



PRURI meter

Prof. Dr. med. Matthias Augustin
Prof. Dr. med. Marc A. Radtke
Prof. Dr. med. Dr. h.c. Sonja Ständer

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PRURITUS in Psoriasis – Facts

Epidemiology



- 90% of psoriasis patients report pruritus
- „To be free of itching“ is an important treatment goal for 84% of patients

Intensity



Moderate intensity (VAS 4-6)

Frequency



Daily

Trigger



- Heat (81 %)
- Dry skin (80 %)
- Sweating (65 %)
- Stress (55 %)

Negative impact on



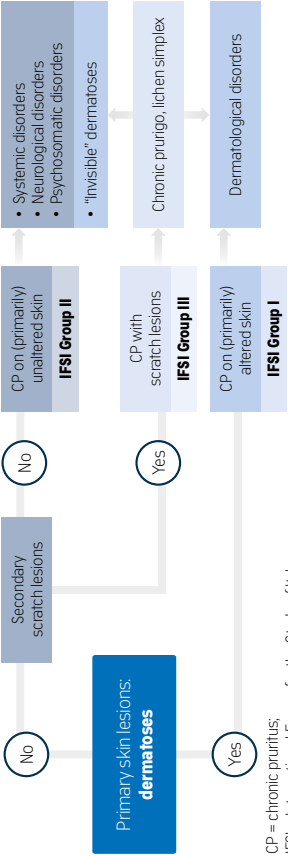
- Health-related in quality of life (e.g. DLQI)
- Depression and anxiety (e.g. HADS)
- Feeling of stigmatization
- Working capacity

References:

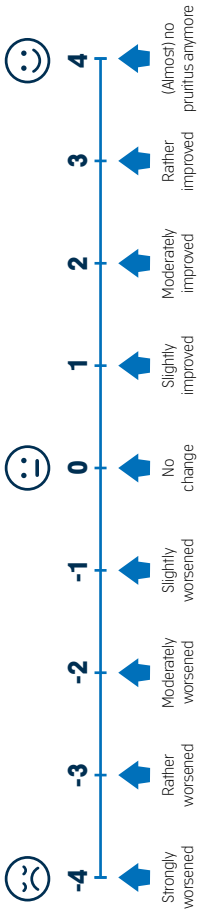
Blome C, Gosau R, Radtke MA, Reich K, Rustenbach SJ, Spehr C, Thaci D, Augustin M: Patient-relevant Treatment Goals in Psoriasis. Arch Dermatol Res 2016; 308 (2): 69–78. Sobell JM et al. Acta Derm Venereol 2016;96:514–520. Hrehorów E et al. Acta Derm Venereol 2012;92:67–72. Lewis-Beck C et al. Patient Prefer Adherence 2013;7:199–205.

PRURITUS – Classification

Algorithm for clinical classification



Please indicate on the scale how much the pruritus has improved or worsened compared to the start of treatment.



PRURITUS – Dynamic Pruritus Score (DPS)





CLINICAL STAGES – Excoriations

0 = none to
IV = maximum excoriations



Almost clear



Mild



Moderate



Severe

PRURITUS –

Categories according to pruritus intensity

Mild pruritus >0 to <3	Moderate pruritus 3 to <7	Severe pruritus 7 to <9	Very severe pruritus 9 to 10							
0	1	2	3	4	5	6	7	8	9	10

Cut-off ranges of pruritus intensity on the Visual Analogue Scale (VAS) and Numerical Rating Scale (NRS).

Reich A, Chatzigeorkidis E, Zeidler C, Osada N, Furue M, Takamori K, Ebata T, Augustin M, Szepletowski JC, Ständer S. Tailoring the Cut-off Values of the Visual Analogue Scale and Numeric Rating Scale in Itch Assessment. *Acta Derm Venereol.* 2017; 97: 759–776.





CLINICAL STAGES – **Prurigo**

0 = none to
IV = maximum severe prurigo



Almost clear



Mild



Moderate



Severe

Please rate the intensity of your pruritus today on a scale from 0 (no itch) to 10 (worst imaginable itch).



