



Chronic Urticaria

What Is Chronic Urticaria, and What Are the Symptoms?

Chronic Urticaria (chronic hives) is itchy **wheals** (welts), **angioedema** (swelling), or both.

Chronic Urticaria

- ▶ Is episodic (or it occurs daily)
- ▶ Lasts for more than 6 weeks
- ▶ Usually recurs over months or years
- ▶ Impairs quality of life
- ▶ Presents in up to 1.8% of the population worldwide

Note: Many people experience acute urticaria, which is hives lasting less than 6 weeks.

Wheals (welts)

- ▶ Typically a central white or pink swelling with surrounding redness
- ▶ Variable size (at least 2 mm)
- ▶ Very pruritic (itchy), sometimes burning sensation
- ▶ Usually last 1 to 24 hours

Angioedema (swelling)

- ▶ Can affect the lips, tongue or other parts of the body
- ▶ May persist for several days

What Are the Causes and Triggers of Chronic Urticaria?

- ▶ There is mast cell activation that leads to release of histamine and other reactive chemicals.
- ▶ It may be a sign of an underlying health problem, such as infection.
- ▶ Possible triggers are pain medications, alcohol, exercise, heat or cold, infections, insects or parasites, pressure on skin, scratching, stress, sunlight.



Allergies Do Not Cause Chronic Urticaria

- ▶ Chronic Urticaria is virtually never caused by an allergy, which is sensitization and a hypersensitivity reaction to environmental allergens, such as pollen, molds, dust mites or animal danders.
- ▶ Allergy testing and lab tests normally used to diagnose allergies will therefore not be helpful.

Differential Diagnosis Is Important (What Else Could It Be?)

The most important differential diagnoses for the wheals of Chronic Urticaria, because they also present with wheals and mimic Chronic Urticaria are:

- ▶ Autoinflammatory syndromes, such as:
 - Cryopyrin-associated autoinflammatory syndromes (CAPS)
 - Schnitzler's syndrome
- ▶ Urticarial vasculitis

The most important differential diagnoses for the recurrent angioedema of Chronic Urticaria, because they also present with recurrent angioedema are:

- ▶ Bradykinin-mediated forms of angioedema, such as:
 - Hereditary angioedema (HAE)
 - ACE-inhibitor-induced angioedema

Other conditions that can result in intense itching and scratching:

- ▶ Eczema (atopic dermatitis)
- ▶ Psoriasis
- ▶ Scabies
- ▶ Insect bites
- ▶ Neuropathic causes



Why Chronic Urticaria Is a Problem

The cause is often unknown, thus it is not usually possible to cure patients.

BUT: Chronic Urticaria can be well controlled by preventing signs and symptoms.

Chronic Urticaria can be managed by:

- ▶ **Avoiding triggers**
For example, some people react to non-selective anti-inflammatory drugs such as ibuprofen and aspirin, and discontinuing use can reduce wheals.
- ▶ **Controlling symptoms with medications**
 - Non-sedating (non-drowsy) antihistamines
 - Omalizumab (an antibody against IgE, an important mast cell activator)
 - Cyclosporine (immune system suppressant)

Facts about available treatments:

- ▶ Standard dosage of antihistamines may not be sufficient to control hives, itching or swelling. Updosing may be needed.
- ▶ Some non-antihistamine therapies can require laboratory testing or monitoring of potential adverse effects.
- ▶ **Omalizumab has been underused.** It can help to reduce the severity of itching, the number of wheals, and angioedema.

Chronic Urticaria causes suffering. Quality of life is reduced.

- ▶ The itching is disabling both day and night and interferes with concentration, performance, wellbeing, and the ability to fall and stay asleep.
- ▶ The disease can last several years.
- ▶ It can take time to find the right medication that works and does not have adverse side effects.
- ▶ Stopping treatment may result in the return of wheals and/or angioedema until the disease resolves spontaneously (on average, after several years).
- ▶ People may avoid wearing warm-weather clothing or beach clothes because of embarrassment.
- ▶ The swelling (angioedema) can be disfiguring if on the face (such as swelling of lips or eyelids)
- ▶ Patients can lose hope if treatments have not been very effective, and they may stop believing the advice given by medical professionals.

The Unique Experience of the Allergist

Allergists are the specialists who can best deal with urticaria because they have the necessary education and experience to:

- ▶ Determine the correct diagnosis and identify the cause, if one is present
- ▶ Prescribe effective medications to control the symptoms of Chronic Urticaria (wheals and angioedema)
- ▶ Teach the patient about the condition and how to manage more severe angioedema, such as swelling of the tongue
- ▶ Assess Chronic Urticaria activity, impact and control, e.g., by using the urticaria activity score or the urticaria control test

Future Needs

- ▶ Informing patients and the public of the options available for treatment of Chronic Urticaria
- ▶ More training of non-specialists in the diagnosis and treatment of Chronic Urticaria
- ▶ Collecting sufficient data on the worldwide prevalence of Chronic Urticaria

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