

Dialysis Needle Fear: Easing the Sting

Almost no-one *likes* needles. But for some, needle phobia is much more than a minor fear: it's a terror that can scare you away from medical or dental care. And if you need dialysis, you may face needles often. In this article, we'll help you see how needle fear works—and what you can do about it.

How You Know You Have Needle Fear

Having needle fear does not mean that you're weak or childish. It's an involuntary response of your body—a *vasovagal reflex*—to having blood drawn, getting an injection, an injury, or even the sight of blood (or *thought* of a needle). Needle fear is listed in the DSM-IV manual, the official book of psychiatric disorders, as a “specific phobia,” called *Blood-Injection-Injury Type*.

Here's how it works:

- ✓ First, due to fear, your heart beats faster and your blood pressure goes up.
- ✓ Then, to be sure your brain gets enough blood, your heart slows down, and your blood pressure falls. Your body puts out stress hormones. Your heart rhythms may change.
- ✓ You may become pale, sweaty, nauseous, light headed, dizzy, and may pass out.

Experts believe needle fear is part learned and part genetic.¹ Many needle phobic people have had a needle trauma in their past. About 80% have a family member with the same fear.¹ You may have both.

At least one in ten people are said to have needle fear.¹ The real number may be higher: one study found that 27% of college students did not give blood due to needle fear.² A study of people on dialysis found that 47% said needle phobia kept them from doing self-care treatments.³ So, if you have this problem, you're not alone!

The degree of needle fear can vary. Some people can have blood drawn or get a vaccine without passing out if they look away and lie flat. Others are so fearful that they avoid *all* needles, and may even refuse care they need to live. If you need dialysis and are very afraid of needles, there are treatments that can help you.

Ways to Reduce Needle Fear

Since needle fear triggers the vasovagal reflex, treatment is based on stopping this reflex in its tracks—or training your body not to react. Here are some ways that have worked for others:

- ❖ **TIP: Bring more blood to your head** - Lie flat, or tilt the chair so your legs are above your head when you get a needle stick.

Why it Can Work: Blood pools in your legs when you sit up. When you need a needle stick, your blood pressure drops to bring more blood to your brain. If you have plenty of blood there already, it can short-circuit the reflex so you don't pass out.

- ❖ **TIP: Tense your muscles** - At the first sign of a problem, tighten your *non-access* arm, leg, and torso muscles for 10 or 20 seconds, until your face feels warm. Then slowly relax

them—but not all the way—until the needle stick is done. *Talk to your doctor before you try this.* With his or her okay, practice this at home before you need to do it in the clinic.

Why it Can Work: Muscle tension can raise your blood pressure by forcing blood from your arms and legs into your brain. This can keep you from passing out—and help retrain your body not to react to needles. In one case report of a pregnant woman, this worked so well that she was able to have many needles and procedures without passing out, even months later.⁴ It has not been studied in people on dialysis.

- ❖ **TIP: Get Therapy** – Ask your doctor or social worker to refer you to a psychologist who can do desensitization treatments. These slowly expose you to your fears in a safe setting until they lose their power to scare you.

Why it Can Work: This type of treatment is used for phobias of all types—from spiders to heights. Needles are no different. **NOTE:** This may be paid for by Medicare or your insurance, since needle phobia is in DSM-IV. Medicare Part B covers “outpatient mental health services when performed by a qualified psychiatrist, a clinical psychologist, or a clinical social worker in the office or the patient’s home, as an outpatient.”

- ❖ **TIP: Avoid Needles** – [Choose CAPD or CCPD](#) treatments that don’t use needles.

Why it Can Work: Simple – no needles, no vasovagal reflex. If you do use hemodialysis, you need to know that using a catheter just to avoid needles may risk your life.⁵ A catheter is much more prone to blood infections and blood clots than a fistula.

- ❖ **TIP: Kill the Pain** – Use a pain killing cream or gel to numb the site.† (Injected lidocaine uses needles, and some say the extra sticks cause scars around the access.)

