



# 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

## REFERENCES

- Caraballo L, Zakzuk J, Lee BW, Acevedo N, Soh JY et al. Particularities of allergy in the tropics. *World Allergy Organ J.* 2016; 9:20
- Greenberger PA. Chronic urticaria: new management options. *World Allergy Organ J.* 2014; 7:31
- Kulthanan K, Tuchinda P, Chularojanamontri L, Chanyachailert P, Korkij W et al. Clinical practice guideline for diagnosis and management of urticaria. *Asian Pac J Allergy Immunol.* 2016; 34(3): 190-200
- Maurer M, Church MK, Goncalo M, Sussman G, Sanchez Borges M. Management and treatment of chronic urticaria. *J Eur Acad Dermatol Venereol.* 2015; 29(Suppl3): 16-32
- Maurer M, Rosén K, Hsieh HJ, Saini S, Grattan C, Giménez-Arnau A, et al. Omalizumab for the treatment of chronic idiopathic or spontaneous urticaria. *N Engl J Med.* 2013 Mar 7;368(10):924-35
- Sanchez Borges M, Asero R, Ansotegui IJ, Baiardini I, Bernstein JA et al. Diagnosis and treatment of urticaria and angioedema, a worldwide perspective. *World Allergy Organ J.* 2012; 5:125
- Sharma M, Bennett C, Cohen SN, Carter B. H1-antihistamines for chronic spontaneous urticaria. *Cochrane Review.* 2014 Nov 14(11)
- Sharma VK, Gupta V, Pathak M, Ramam M. An open-label prospective clinical study to assess the efficacy of increasing levocetirizine dose up-to four times in chronic spontaneous urticaria not controlled with standard dose. *J Dermatolog Treat.* 2016 Oct 25:1-17
- Zuberbier T, Aberer W, Asero R, Bindslev-Jensen C, Brzoza Z, Canonica GW, et al. The EAACI/GA<sup>2</sup>LEN/EDF/WAO Guideline for the definition, classification, diagnosis and management of Urticaria. The 2013 revision and update. *Allergy* 2014;69: 868-887