# Interventions for pruritus of unknown cause

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**Conflict of interests:** None

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# - What is pruritus?

## - Causes:

- The International Forum for the Study of Itch (IFSI) has proposed a classification system for chronic pruritus, making use of six categories.

- This systematic review will focus on Category VI: other pruritus of undetermined origin, or pruritus of unknown cause (PUC).

# Objective :

- To assess the effects of interventions for pruritus of unknown cause (PUC) in adults and children.

P: adults and children with PUC

I: pharmacological/non-pharmacological, local/systemic

C: placebo or no intervention

O: pruritus severity, adverse events, quality of life, sleep disturbances, depression and patient satisfaction

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# Methods:

- Relevant randomised controlled trials (RCT) and quasi-RCT, cluster and cross-over RCTs
- Cochrane Skin Group Specialised Register, Cochrane Central Register of Controlled Trials (CENTRAL) in the Cochrane Library (current issue), MEDLINE Ovid (from 1946), Embase Ovid (from 1974), ClinicalTrials.gov (www.clinicaltrials.gov), World Health Organization International Clinical Trials Registry Platform (ICTRP (apps.who.int/trialsearch/)).

# Methods:

Standard Cochrane Methods.

Planned Summary of Findings Table:

1. Emollient creams
2. Cooling lotions
3. Topical corticosteroids
4. Topical antidepressants
5. Systemic antihistamines
6. Systemic antidepressants
7. Systemic anticonvulsants
8. Phototherapy

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# Interventions for pruritus of unknown cause

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View authors' declarations of interest

## Abstract

This is a protocol for a Cochrane Review (Intervention). The objectives are as follows:

To assess the effects of interventions for pruritus of unknown cause in adults and children.

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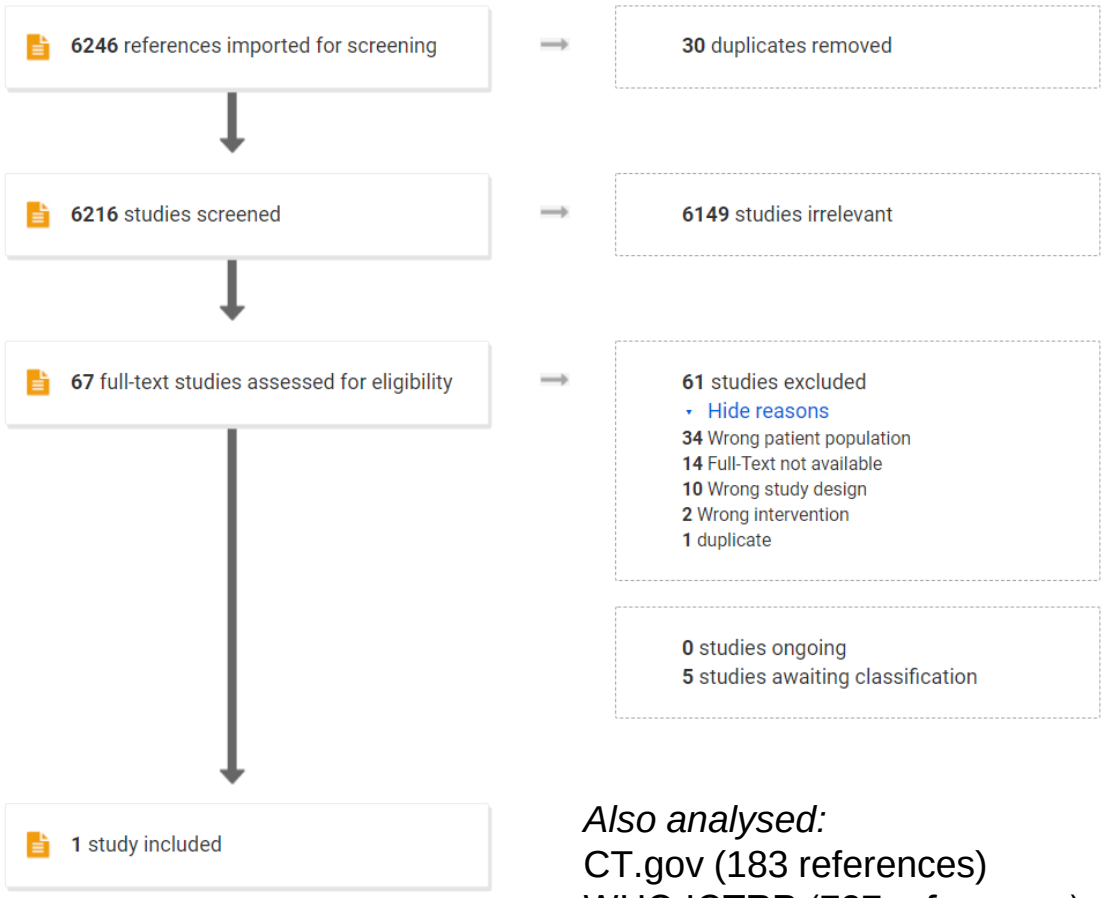
# Results




*Also analysed:*
CT.gov (183 references)
WHO ICTRP (727 references) → 3 awaiting classification

# Awaiting Classification

*Ginsberg 2004*
Paroxetine effective for severe non dermatological pruritus
**(full-text not available)**
*Fjellner 1981*
Experimental and clinical pruritus. Studies on some putative peripheral mediators. The influence of ultraviolet light and transcutaneous nerve stimulation
**(full-text not available)**
*Aksungur 1990*
The antipruritic effect of terfenadine. [Turkish]
**(full-text not available)**
*Stander 2009*
Treatment of chronic pruritus with the selective serotonin re-uptake inhibitors paroxetine and fluvoxamine: Results of an open-labelled, two-arm proof-of-concept study
**(wrote to study author)**
*Legat 2017*
Both narrowband-UVB and broadband UVB are equally effective in reducing itch in chronic pruritus patients
**(wrote to study author)**

# Included study: Yosipovitch 2018

| | |
|---|---|
| **Type of study**<br>**Study dates** | Randomised placebo-controlled trial, multicenter (25 US centres)<br>October 1, 2013, to December 2, 2014 |
| **Population** | Patients chronic pruritus with PUC - Aged 18 to 65 years<br>Male and female. ≥7 cm Visual analog scale (VAS) pruritus intensity |
| **Intervention** | Group A (n=64) : Serlopitant 0.25 mg daily<br>Group B (n=65) : Serlopitant 1 mg daily<br>Group C (n=64) : Serlopitant 5 mg daily<br>Group D (n=64) : Placebo |
| **Outcomes** | Primary: % change VAS pruritus scores from baseline<br>Secondary: NRS pruritus score and total score and domains of the DLQI, the PSSQ-I, the SGA, and the PGA.<br>Safety and adverse events.<br>Followed by 6 weeks |
| **Funding**<br>**Conflict of Interests** | Menlo Therapeutics Inc. / ApotheCom (writing)<br>Dr Yosipovitch: Menlo Therapeutics Inc, Vanda Pharmaceuticals, Kiniksa Pharmaceuticals, and Sun Pharma, Trevi, Novartis, Pfizer, OPKO Health Inc, Sanofi, Galderma, and Sienna.<br>Dr Stander: Menlo Therapeutics Inc |

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# Pending tasks and challenges

- *Risk of bias assessment*
- *Outcome data extraction*
- *Analysis*
- *GRADE SoF table → included study not in the main comparisons per protocol?*
- *Empty SoF for the other comparisons?*

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# Thank you!

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