Why it Can Work: Pain is part of the reason for the fear. If you don’t *feel* the stick, the vasovagal reflex may not be triggered.¹ A number of creams have *lidocaine* to numb the skin, and an ingredient to carry it below the top layer of skin. It’s best to apply these products *at least 60 to 90 minutes before you need them.* Cover the spot with a thick coat of the cream or gel and protect it with a Tegaderm® dressing or self-sticking plastic wrap to keep it in place. (All of these creams are messy). The cream must be cleaned off very well at dialysis.

- **EMLA®** (AstraZeneca) is a cream or patch with 2.5% lidocaine that your doctor must prescribe for you. It comes in 5 gram or 30 gram tubes; about 3 grams are used each time. The 30 gram tube sells for \$30 to \$40.
http://www.astrazeneca.com/productbrowse/4_72.aspx
- **Less-n-pain** is a 4% lidocaine gel that comes in a box of a dozen 3-gram packets for \$9.99 plus shipping. It is an over-the-counter product and does not need a doctor’s prescription.* http://www.sdaproduct.com/Less-N-Pain_Product.htm; 305-949-9580.
- **Topicaine** is a 4% lidocaine gel that comes in a 30-gram tube for \$47.50. It is an over-the-counter product and does not need a doctor’s prescription.*
<http://www.topicaine.com>; 561-746-0365.

➤ **LMX4** (“Ela-Max”) is a 4% lidocaine cream that comes in a 30-gram tube for \$48. It is an over-the-counter product and does not need a doctor’s prescription.*
<http://www.skinstore.com/store/category.asp?catID=1971>

†**NOTE:** These products are listed for informational reasons only. The Medical Education Institute, Home Dialysis Central, and its sponsors do not endorse any of these products nor do we benefit from them in any way. We do not offer any warranty, implied or inferred. Use them at your own risk.

* *You do not need a doctor’s prescription to buy these products, but we strongly urge you to talk to your doctor before using them for dialysis. Some people are allergic to them. Read all package insert precautions before use.*

❖ **TIP: Take Charge of Your Needles** – Ask for training to put your dialysis needles in yourself.

Why it Can Work: Knowledge fights fear. If you’re not afraid, you won’t trigger the reflex. Other people who were so afraid of needles that they didn’t want to do hemodialysis learned to stick themselves—and are now doing their treatments at home. Sticking yourself puts you in the driver’s seat. It distracts you from the pain, so you feel it less, and helps your access last much longer. If you have a fistula (*not* a graft), you can learn how to do the [buttonhole technique](#) -- a way of forming a channel for the needles like pierced earring holes. Once formed, buttonholes are close to painless.

Conclusion

It is not your fault if you are afraid of needles—but you don’t need to stay that way. You can take charge of your fear and make sure you get the care you need to feel your best.

¹ Hamilton JG. Needle phobia: A neglected diagnosis. *J Fam Practice*; 41(2):169-75, 1995. Full text article available free on-line at:

http://www.findarticles.com/p/articles/mi_m0689/is_n2_v41/ai_17276569

² Oswalt RM, Napoliello M. Motivations of blood donors and nondonors. *J Applied Psychol*; 59:122-24, 1974

³ McLaughlin K, Manns B, Mortis G, Hons R, Taub K. Why patients with ESRD do not select self-care dialysis as a treatment option. *Am J Kidney Dis*; 41(2):380-85, 2003

⁴ Peterson AL, Isler WC. Applied tension treatment of vasovagal syncope during pregnancy. *Military Med*;169(9):751-3, 2004. Full text article available free on-line at:
http://www.findarticles.com/p/articles/mi_qa3912/is_200409/ai_n9432776

⁵ Dhingra RK, Young EW, Hulbert-Shearon TE, Leavey SF, Port FK: Type of vascular access and mortality in U.S. hemodialysis patients. *Kidney Int* 60:1443-1451, 2001