

Chronic urticaria information leaflet

What is urticaria?

Urticaria is the medical term for hives or nettle rash. This is a raised “lumpy – bumpy” red skin rash. Most people get itching with the urticaria.

What is chronic urticaria?

The traditional definition of **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.

The commonest cause of chronic urticaria is chronic spontaneous urticaria.

Another cause of chronic urticaria is physical urticaria. This is when the urticaria is triggered by physical factors like pressure, friction on the skin, heat or exercise.

There are other rare causes of chronic urticaria which will have been considered and investigated if appropriate.

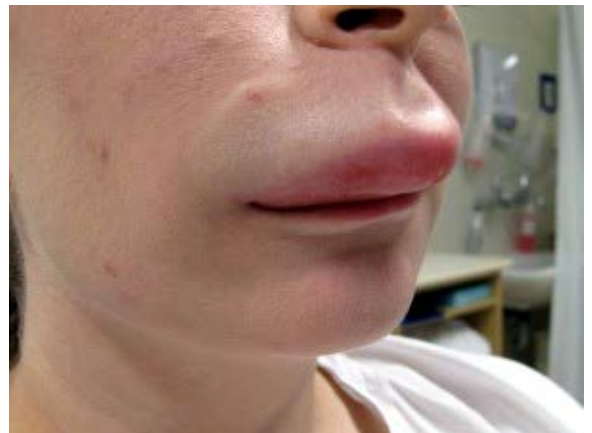
I have been diagnosed with chronic spontaneous urticaria. What does that mean?

Spontaneous urticaria means that the rash (urticaria) comes up with no particular trigger and can appear “out of the blue”. About half of people with chronic spontaneous urticaria also have angioedema. Angioedema is the term for soft tissue swelling e.g. lip swelling, eye swelling or face swelling which can appear with urticaria. Angioedema occurs when the same process in urticaria happens in the soft tissue deeper to the skin

For the rest of this leaflet we will use the term chronic urticaria to refer to chronic spontaneous urticaria with or without angioedema.



a) urticaria on thigh



b) angioedema of upper lip

How common is chronic urticaria?

Urticaria is a common skin condition and can affect about 1 in 5 people at some stage of their lives. Chronic urticaria is less common but it affects up to 1% of the general population, at some point in their lives.

Is chronic urticaria serious?

Chronic urticaria can be a nuisance but is not life-threatening. The itch, rash and swelling may affect your work or sleep etc but chronic urticaria itself is not life-threatening and the symptoms are treatable. However there are certain medicines that can make the symptoms worse (see below).

Why now?

We cannot say for certain why your symptoms are flaring up now. However there are some factors that can cause worsening of your symptoms. If these triggers are prominent for you, avoiding these when possible may reduce the amount of medicine you require to control your symptoms. For others that are unavoidable, you may need to increase your antihistamines during that particular time. These factors include:

1. Infection
2. Stress – both “bad” stress e.g. work pressures, illness and “good” stress e.g. travelling particularly across time zones; can exacerbate chronic urticaria
3. Physical factors – such as pressure, friction on skin, heat, cold, or exercise
4. Chemical factors
 - Alcohol
 - Hormonal function
 - Some women find that they need to increase antihistamines before their periods
 - Pregnancy may also affect the symptoms of chronic urticaria
 - We will also check your thyroid function test if it has not been done recently, as urticaria can be associated with particularly hypothyroidism (under active thyroid gland)
 - Aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) like ibuprofen and diclofenac can make the symptoms worse
 - Opiate drugs like codeine or morphine
 - ACE inhibitors (blood pressure medication) can make any swelling worse and should be avoided

Do let your doctor know if you are taking any over the counter medications e.g. herbal remedies such as Echinacea and Chinese medicines as it may be necessary to stop these medications.

When will my symptoms of chronic urticaria go away completely?

In about 50% of people with chronic urticaria, their symptoms go away completely within a year. In another quarter, their symptoms go away after a number of years and a few 'rumbles' on but the symptoms usually become easier to manage over time.

Unfortunately, at this time, we are not able to predict for an individual person when their symptoms are going to resolve.

What is the treatment for chronic urticaria?

There is no cure for chronic urticaria at the moment but the symptoms are treatable for most patients. The main treatment for chronic urticaria symptoms are antihistamines. The newer, long acting, non-sedating antihistamines are recommended for daytime rather than the short acting, sedating older antihistamines.

Long acting, non-sedating antihistamines include:

Generic name	Examples of brand name	Prescription needed
Levocetirizine	Xyzal	Yes
Fexofenadine	Telfast	Yes
Desloratadine	Neoclarityn	Yes
Bilastine	Drynol	Yes
Cetirizine	Histek, Zirtek	No
Loratadine	Clarityn	No

Short acting, sedating antihistamine

Generic name	Example	Prescription needed
Chlorphenamine	Piriton	No

In a minority of cases where symptoms are still troublesome despite maximising antihistamines, other medications can be added to the antihistamines. You will need to discuss with your GP if you think your symptoms are still troublesome despite maximising your antihistamines.

