

Patients in haemodialysis experience uremic pruritus as a dual phenomenon

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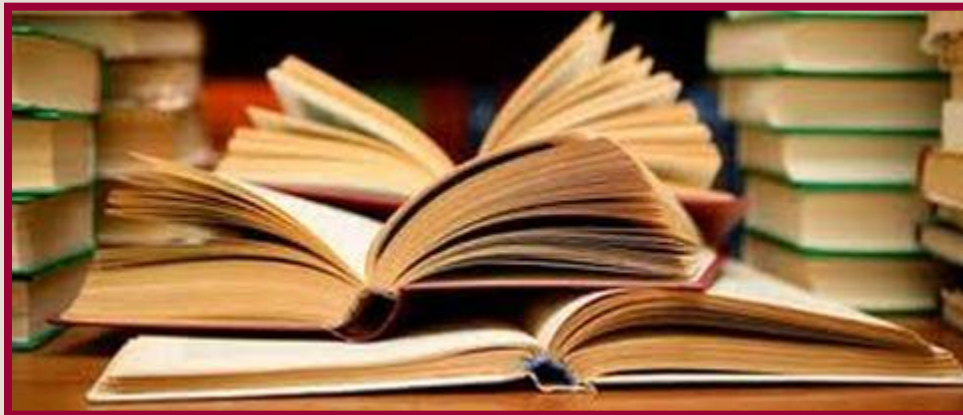
Agenda

- **Background**
- Objectives
- Methods
- **Findings**
- Conclusion
- **Implications for practice**



Background

- Systematic literature review
- Primarily quantitative studies and a very limited number of qualitative studies



Quantitative studies on UP

- Greatest degree in patients who have been in haemodialysis for more than three months
- 42% of the patients in haemodialysis experience moderate to severe itching
- Limited knowledge about pathology and aetiology
- UP decreases quality of life, sleep quality and gives a greater risk of depressive symptoms
- The associations between UP and the phosphate level is inconsistency



Qualitative studies on UP

- Hard to describe the symptom
- A lack of confidence in healthcare professionals
- Patients do not expect miracles
- Patients seek understanding



Objective

- To gain knowledge on how patients in haemodialysis experience uremic pruritus



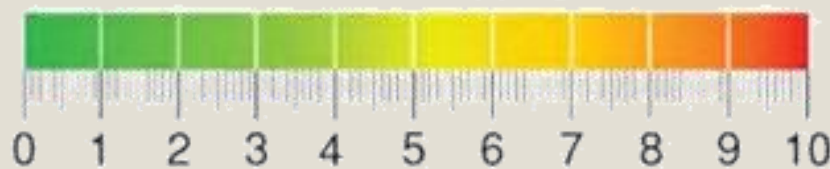
Methods

- A qualitative study
- Phenomenological and hermeneutic approach
- Semi-structured interviews (Kvale and Brinkmann 2015)
- Data was analysed using systematic text condensation (Malterud 2012)

