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a series of fact sheets written  
by experts in the field of liver  
disease

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## *HCV – Extrahepatic Manifestations: Pruritus (Itching)*

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*Pruritus is one of the most common symptoms reported by people with hepatitis C (20%), but is more commonly found in people with advanced liver disease and cirrhosis. Pruritus is itching that may be localized to a specific part of the body such as hands and feet, but it can also be a generalized itching all over the body. Some people even report that it feels like their internal organs itch. Pruritus can be related to high bilirubin levels, autoimmune disease or dry skin, and can be a side effect of treatment. Use of moisturizing lotions, oatmeal baths or lotions, antihistamines, and cortisone creams and opiate drugs can help.*

Recent studies are showing that dermatologic manifestations, and pruritus in particular, may be the only sign of chronic HCV; therefore it is important that health care professionals be aware of extrahepatic dermatologic manifestations, of which pruritus is an example.\* Experts believe pruritus in people with liver disease is due to the accumulation of toxins (such as bilirubin) that are not effectively processed or filtered by the damaged liver. One function of the liver is the production of bile, which helps digest fats. Cholestasis, or blockage of the flow

of bile through the liver, can result in a build-up of bile acids and bilirubin in the blood. High bilirubin levels cause jaundice (yellowing of the skin and eyes), and pruritus is common in people with jaundice. Certain extrahepatic (outside the liver) conditions associated with HCV, such as autoimmune conditions, may also lead to itching. More commonly, itching due to dry skin can be a side effect of treatment with interferon/ribavirin; this is not the same as pruritus due to advanced liver damage.

Pruritus symptoms can range from annoying mild itching to severe itching that interferes with daily life. Often the itching is worse at night, and may prevent sleep. Simple scratching typically does not relieve pruritus. As a result, some people risk skin infection and injury by scratching themselves with sharp objects.

Certain drugs can help reduce itching, particularly classical analgesics for neuropathic pain (gabapentin, antidepressants) which also exhibit antipruritic efficacy upon clinical use. Some people find that antihistamines, such as diphenhydramine (Benadryl) or hydroxyzine (Atarax), help relieve symptoms and allow better sleep.

For pruritus due to cholestasis, cholestyramine (Questran) and colestipol (Colestid) may be effective. These drugs are bile acid binders that attach to bile acids in the blood and help eliminate them from the body. They can also interfere with the absorption of other medications, so other drugs should be taken at least two hours before or after bile acid binders.

Some studies have shown that opiate antagonists such as naloxone (Narcan), naltrexone (Revia), and nalmefene (Revex)—which are used to block the effects of opiate drugs—can also reduce severe itching. Phenobarbital (Luminal), ondansetron (Zofran), and ursodiol (Actigall) may also be used, and several other medications are under study.

Rifampin, a hepatic enzyme inducer, is effective for the pruritus of cholestasis, but caution should be used in patients with preexisting liver disease because of possible

hepatotoxicity. Butorphanol has also been shown to be effective in suppressing cholestatic pruritus. Zolof (Sertraline), an antidepressant often prescribed to people with hepatitis C, is also effective in reducing the itching caused by cholestatic.

Another way to reduce itching is to stop smoking if you do smoke tobacco. Not only does smoking possibly affect the sustained virological response to interferon (IFN) therapy, but it can also lead to “Smoker’s Syndrome,” which is characterized by episodes of facial flushing, warmth of the palms and soles of feet, throbbing headache, fullness in the head, dizziness, lethargy, prickling sensation, pruritus and arthralgia (joint pain).

Experimental treatments for pruritus include plasmapheresis (in which blood plasma is removed, filtered, and returned to the body) and ultraviolet (UV) light therapy. Liver transplant is the only cure for severe itching in people with advanced liver disease. For most people with less advanced hepatitis C, though, practical measures and medications are often sufficient to overcome the itch.

### *Tips for combating dry skin and itching:*

- ◆ Avoid soap. Use a non-soap cleanser such as Cetaphil or a similar substitute
- ◆ Try rubbing, vibration, or applying pressure instead of scratching. A good thing to “scratch” with is an ice cube
- ◆ Drink plenty of water or other clear fluids to keep your entire body hydrated
- ◆ Apply moisturizer immediately after a shower or bath – before drying off with a towel
- ◆ Creams are more effective moisturizers than lotions
- ◆ Apply moisturizer at least twice a day. Effective moisturizers include Vaseline Intensive Care, Aveeno, Eucerin, and Lubriderm
- ◆ Use only non-perfumed, mild bath and personal care products
- ◆ Avoid extremely hot showers and baths
- ◆ Take an oatmeal bath to relieve itching and help with relaxation

- ◆ Try baking soda or unscented bath oils for bathing
- ◆ Apply cold packs (wrapped in a towel) to the skin
- ◆ Whenever possible, wear loose fitting clothes made from natural fabrics that breathe
- ◆ Protect your skin from the sun – wear sunscreen
- ◆ Look after your lips – use lip balm with sunscreen
- ◆ Get plenty of rest
- ◆ Keep rooms ventilated and at a temperature of 60 to 70 degrees

### *References*

Portions of information appearing in this article are excerpts written by Liz Highleyman (“Pruritus: Dealing with that Itch,” *HCV Advocate*, March 2003), and Lucinda Porter and Alan Franciscus (*A Guide to Hepatitis C Treatment Side Effect Management*, HCSP Publications, 2009).


\*Soylu S, Gül U, Kiliç A. Cutaneous manifestations in patients positive for anti-hepatitis C virus antibodies. *Acta Derm Venereol.* 2007;87(1):49-53

See also: Pruritus and Systemic Disease, by David F Butler, MD, and Jared J Lund, MD. <http://emedicine.medscape.com/article/1098029-overview>

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