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CKD-associated pruritus: Voicing the unseen – Nursing strategies to restore quality of life in dialysis

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The burden of CKD-aP extends far beyond the itch and impacts multiple domains across a patient's life[1]

Frequency of the most common impacts on QoL experienced by those with CKD-aP

- **50%** concern for future
- **41%** anxiety
- **29%** stress
- **21%** depression

- **59%** fatigue
- **41%** sleep problems

Patients reporting 3-7 days of restless sleep/week due to itch[2]

- **46%** Moderately
- **57%** Very much
- **66%** Extremely

- **53%** financial impact
- **45%** ability to work
- **36%** lifestyle changes
- **34%** ability to travel

Normalisation of poor QoL by HCPs in their discussions with patients with CKD-aP may be discouraging. Patients should always be addressed with empathy, and communication should be personalised

CKD-aP is often underreported by patients and underestimated by clinicians.[3] Nurses have a crucial leadership role in making this invisible condition visible[4,5]

1. Patient Presentation
2. Itch Identification
3. Nurse-led Intervention
4. Multidisciplinary Collaboration
5. Patient Follow-up

Approaches to pruritus assessment (including PROMs and effective communication techniques) are discussed in the **nurses' guide to CKD-aP, a booklet (link)** designed to train and empower nephrology nurses[6]

PROMs for pruritus assessment[7–11]

1. Identification of **pruritus** (e.g. KDQOL-36™)
2. Assessment of **pruritus intensity** (e.g. WI-NRS)
3. Understanding impact on patient **QoL** (e.g. SADS)

Requirements for effective communication[6]

- Preparation
- Sensitivity and proactivity
- Attentive listening
- Consideration of QoL

Pruritus should be assessed at least every 3 months; more frequent assessment is preferred but may be limited by resource and time constraints

KEY TAKEAWAYS

- Pruritus is a severely debilitating and under-recognised symptom in haemodialysis patients with CKD-aP, thus warrenting attention and systematic tracking of this condition using validated tools
- Emerging CKD-aP therapies (such as selective KOR agonists) are being increasingly recognised as effective in pruritus symptom management, with ongoing research focussing on further improving CKD-aP management

References: **1.** Rhee CM, et al. Kidney Int Rep 2022;7:1951–63. **2.** Rayner HC, et al. Clin J Am Soc Nephrol 2017;12:2000–7. **3.** Aresi G, et al. J Pain Symptom Manage 2019;58:578–86.e2. **4.** Ng MSN, et al. Kidney Int Rep 2023;8:1903–6. **5.** Bennett P, et al. Kidney Int Rep 2024;10:313–20. **6.** A nurses' guide to chronic kidney disease-associated pruritus: Understanding, communication and support; Eds: Liossatou A and Masia-Plana A; EDTNA/ERCA; Oct 2025. **7.** Rand Corporation. Kidney Disease Quality of Life Instrument. Available at: https://www.rand.org/health-care/surveys_tools/kdqol.html (Accessed September 2025); **8.** Sukul N, et al. Kidney Med 2020;42–53; **9.** Davison SN, et al. Kidney Int 2015;88:447–59; **10.** Phan NC, et al. Acta Derm Venereol 2012;92:502–7; **11.** Agarwal R, et al. Clin Kidney J 2023;16:30–40.

Abbreviations: **CKD-aP**, chronic kidney disease-associated pruritus; **EDTNA**, European Dialysis and Transplant Nurses Association; **ERCA**, European Renal Care Association; **HCP**, healthcare provider; **KDQOL-36™**, Kidney Disease Quality of Life 36-item short form survey; **KOR**, kappa-opioid receptor; **PROM**, Patient-Reported Outcome Measure; **QoL**, quality of life; **SADS**, Self-Assessed Disease Severity; **WI-NRS**, Worst Itch Numerical Rating Scale.

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