No itch



Worst
imaginable itch

PRURITUS – Numerical Rating Scale (NRS)





PRURITUS – Therapy

Symptomatic therapeutic approach to chronic pruritus (>6 weeks duration)

STEP 1

- General therapeutic measures, emollient therapy
- Initial symptomatic treatment: Non-sedating systemic H1 antihistamines (possibly high-dose)

STEP 2

- Symptomatic, causally-directed treatment

STEP 3

When cause unclear or patient refractory to treatment in Step 2:

- Symptomatic topical and/or Systemic therapy e.g. capsaicin, calcineurin inhibitors, naltrexone, gabapentin, UV therapy, immunosuppressants (ciclosporin)
- Clinical studies at specialized centers

Adjunctive therapy at each step

- General therapeutic measures
- Causal treatment (possibly interdisciplinary)

Erosive scratch lesions:

Topical antiseptics, topical steroids

Sleep disorders:

Hypnotics, sedative antidepressants, low potency neuroleptics

Psychological/psychosomatic factors:

Psychosomatic primary care, psychotherapy according to guidelines



PRURITUS – Documentation

RECOMMENDATION

A subjective pruritus intensity has proven to be an effective indicator for disease course in clinical practice. The Numerical Rating Scale (NRS), Visual Analogue Scale (VAS) or Verbal Rating Scale (VRS) are recommended for recording symptoms.

Further standards have been defined for progression, quality of life and treatment benefits:

INTENSITY

- Numerical Rating Scale (NRS)
- Visual Analogue Scale (VAS)
- Verbal Rating Scale (VRS)

QUALITY

- ITCH Questionnaires

COURSE

- Dynamic Pruritus Score (DPS)

QUALITY OF LIFE

- DLQI, ItchyQoL

TREATMENT BENEFIT

- Patient Benefit Index (PBI)



PRURITUS in Psoriasis – **Typical lesions**



Hairline



Arm



Leg



Genital area



Anal fold



PRURITUS – **What to measure?**

Pruritus is a cardinal symptom associated with a host of different diseases that poses an interdisciplinary diagnostic and therapeutic challenge.

Over time, pruritus may progress independent from the initial cause, developing from a warning sign into a clinically relevant disease in its own right.

The PRURImeter facilitates the management of pruritus in the daily practice based on current guidelines.¹

ICD 10 – Chronic Pruritus

L28.0, L28.1, L28.2, L29.0, L29.1,
L29.2, L29.3, L29.8, L29.9

¹S2k Guideline for the Diagnosis and Treatment of Chronic Pruritus, Ständer S et al., 2017.



Further Information

For Patients

www.itchforum.net

For HCPs

www.taskforcepruritus.org

www.itchforum.net

About Prurigo

Prurigo nodularis League
(Chair: S. Ständer, H. Ständer,
M. Augustin) on Facebook

www.prurimeter.com



References:

Ständer S, Zeidler C, Augustin M, Bayer G, Kremer AE, Legat FJ, Maisel P, Mettang T, Metz M, Nast A, Niemeier V, Raap U, Schneider G, Ständer HF, Staubach P, Streit M, Weisshaar, S2k Guideline for the Diagnosis and Treatment of Chronic Pruritus Update - Short Version, J Dtsch Dermatol Ges. 2017 Aug;15(8):860-873.

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Scientific Editors:

Prof. Dr. med. Matthias Augustin

Prof. Dr. med. Marc A. Radtke

Institute for Health Services Research
in Dermatology and Nursing

University Hospital
Hamburg-Eppendorf

Prof. Dr. med. Dr. h.c.

Sonja Ständer

Center of Chronic Pruritus

University Hospital Münster

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With friendly support from

LEO Pharma GmbH
Frankfurter Strasse 233, A3
63263 Neu-Isenburg

Tel.: +49 6102 201-0
Fax: +49 6102 201-200
www.leo-pharma.com

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