

SSRIs for pruritus – Do you use them?

February – April 2017

Number of responses = 60

1) What do you generally use first-line for cholestatic pruritus when bile duct stenting is not possible? (one_of)

answer	votes	% of vote
SSRIs	36	60%
Rifampicin	10	17%
Danazol	0	0%
Naltrexone	0	0%
Other: Cholestyramine = 3 Ondansetron = 2 Antihistamine (not specified) = 1 Hydroxyzine = 1 Levomepromazine = 1 Mirtazapine = 1	14	23%

2) Which SSRI would you generally use for cholestatic pruritus? (one_of)

answer	votes	% of vote
Citalopram	2	3%
Escitalopram	1	2%
Dapoxetine	0	0%
Fluoxetine	2	3%
Fluvoxamine	0	0%
Paroxetine	30	50%
Sertraline	18	30%
Other (please state in further comments section below)	5	8%

3) Have you found that your chosen SSRI is generally effective for cholestatic pruritus? (one_of)

answer	votes	% of vote
No Fluoxetine = 1 Paroxetine = 5 Sertraline = 1 Other = 3	10	17%
Sometimes Citalopram = 2 Escitalopram = 1 Fluoxetine = 1 Paroxetine = 17 Sertraline = 13 Other = 1	36	60%
Mostly Paroxetine = 6 Sertraline = 4	10	17%
Always Paroxetine = 1	1	2%

4) Are there any issues or undesirable effects associated with the use of your chosen SSRI for cholestatic pruritus? (freetext)

Citalopram
Drowsiness
Escitalopram
No = 1
Fluoxetine
No = 1
Paroxetine
No = 8
Sometimes nausea / vomiting = 7
Hyponatraemia = 2
Paroxetine seems to have anticholinergic properties so I do not use it with older patients. Sertraline is my first choice now. I usually start slowly with low dose
Sedation
Potential interactions
Sertraline
No = 5
No, but limited experience = 2
No, seems generally well tolerated, though I start low (25mg each morning). I would already have ensured emollients are being used
GI undesirable effects and increased anxiety
Diarrhoea is a troublesome side effect for some patients
Nausea/vomiting
Nausea but often baseline due to disease. Could consider mirtazapine for additional sedation and onset of action
Potential interactions

5) Do you use SSRIs for other causes of pruritus? (freetext)

Paraneoplastic pruritus = 9 additional comments include:
Paroxetine starting with 10mg at night
I have used sertraline, paroxetine and mirtazepine for paraneoplastic itch and itch of unknown cause with some success
Sertraline, for paraneoplastic pruritus in solid tumours. SSRIs are apparently ineffective in haematological malignancies (like lymphomas) but effective in polycythaemia vera
Paroxetine 10mg in the afternoon, max dose 30mg/24h, effective dose generally 20mg/24h.
Renal/uraemic pruritus = 7 additional comments include:
Occasionally for renal itch - paroxetine starting at 10mg daily and increasing to 20mg daily
Paroxetine 10mg in the afternoon, max dose 30mg/24h, effective dose generally 20mg/24h
Sometimes for uraemic itch (where other agents for which there is more evidence, such as gabapentin have not worked). I usually start with Paroxetine 10mg once daily.
Uraemia, sertraline 50mg at night.
Opioid induced pruritus = 2 additional comments include:

Paroxetine 10mg at night
Opioid-induced if opioid switching does not help
Other / miscellaneous
Yes, I give it a try for any pruritus e.g. paroxetine 10mg mane increasing to 20mg each morning or mirtazapine 15mg at night increasing to 30mg at night
Yes, but not usually first line = 2
If the cause is unknown or multifactorial - tend to use sertraline 50mg PO once daily.
Paroxetine was effective after association with EMLA, although I'm not sure how much part of the effect was due to the paroxetine
"Intractable" dry cough: I have seen paroxetine work sometimes
Yes. I use SSRI's for neurogenic itch. I usually start with Paroxetine 10mg once daily.
Refractory to other treatment.
Cutaneous T cell lymphoma pruritus
Any other cause of pruritus
Neuropathic pain/itch.
Pruritus of unknown aetiology.
Cutaneous infiltration of malignant neoplasms in which itching is a symptom

6) Further comments. (freetext)

Gabapentin and epoetin for renal itch
We opt for sertraline because of the Mayo study. However, studies revealing benefit with other SSRIs suggest it's a class effect so I wouldn't switch SSRI if itch occurred - I'd go to an alternative
Mirtazapine, starting dose 15mg, to benefit anxiety and better sleep. Not generally effective but in some cases
I have rarely found SSRIs effective for itch despite the evidence. Gabapentin has been very useful for renal itch on many occasions
Rifampicin and pregabalin useful
Mirtazapine 15mg, rifampicin next step
We do not have access to rifampicin for this indication (Australia)
Fluoxetine and citalopram seems to be ineffective as antipruritic
Cholestyramine - better tolerated if kept in the fridge
Colleagues are trying mirtazapine with success
Use mostly levomepromazine for pruritus
I quite often start with Hydroxyzine, and if does not help change it for very small dose of paroxetine
Paroxetine second choice if cholestatic jaundice
I used paroxetine as first drug for cholestatic pruritus from 2000 to 2012. I changed to mirtazapine in the past few years (Hungary)
I have only tried sertraline (and found it apparently successful) once