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**CENSUS-EU: a cross-sectional, study to assess the prevalence and burden of chronic kidney disease-associated pruritus in Europe**

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**Background and Aims:** Chronic kidney disease-associated pruritus (CKD-aP) is a common condition that can negatively affect patients’ health-related quality of life (HRQoL). Despite this, there has been a lack of clarity on its prevalence and impact, leading to increasing interest in and need for an accurate overview of its epidemiology. Here we present the interim analyses of the real-world study CENSUS-EU to estimate the prevalence of CKD-aP and its impact on patients’ HRQoL.

**Method:** CENSUS-EU is a retrospective, cross-sectional, multicentre study across seven countries in Europe. Eligible patients (aged ≥18 years and on dialysis for ≥3 months) consenting to participate were asked to complete five patient-reported outcome questionnaires, one on CKD-aP severity (the Worst Itching Intensity Numerical Rating Scale) and four on HRQoL, including the 5-D itch scale and the integrated palliative care outcome scale symptom list for end-stage renal disease (IPOS-Renal). Patients also completed a survey on the communication and management of their pruritus, including current anti-pruritic medication use. In addition, the medical records of patients were assessed to gather retrospective information on clinical dialysis characteristics, treatment patterns and healthcare resource utilisation.

In this presentation of the interim data, we report the prevalence of pruritus and the distribution of severity subgroups, how pruritus severity affects the disability score from the 5-D itch (impact on sleep, leisure, errands, and work/school), and the sleep and depression scores from the IPOS-Renal questionnaire.

**Results:** The interim analysis included 1,482 patients, of which 59.9% were ≥65 years of age and 61.2% were male. Patient characteristics were balanced across severity subgroups.

Overall prevalence of CKD-aP was 52.6% (95% confidence interval 50.02, 55.10); 21.5% of patients experienced mild pruritus, 17.5% moderate pruritus, and 13.5% severe pruritus (Fig. 1). As pruritus severity increased from no pruritus to severe pruritus, patients reported greater difficulty sleeping, as shown by increasing scores for question 2 of the IPOS-Renal questionnaire (Fig. 2A). Patients with more severe pruritus also reported feeling depressed more often than those with less severe or no pruritus (Fig. 2B). There were also increasing scores for the 5-D itch disability subscale (Fig. 2C). Patients with moderate or severe pruritus were also hospitalised more often than patients with mild or no pruritus (mean 1.7 and 1.9 hospitalisations per year, respectively).

Overall, 17.9% of patients were receiving at least one ongoing anti-pruritic treatment, and the proportion of patients using at least one anti-pruritic treatment became greater with increasing itch intensity. Despite the impact of pruritus on HRQoL, 40.6% of patients with severe pruritus who had ever suffered from itch while on dialysis were not receiving anti-itch treatment.

**Conclusion:** The interim results of this cross-sectional study suggest that approximately 50% of patients on haemodialysis experience CKD-aP. The data reveal that as pruritus severity increases, the effect on sleep and depression scores becomes greater, potentially impacting more deeply on patients’ HRQoL.
Figure 2: Impact of pruritus on HRQoL

A) IPOS-Renal Question 2: Difficulty sleeping

B) IPOS-Renal Question 5: Have you been feeling depressed?

C) S-D itch: Disability subscale