

## Chronic Urticaria and Angioedema

### What is urticaria?

Urticaria is a skin condition that manifests as sudden onset raised, red, itchy lumps - rather like nettle stings. It is also known as hives. The lumps (angioedema) can be very itchy and distressing, but are not necessarily dangerous. Each crop of skin lesions usually lasts less than a day, but fresh crops can appear one after the other.

### Is this allergy?

Chronic urticaria and angioedema are rarely due to true allergy unless there are clear triggers in the history. Most is due to physical urticaria (pressure, heat etc.), but stress, chronic infection (dental, sinus, Helicobacter pylori and cholecystitis) and thyroid dysfunction have been found as underlying factors.

### What tests can be done?

There is no confirmatory blood test for urticaria. However, blood tests can be done to exclude secondary causes.

**Standard tests:** FBC, Biochemical profile, Thyroid Function Tests

**If significant angioedema:** add Complement C3, C4

**Age >60 years and/or vasculitis features:** add ANA, Immunoglobulins & Serum Protein Electrophoresis

Skin tests for symptomatic urticaria are not helpful and not recommended.

### When do I refer to secondary care?

Do not refer for the first or short lived episodes of urticaria, or if optimal treatment has not been achieved (if (>3 attacks/week)

Optimal management:

**Step 1:** Start with high doses of Cetirizine (10mg up to 2 tablets twice daily)

**OR** Fexofenadine 180mg up to 2 tablets twice daily for 3 months

**Step 2:** Cetirizine (10mg up to 2 tablets twice daily) **PLUS** Fexofenadine 180mg up to 2 tablets twice daily

You may consider adding Montelukast 10mg at bedtime

Do not use continuous steroids (can use as short courses for severe facial angioedema e.g., Prednisolone 30mg for 5 days or taper over 21 days).

Do not use Piriton (Chlorphenamine) during the daytime as it is weak sedating anti-histamine and has short duration of action.

**Step 3:** Please refer if the patient is still symptomatic despite above advice

For more information see:

R. J. Powell et al. BSACI guideline for the management of chronic urticaria and angioedema. Clin Exp Allergy 2015 (45) 547–565.