. (16) in 2000. This highlights the importance of continuous medical education.

In conclusion, our results show that French dermatologists are generally well informed, but there is variability in diagnostic practices and knowledge. Awareness of chronic pruritus definitions and optimal treatment strategies could be improved.

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