When do I take my antihistamines?

Antihistamines work better when taken sooner rather than later at the onset of your symptoms.

How often you take your antihistamines can vary according to your needs and clinical details.

Options:

1. Antihistamines only when needed, as soon as the first "tingle" of the urticaria is noted
Suitable for people with very infrequent episodes, mild episodes, episodes occurring during waking hours

2. Regular daily antihistamines
Suitable for people with more frequent episodes, moderate to severe episodes or episodes occurring during sleeping hours

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In general regular antihistamines can be considered in people having frequent episodes of urticaria such as 3 days /week, or less if the symptoms are interfering with work or social activities.

Regardless of the above options, you should take extra antihistamines when you are going through a flare.

You should carry your rescue antihistamines in your wallet or purse so that you will have them with you when you need them.

If I am taking regular antihistamines, how do I find out if my symptoms have completely gone away or have improved significantly?

Once your symptoms are completely controlled on your current regular antihistamines, you can try to reduce or stop your antihistamines every few months or so to see if your symptoms have improved or gone away. You should keep the tablets left over while you are trying to reduce / stop your antihistamines in case you find that you have to go back to taking the antihistamines again.

You should plan reducing the antihistamine when you are well and have no important functions or commitments, to minimise the inconvenience of any urticaria episodes should they occur.

What are the side effects of antihistamines?

The antihistamines are well tolerated by most patients. The newer antihistamines are designed to be non-sedating but fatigue can still occur in some people. If you become significantly drowsy on your current antihistamines, or you are finding it difficult to carry out complex tasks, then a different antihistamine should be used instead. Rarely palpitations have been described with higher doses of certain types of antihistamines. Discuss these symptoms with your GP as your antihistamines medication may need to be adjusted.

Is it OK to take antihistamines during pregnancy?

If you are planning a pregnancy, it is recommended that you switch to certain antihistamines that have been around longer such as loratadine, cetirizine or chlorphenamine. These medications have the most data available with regards to safety in pregnancy and have not been associated with any increased harm to the unborn baby. These antihistamines have been given a "B approval" by the US FDA (Food and Drug Administration regulatory agency in US) which means that no foetal harm has been seen in either human or animal studies.

Is it OK to take antihistamines during breast feeding?

Both loratadine and cetirizine can be used while breastfeeding.

Will I need steroids?

Steroids do work in treating chronic urticaria but should be very rarely used. They may be used for severe attacks particularly if you have an exam or an important commitment. However we avoid steroids and maximise antihistamines to control the symptoms. The reason for this is to avoid the cumulative side effects of steroids including :

- Weight gain
- Mood changes
- High blood pressure
- High blood sugar – can also occasionally unmask diabetes
- Thinning of the bones – osteoporosis
- Muscle weakness
- Increased infection risk as steroids suppress the immune system

What causes the symptoms of chronic urticaria?

The symptoms are due to the action of histamine, released by activated cells which are part of your normal immune defence system. These cells, called mast cells, are found in your skin, mucous membranes and the soft tissue underneath.

Histamine

- Causes the surrounding blood vessels to become leaky allowing fluid to escape from the blood vessels into the surrounding tissue.
- Irritates nerve endings causing the itch or the burning sensation

In chronic urticaria, the mast cells are “twitchy” and easily activated without any specific trigger. As histamine causes the symptoms, antihistamine is the main treatment used for the symptoms.

What chronic urticaria is NOT...

- **Chronic urticaria is NOT due to allergy.**

As chronic urticaria looks like an allergic reaction and respond to the same treatment, it is often mistaken for an allergic condition.

It is useful to know that with the vast majority of food allergy, symptoms occur within 1 hour of eating or contact with the particular food. Your symptoms should also occur every single time you are exposed to the particular food and resolve completely when you avoid it. Additionally, urticaria due to food allergy does not last for several days once you have stopped exposure.

In the early stages, a symptom diary can be helpful if there is any concern of a hidden trigger; though in most cases it has also helped reassure our patients that food allergy is not the cause of their symptoms. If we have any concern that food may play a role in your symptoms, you will be given a food-symptom diary to fill.

If you need additional copy of the symptom diary, you can download more from this link

http://www.beaumont.ie/files/2010/docs/20100728014332_Food_symptom_diary_sheet_with_.pdf

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- **Chronic urticaria is NOT contagious**

Chronic urticaria may flare up during an infection e.g. chest infection but chronic urticaria itself is not contagious and you cannot pass it on to your family / friends / colleagues.

- **Chronic urticaria is NOT hereditary**

As urticaria is a common condition, other members of your family may also have the condition by coincidence. However chronic urticaria is not hereditary and is not specifically passed down to your children.

Comments and Queries

We hope this information leaflet has been helpful to you. Please contact us if there is something in this leaflet that you wish to clarify. Our contact details are at the bottom of this page. We also welcome any feedback or comments you may have about this leaflet so that we can further improve our leaflet when it is due for an update.