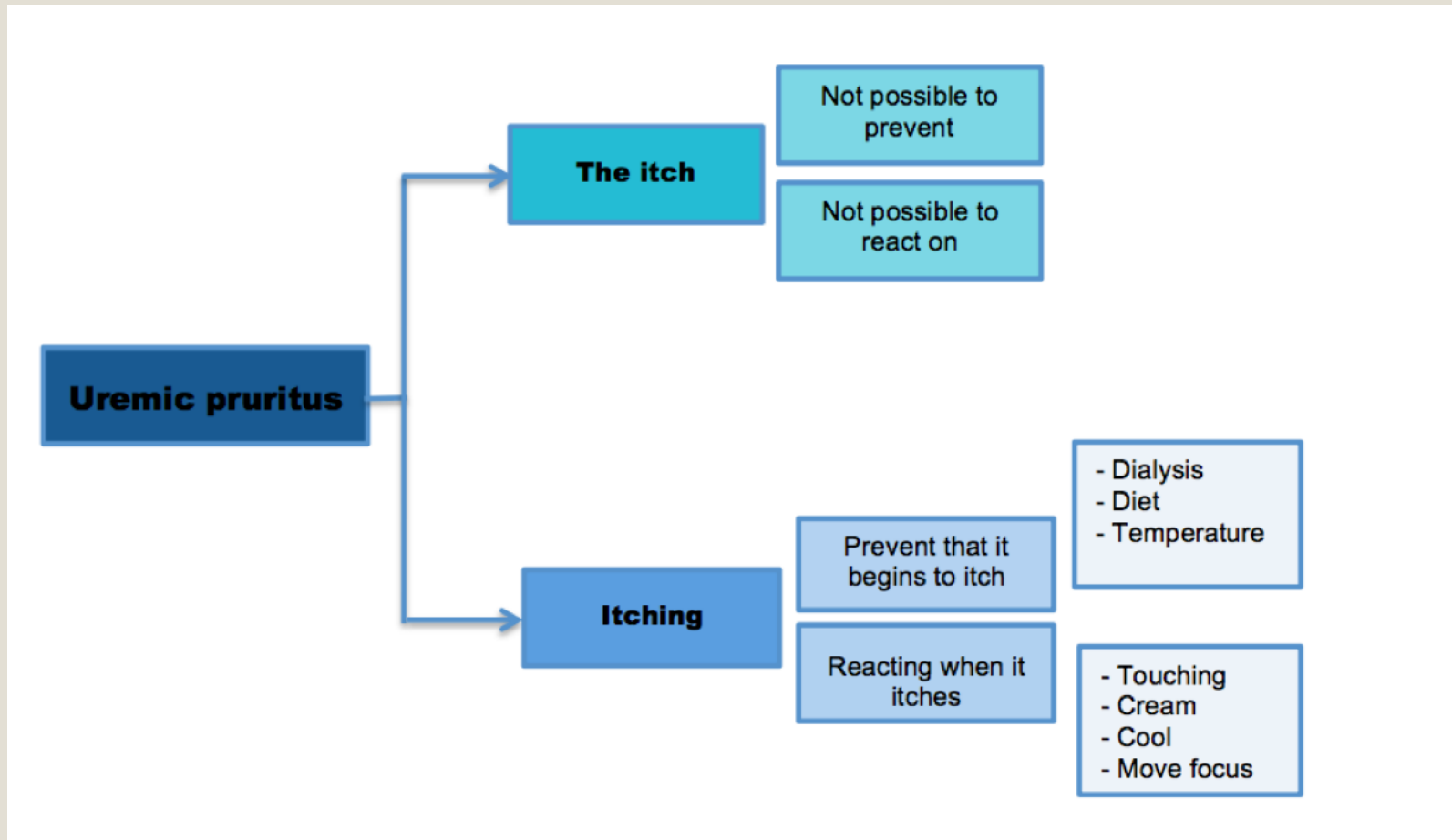


Patient characteristics

- 15 participants
 - 9 men and 6 women
 - aged between 35 and 86 years
 - had been in dialysis between 3 months and 14.5 years
- NRS for ranking the UP on a scale from 1-10



Theme 1: Uremic pruritus as a dual phenomenon



Theme 2: The itch

- Hard to describe
 - *"...it is not like a, a mosquito bite. It-it is not. (...) What can you call it? It is not comparable to anything."*
- Connected to the skin
 - *"...as if something crawls on you constantly, well it is... But, you know, if just a small fly or something like that, it can irritate you. That is actually how you feel it is all over ..."*
- The itch is only shared with close relations and healthcare professionals
 - *"I did that in the beginning... [told about the itch to healthcare professionals] but I've stopped with that ... because I do not get a relevant answer. They do not know what to answer ..."*

Theme 3: Itching

- Spreading
- Restless
 - *"... I just can't calm down. (...) When I finally try, it doesn't work... try to control breathing to kind of like ... [to relax]"*



Theme 3: Itching

- Reacting
 - Touching
 - *"... I can actually be ok by placing a cold hand there and then it goes away. It returns immediately, though ..."*
 - Move focus
 - *"...it may be that it is the same amount of itching, but then... I just think you focus on something else, or at least do not have the thoughts there all the time."*

Theme 3: Itching

–Preventing

- Chill conditions

- Avoiding phosphate

- Dialysis

- *“The day after being here – in HD – then it itches less (...) it may be consistent with the fact that I have been better cleansed.”*



Theme 3: Itching

- While being together with others
 - *“It - it looks awful when people are sitting and scratching themselves”*
 - *Try to avoid sitting there and .. rub yourself like a monkey ... when friends and family are there.”*

Conclusion

- Patients in HD find it difficult to describe the experience of UP
- As a dual phenomenon UP consists of 'the itch' and 'itching'
- The participants experienced that they could not manage 'the itch' while they could prevent and alleviate 'itching'
- The participants did not ask the nurses for help because they have not experienced getting any help
- The knowledge of UP as a dual phenomenon may give the nurses an opportunity to help patients cope with the conflicting experiences of UP



Implications for practice

- Use the dual phenomenon to help patients to systematize the description of UP
- Be aware that itching is individual
- By using the model reach a common understanding of UP
- Use NRS to rate UP



