Recognizing, Diagnosing and Evaluating Prurigo Nodularis: A Guide for the Primary Care NP

Prurigo nodularis is a chronic, inflammatory skin disorder characterized by hard, extremely itchy nodules.

**DIAGNOSIS OF PRURIGO NODULARIS**

To be diagnosed with prurigo nodularis, a patient must have each of the following symptoms:

- **Multiple firm, nodular lesions**
- **Pruritus lasting at least six weeks**
- **History or signs of ongoing scratching, picking or rubbing**

Other common features:

- Symmetrical distribution of nodules.
- Nodules on areas of the skin accessible to scratching.
- Nodules found on the face, palms, soles, scalp or genitals (rare).
- Burning, stinging, pain or other sensations.
- Extreme itchiness (greater frequency and intensity than psoriasis and atopic dermatitis).
- Itchiness in areas where nodules were not present.
- Additional lesions caused by scratching, picking or rubbing (e.g., scaly plaques, ulcers, excoriations, scars).

**COMMON CO-OCCURRING CONDITIONS**

Prurigo nodularis is more common in patients with certain comorbidities, including:

- Anxiety, depression and other mental health disorders.
- HIV infection.
- Kidney disease.
- Allergic rhinitis.
- Asthma.
- Atopic dermatitis.
Nodules can vary in number, size, shape and color. These features should be documented with a careful lesion count.

**Lab Work**
Due to the potential for a systemic etiology, patients with prurigo nodularis should undergo thorough laboratory testing, including:
- Complete blood count.
- Complete metabolic panel.
- Thyroid, liver and kidney function tests.
- HIV serology.
- Hepatitis B and C serology.
- Other evaluations based on clinical examination.

**Biopsy**
Prurigo nodularis is a clinical diagnosis; biopsy should be reserved for complicated lesions or those refractory to initial treatment.

**Itch Intensity**
A validated tool should be used to characterize the pruritic intensity and burden for a patient with prurigo nodularis. Simple, freely available tools for capturing itch severity over the previous 24 hours are listed below.

<table>
<thead>
<tr>
<th>Tool</th>
<th>Design</th>
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| Visual Analogue Scale (VAS)| 10-cm scale with 0 correlating to “no itch” and 10 correlating to “worst imaginable itch” | Measure in cm:  
  - 0 = none.  
  - <3 = mild.  
  - 3-6 = moderate.  
  - 7-8 = severe.  
  - 9-10 = very severe. | ![QR Code](https://via.placeholder.com/150) |
| Numerical Rating Scale (Itch NRS) | Numbered scale from 0 (no itch) to 10 (worst imaginable itch) |  
  - <3 = mild.  
  - 3-6 = moderate.  
  - 7-8 = severe.  
  - 9-10 = very severe. | ![QR Code](https://via.placeholder.com/150) |
| Verbal Rating Scale (VRS)   | Five-point scale using adjectives of increasing levels of severity     |  
  - 0 = none.  
  - 1 = weak.  
  - 2 = moderate.  
  - 3 = severe.  
  - 4 = very severe. | ![QR Code](https://via.placeholder.com/150) |
Quality of Life
Prurigo nodularis can substantially impact a patient’s quality of life, which should be assessed using a validated tool. This may be a general tool, such as the 36-item short form (SF-36), or a tool developed for dermatologic conditions, such as the ItchyQoL or the Dermatology Life Quality Index (DLQI).

SF-36

ItchyQoL

DLQI

Mental Health and Sleep Evaluation
All patients with prurigo nodularis should be assessed for anxiety, depression and sleep quality, using validated screening tools.

NEXT STEPS
Prurigo nodularis is a complex disease with both inflammatory and neurologic etiologies. In addition to referring patients with clinically suspected prurigo nodularis to a dermatology specialist, consider taking these additional steps:

- Prescribe a potent topical corticosteroid for initial relief while awaiting dermatology care.
- Ensure all age-appropriate vaccines are up to date.
- Refer to other specialists for management of comorbid conditions.
- Consider referral for cognitive behavioral therapy, particularly for those with comorbid psychiatric conditions.
- Provide disease education and reassurance, including the availability of treatments.

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