

CHRONIC SPONTANEOUS URTICARIA AND ANGIOEDEMA

Patient Information Leaflet

What is Urticaria and angioedema?

Urticaria (image 1) is the medical name for hives.

Angioedema (image 2) is the term for soft tissue swelling e.g. lip swelling, eye or face swelling.

Chronic spontaneous urticaria and angioedema refers to regular episodes of hives and swelling that occur with no particular trigger and can appear “out of the blue.”

Some patients will experience hives alone, swelling alone or both hives and swelling.

Chronic urticaria is when symptoms occur daily or almost daily for more than 6 weeks. However, sometimes the symptoms can occur in a more intermittent episodic nature with intervals of weeks or months between episodes.

Spontaneous urticaria means that the hives comes up with no particular trigger and can appear “out of the blue”.

How to diagnose Chronic Urticaria and angioedema?

Chronic urticaria is diagnosed primarily from the patient story (history). Important features in the history include:

- Frequent symptoms (on most days of the week for six weeks or more).
- Symptoms often present on waking up (more than 50% of patients will have symptoms on waking).
- Protracted symptoms (>24hrs) with individual hives lasting less than 24 hours, and resolve without bruising or scarring.
- No discernible pattern to symptoms or consistent trigger linked to every episode.

There is no laboratory test that can confirm this diagnosis. It is worth checking thyroid function,

Urticaria and angioedema: The Facts

Chronic urticaria is quite common. It affects 1% of the population.

Urticaria and angioedema are caused by histamine which is released from a cell in the skin and soft tissue underneath, called a mast cell. Histamine then causes the surrounding blood vessels to become leaky allowing fluid to escape from the blood vessels into the surrounding tissue (forming hives or swelling). Histamine also irritates nerve endings causing the itch or the burning sensation.

Chronic urticaria has a high rate of spontaneous remission.

- 50% of patients settle within 12 months without intervention.
- 25% will settle within 3-5 years, but for some patients this may be a long term condition.
- Patients who have gone into remission may relapse, particularly during stressful life events.

This is a benign condition which will not affect your long-term health, but can be extremely frustrating when not properly treated.



Image 1: Urticaria

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Common Triggers

There are certain factors that can worsen or cause flares of your symptoms:

1. Infection
2. Stress
3. Physical factors: such a pressure on the skin, friction, heat, cold, exercise.
4. Alcohol
5. Medications: ibuprofen and aspirin (and other anti-inflammatory drugs), ACE inhibitors (a blood pressure medication), codeine and morphine.
6. Hormonal factors: menstruation and pregnancy, disorders of thyroid function can all affect your symptoms.

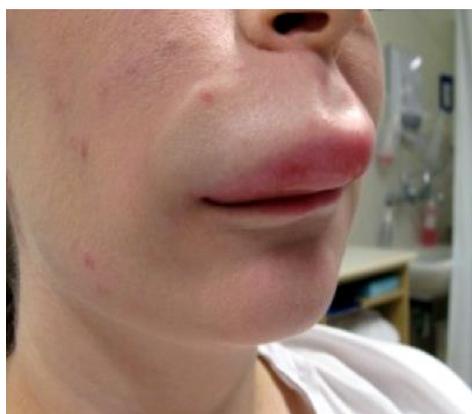


Image 2: Angiodema

Treatment

The mainstay of treatment is *regular, long-acting non-sedating antihistamines* (Table 1). High doses may be required to achieve control. There is significant individual variation in response and side effect profile, so if one agent is ineffective, an alternative agent should be trialled.

These medications are licensed for once daily use, however use of up to 4 times the licensed dose is safe and recommended in some guidelines.

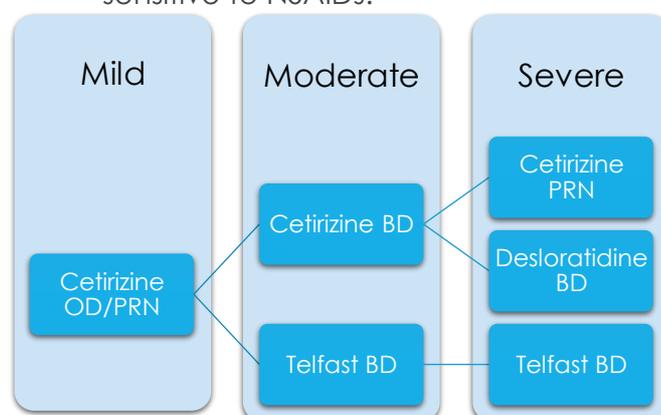
Treatment

Generic Name (Example Brand names)	Prescription Required
Levocetirizine (Xyzal)	Yes
Fexofenadine (Telfast)	Yes
Desloratidine (Neoclarityn)	Yes
Bilastine (Drymol)	Yes
Cetirizine (Cetrine, Zyrtek)	No
Loratidine (Clarityn)	No

Table 1. Examples of recommended antihistamines

The following treatment can be initiated in primary care; each step should be tried for at least 1 month (see example below):

- Treat episodes sooner rather than later.
- Single agent used regularly with extra doses as needed for breakthrough symptoms.
- Double dosing +/- additional agent.
- Double dosing of two agents with extra doses as needed for breakthrough symptoms.
- If the above fails consider switching antihistamines.
- Montelukast 10mg nocte may be useful as an adjunct, particularly in the patient sensitive to NSAIDs.



Example regime. Medications can be interchanged based on patient response. OD: once daily, BD: Twice daily, PRN: as needed.

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FAQs:

Is this condition an allergy?

No. This condition is not an allergy and does not cause anaphylaxis (anaphylaxis is life threatening breathing difficulties and drop in blood pressure). You do not need to avoid any foods.

What tests do I need?

You do not need any investigations to diagnose this condition. It may be worth getting your thyroid function checked, as hormonal imbalances can play a role.

Is it safe to be on high dose anti-histamines long-term?

Yes, it is safe to use anti-histamines long-term. There is good safety data for more frequent dosing and use of four times the licensed dose is recommended in the guidelines.

Is it safe to use antihistamines while pregnant/breast feeding?

If you are planning a pregnancy it is recommended that you switch to *loratadine*, or *cetirizine*. *Chlorphenamine* can be used as a backup but needs to be taken 4 times a day, and makes many people sleepy. These medications have the most data available with regards to safety in pregnancy. Both *loratadine* and *cetirizine* can be used while breastfeeding.

Do I need an adrenaline pen for this condition?

No. An adrenaline pen is not needed for Chronic Urticaria and Angioedema.

What do I do if my symptoms are not controlled on regular antihistamines?

You should return to your GP if your symptoms are not controlled on regular antihistamines. In rare cases, high dose antihistamines may not

be effective and in this scenario your GP may consider referring you to a specialist Immunology or dermatology clinic.

Is this contagious/infectious?

This condition is not contagious and the hives/swelling cannot be spread from person to person.

Does this condition run in families?

This condition is not hereditary and is not specifically passed down to your children.

Contact Us

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