# Navigating the management of cholestatic pruritus in patients with PBC: Insights from the multidisciplinary team

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### Questionnaires to self-report and measure pruritus in PBC



#### **Impact on QoL**

**Numerical rating scale (NRS): intensity** of itching is ranked from 0 to 10<sup>1</sup> (0=no itch; 10=worst imaginable itch)<sup>2</sup>

**Visual analogue scale (VAS): intensity** of itching marked on a 10 cm ruler (0=no itch; 10=worst itch imaginable)<sup>1</sup>

Commonly used to measure pruritus at time of assessment or the worst pruritus in the previous 24 hours<sup>1</sup>

**Patient global impression of severity (PGI-S): severity** of itching at that time point is ranked from 1 to 7 (1=not present; 7=extremely severe)<sup>3,4</sup>

**Patient global impression of change (PGI-C): change in severity** of itching since baseline is ranked from 1 to 7 (1=very much improved; 7=very much worse)<sup>3,4</sup>

**5-D itch scale:** five domains include **degree (severity)**, duration, direction, **disability** and distribution.<sup>1,5,6</sup> First four domains measured on a five-point Likert scale;<sup>5</sup> distribution includes 16 potential locations of itch<sup>6</sup>

**PBC-40:** assesses **HRQoL** of patients with PBC with 40 questions over six domains (one of which is itch). Itch domain includes three questions to assess impact of itch over the last 4 weeks rated on a five-point scale (never, rarely, sometimes, most of the time, always)<sup>7</sup>

HRQoL, health-related QoL; PBC, primary biliary cholangitis; QoL, quality of life.

1. Pereira MP, Ständer S. *Itch*. 2019;4:e29; 2. von Maltzahn R, et al. *J Patient Rep Outcomes*. 2024;8:60; 3. Byrom B, et al. *J Rehabil Assist Technol Eng*. 2020;7:1–8; 4. Vernon M, et al. *J Am Acad Dermatol*. 2021;84:1132–3; 5. Hegade VS, at al. *Frontline Gastroenterol*. 2016;7:158–66; 6. Elman S, et al. *Br J Dermatol*. 2010;162:587–93; 7. Jacoby A, et al. *Gut*. 2005;54:1622–9.



## • Treatment of cholestatic pruritus in PBC

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#### EASL 2017 guideline recommendations<sup>1</sup>

Line of Tx	Agent	МоА	Approval
First line	Cholestyramine	Bile acid sequestrant and anion exchange resin <sup>1–3</sup>	Yes <sup>2,3</sup>
Second line	Rifampicin/ rifampin⁴	Antibiotic <sup>3,5</sup>	Off-label <sup>2,3</sup>
Third line	Naltrexone or nalmefene	μ-opioid receptor antagonists <sup>1–3</sup>	Off-label <sup>2,3</sup>
Subsequent lines in	Sertraline	SSRI	Off-label <sup>2,3</sup>
unresponsive disease	Gabapentin	Anticonvulsant <sup>6</sup>	Off-label <sup>2</sup>

recommendations <sup>5</sup>				
Line of Tx		Agent		
First line		Cholestyramine		
Subsequent lines		Rifampicin		
Japanese approvals post-2014 guidelines <sup>2,3</sup>				
Agent	МоА			
Nalfurafine	к-opioid receptor agonist			

Jananese 2014 guideline



**Liver transplantation** when pruritus is 'persistent and intractable' after therapeutic trials<sup>1</sup>

EASL, European Association for the Study of the Liver; MoA, mechanism of action; PBC, primary biliary cholangitis; SSRI, selective serotonin reuptake inhibitor; Tx, therapy. 1. EASL. *J Hepatol.* 2017;67:145–72; 2. Düll MM, Kremer AE. *Clin Liver Dis.* 2022;26:727–45; 3. Smith HT, et al. *Dig Dis Sci.* 2023;68:2710–30); 4. Suresh AB, et al. 2023. Available at: <u>www.ncbi.nlm.nih.gov/books/NBK557488/</u> (accessed 28 August 2024); 5. Intractable Hepatobiliary Disease Study Group. *Hepatol Res.* 2014;44:71–90; 6. Yasaei R, et al. 2024. Available at: <u>www.ncbi.nlm.nih.gov/books/NBK493228/</u> (accessed 28 August 2024).

