



PRURITUS

WHAT ARE THE AIMS OF THIS LEAFLET?

This leaflet has been written to help you understand more about pruritus, which means itching. It tells you what it is, what its causes are, what can be done about it, and where you can find out more information about it. This leaflet does not cover itch in children or in pregnancy.

WHAT IS PRURITUS?

Pruritus (also known as “itch”) refers to a sensation of the skin which causes a desire to scratch. Pruritus may be localised to one area or generalized all over the skin.

Itching is a normal response to protect us from harmful external substances, some infections or insect bites. It is also common in many skin diseases, other illnesses and psychological disorders.

Itch is perhaps the commonest presenting symptom of skin disorders. In any 2-week period, almost 1 in 10 people report significant pruritus. Pruritus lasting more than 6 weeks is called chronic pruritus.

WHAT CAUSES PRURITUS WITH NO RASH?

There are many possible causes, such as iron deficiency, kidney disease and liver disease. However, for some people with pruritus, no obvious cause can be found.

Widespread (also known as ‘generalised’) pruritus without rash is most commonly caused by dry skin. This is true especially in people over 65 years of age. It may also be triggered by medicines or by some health conditions. Sometimes it can improve if the cause is identified and addressed.

The management of itch depends on the cause. Sometimes a cause for the itch cannot

be found. This is more common in older adults.

WHAT TESTS CAN BE DONE TO FIND THE CAUSE FOR PRURITUS?

Your doctor may request tests to look for underlying medical conditions. Tests may include blood tests, a chest x-ray or other scans.

CAN PRURITUS BE CURED?

When pruritus is caused by another health condition, treatment of the condition may resolve the itch. Discontinuation of the medication (for example opiate medicines) causing the itch can stop or reduce the itch. Ongoing treatment for dry skin can also improve pruritus.

HOW CAN PRURITUS BE TREATED?

Moisturisers (emollients): These should be applied several times every day to help the outer layer of your skin function better as a barrier to the outside world. The drier your skin, the more frequently you should apply a moisturiser. There are many different types of moisturisers varying in greasiness, so it is important to choose one you like.

Other creams: Aqueous cream was originally developed as a soap substitute. It is often used as a moisturiser but can irritate the skin in some people and make itching worse. Menthol creams have a cooling effect that may soothe the itch, as does topical crotamiton.

Topical steroid creams or ointments: These, together with emollients, may reduce the sensation of itch.

Tablets (taken by mouth): An antihistamine tablet or syrup can help to improve some



causes of pruritus. Non-sedating (that is not causing drowsiness or sleepiness) antihistamines are preferred. Some antidepressant tablets, such as mirtazapine, prescribed by your doctor, can help your sleep and may also reduce the sensation of itch.

Behavioural therapy: Pruritus can lead to a cycle of itching and scratching that can develop into a habit and be very hard to break. Identifying the times of day and the activities when scratching occurs most, may help you change your behaviour.

Phototherapy: Ultraviolet light treatment, given in the hospital can help to reduce pruritus or the itch/scratch cycle. It can be particularly effective when the itch is caused by kidney disease.

CAUTION:

This leaflet mentions 'emollients' (moisturisers). Emollients, creams, lotions and ointments contain oils. When emollient products get in contact with dressings, clothing, bed linen or hair, there is a danger that they could catch fire more easily. There is still a risk if the emollient products have dried. People using skincare or haircare products should be very careful near naked flames or lit cigarettes. Wash clothing daily and bedlinen frequently, if they are in contact with emollients. This may not remove the risk completely, even at high temperatures. Caution is still needed. More information may be obtained at <https://www.gov.uk/guidance/safe-use-of-emollient-skin-creams-to-treat-dry-skin-conditions>.

SELF-CARE (WHAT CAN I DO?)

Anything you can do to take your mind off the itching will help to reduce or stop the scratching.

- Try to avoid situations where you tend to scratch.
- Keep your nails short, if possible.

- Try patting the skin instead of scratching.
- Opt for non-synthetic, breathable clothes (such as cotton).
- Avoid soaking in baths for long periods as hot water may remove the natural oils from your skin.
- Bathe or shower quickly in lukewarm (not too hot) water no more than once daily. Most emollients can be used as soap substitutes.
- Avoid using soaps or foaming body washes even if they claim to be good for dry itchy skin. Many contain detergents which remove natural oil from the skin.
- Laying a cool flannel soaked in moisturising cream on the skin may reduce the itch. A cooled emollient (moisturiser) kept in the refrigerator may also help.
- Keep your bedroom cool and do not sleep with heavy or heat retaining bedclothes.
- If you feel hot and itchy a fan can help to cool the skin down.
- *Emollients (moisturisers)*. There is a wide range of moisturisers available from pharmacists and supermarkets. There is usually no advantage in buying expensive moisturisers. The simpler the formula, the better (aim to avoid fragrances or perfumes and opt for the least number of preservatives).

WHERE CAN I GET MORE INFORMATION ABOUT PRURITUS?

Web links to other relevant sources:

DermNetNZ:

www.dermnetnz.org/systemic/itch.html

Patient Info: patient.info/skin-conditions/itching-leaflet

Jargon Buster:

www.skinhealthinfo.org.uk/support-resources/jargon-buster/



Please note that the BAD provides web links to additional resources to help people access a range of information about their treatment or skin condition. The views expressed in these external resources may not be shared by the BAD or its members. The BAD has no control of and does not endorse the content of external links.

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

**BRITISH ASSOCIATION OF
DERMATOLOGISTS**

PATIENT INFORMATION LEAFLET

PRODUCED | OCTOBER 2013

UPDATED | OCTOBER 2017, DECEMBER
2025

NEXT REVIEW DATE | DECEMBER 2028

