

## Can pharmacological interventions help palliative care patients suffering from pruritus?

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**Clinical Question** How effective and safe are pharmaceutical interventions for preventing or treating pruritus in adult palliative care patients?

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**Bottom Line** For the treatment of uraemic pruritus (UP), GABA analogues like gabapentin and pregabalin had the most significant effect, while other treatments such as kappa-opioid agonists, montelukast, fish oil, cromolyn sodium, and topical capsaicin showed moderate to minor effects.

For cholestatic pruritus (CP), rifampicin and flumecinol could be effective, though evidence is weak. Naltrexone offers an alternative for UP or CP but may interfere with pain management in palliative care due to its impact on opioid analgesia. Ondansetron, cholestyramine, thalidomide, lidocaine, and sertraline showed limited efficacy.

Paroxetine showed promise in palliative care, while naltrexone caused the most adverse events.

Evidence for pruritus associated with HIV was inconclusive, with indomethacin being described as effective but not generalizable.

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**Caveat** Concerning the risk of experiencing at least one adverse event per participant, evidence was sparse with, GABA-analogues, kappa-opioid agonists, ondansetron, rifampicin and cromolyn sodium showing no statistical difference between events with treatment versus control. Paroxetine increased the risk of adverse events such as nausea and sleepiness. Topical capsaicin may cause transient burning sensation and local erythema with initial application. Naltrexone produced the largest number of adverse events.

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**Context** Pruritus, or itching, is a distressing symptom in palliative care. It is often multifactorial, associated with deteriorating liver and kidney function, anxiety, and can also be a side effect of opioid treatment. Pruritus involves complex interactions between the skin, nervous system, and various mediators, including histamine and serotonin. As it arises from diverse pathologic mechanisms, it is challenging to find an effective treatment, and despite testing various drug classes, no universally effective therapeutic approach has been developed

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**Cochrane Systematic Review** Boehlke C, Joos L, Coune B, Becker C, Meerpohl JJ, Buroh S, Hercz D, Schwarzer G, Becker G. Pharmacological interventions for pruritus in adult palliative care patients. Cochrane Database of Systematic Reviews 2024, Issue 8. Art. No.: CD008320. DOI: 10.1002/14651858.CD008320.pub4. This review contains 91 trials which included 4652 people.

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Systematic review link:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008320.pub4/full>