

Table SI. Healthcare aspects in pruritus patients

	Patients with pruritus			
	Total (n=121)	Acute (n=12)	Chronic (n=106)	Duration n.d. (n=3)
	n (%)	n (%)	n (%)	n (%)
Prior consultation with GP	63 (52.1)	1 (8.3)	62 (58.5)	0
Consultation due to pruritus	75 (62.0)	6 (50.0)	68 (64.2)	1 (33.3)
Pretreatment	94 (77.7)	6 (50.0)	87 (82.1)**	1 (33.3)
OTC emollients	41 (33.9)	3 (25.0)	37 (34.9)	1 (33.3)
OTC tablets	4 (3.3)	0	4 (3.8)	0
Prescription topical	66 (54.5)	4 (33.3)	62 (58.5)	0
Prescription oral	13 (10.7)	0	13 (12.3)	0
No pretreatment	27 (22.3)	6 (50.0)	19 (17.9)	2 (66.7)
Pretreatment in diagnosis				
Atopic dermatitis (n=30)	23 (76.7)	0	23 (76.7)	0
Eczema (n=46)	21 (45.7)	1 (2.2)	20 (43.5)	0
Psoriasis (n=35)	15 (42.9)	0	14 (40.0)	1 (2.9)
Venous diseases (n=37)	7 (18.9)	2 (5.4)	5 (13.5)	0
Neoplasm (n=88)	13 (14.8)	0	13 (14.8)	0
Acne, rosacea (n=53)	10 (18.9)	1 (1.9)	9 (17.0)	0
Infestation (n=50)	14 (28.0)	1 (2.0)	13 (26.0)	0
Allergy (n=20)	6 (30.0)	1 (5.0)	5 (25.0)	0
Various (n=47)	13 (27.7)	1 (2.1)	12 (25.5)	0

Multiple diagnoses were possible for 1 patient; ^acomprises e.g. xerotic eczema, seborrhoeic eczema, dyshidrotic eczema, hand eczema, nummular eczema; ^bcomprises chronic venous insufficiency, varicosis, thrombophlebitis, venous ulcers, post-thrombotic ulcers, post-thrombotic syndrome, spider veins, stasis oedema, stasis dermatitis.

**Chronic pruritus is significant vs. acute pruritus ($p=0.01$).

n.d.: not determined; GP: general practitioner; OTC: over the counter.