**Severe Itch Scratch Itch Cycle Tips**

1. Night time deep sleep with Elavil 25 mg po qhs 2 hr before bedtime (check for medication interactions, do not use in elderly; only one drink of alcohol per night); if needed can increase by 10 to 25 mg increments weekly, not to exceed 150 mg po qhs. Another option is to use hydroxyzine 25 to 50 mg qhs. Can also use neurontin starting at 300 mg with gradual increase. Start at 300 mg daily by mouth for 3 days then 300 mg po bid for 3 days, then 300 mg po tid. It can be increased gradually by 300 mg weekly, not to exceed 1200 mg po tid.

2. Prednisone 40 mg po q am x 5 then 20 mg po q am x 10. If those fail consider a longer oral steroid taper. May require triamcinolone 1 mg/kg up to 80 mg IM using a 1.5 inch needle in buttock (gluteus muscle); repeat in 1 to 2 months if necessary, up to 3 times. There are rarely any problems with depression or emotional instability. It does take 48 hours to start working and it can cause irregular periods with spotting for the next month. The injection must be given into the muscle. Use steroids with caution in diabetics.

3. Cefadroxil 500 mg po bid x 10 days (to treat secondary inflammation)

4. Do a yeast culture, identify species. If positive, and patient on Elavil, use topical antifungals rather than amitriptyline.

5. Cotton gloves at night

6. Nightgown without underwear versus cotton pajama pants c string

7. Tap water soaks in tepid water after bath, vaseline or other white hand cream that does not pour, such as eucerin cream

8. For daytime itching can use a ssri such as citalopram 20-40 mg q am (don't use with elavil)

After 4 or 5 days, when the skin is not so raw, topical steroids can be used. Start clobetasol propionate ointment 0.05% qhs Disp 30 grams. Then decrease to triamcinolone acetonide ointment 0.1% qhs to bid.

If she is still itchy, can change to Protopic 0.03% or 0.1% alternating days with topical steroid.