# Urticaria



References:
1. Immunology lecture Alliance Federation Walsall
2. The role of primary care in the management of chronic spontaneous urticaria, July 2018, Novartis funded
3. pcds.org.uk
4. Allergy conference, Birmingham Oct 2018
5. Northern Central London guidance Feb 2020

## Investigations

- Allergy testing does not help and is not indicated urticaria or angiodema.
- Ensure not ACEi related.

- 1% of ACEi users.
- May occur years after starting.
- Angioedema is common.
- Can cause abdo pain and diarrhoea due to intestinal angioedema.
- Urticaria and itching are notably absent.
- No test.
- Angioedema can persist for 3-6/12 after stopping ACEi.
- Can use ARBs instead if needed.
- Antihistamine, steroids and adrenaline are usually ineffective in treating the angioedema.
- 999 if airway threatened.

## Management

- Does NOT need Epipen.
- Low salicylate diet has some weak evidence.

## Acute urticaria (< 6/52)

### Management

- 50% idiopathic.
- 50% autoimmune.
- It is NOT an allergic condition. So if suspect allergic trigger refer to immunology.
- Possibly a mast cell activation disorder.
- Certain triggers can make it worse.
- More likely if multiple alleged triggers, not atopic, no credible trigger (waking with urticaria i.e. nothing would have caused it over night), lasting over several hours, other autoimmunity conditions (thyroid, vertiligo).

- 50% of patients have complete resolution at 6/12.
- 70% at 3 yr.
- 90% at 5 yr.
- 92% at 25 yr.

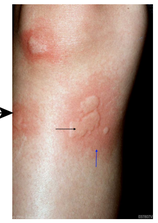
## Chronic urticaria (> 6/52)

### Chronic spontaneous urticaria

#### Symptoms

- Wheals.
- Angioedema.

- Skin lesion that is raised or has central oedema.
- Almost always surrounded by a reflex erythema.
- Lasts <24 hours.
- Associated with pruritus and sometimes a burning sensation.



- Sudden pronounced oedema.
- Erythematous or causes discolouration of the skin.
- Inflammatory process occurs in the deep dermis and the subcutaneous cell tissue, commonlyaffecting the submucosal tissues.
- Pruritus is less common.
- Lasts up to 72 hours.

#### Management

- Cetirizine 10mg QDS or 20mg BD
OR
- Loratadine 10mg QDS.
OR
- Fexofenadine 180mg QDS or 360mg BD.

- Once controlled, continue treatment for 3-6/12.
- Then remove treatment one by one e.g. first stop ranitidine, then stop montelukast, and then stop antihistamine.
- Once stopped a medication, wait 4-6/52 before removing another.
- If at any stage symptoms reoccur, restart previous step medication.
- Reoccurrence of symptoms when stepping down is not an indication for referral.

if need fast control of severe symptoms

Prednisolone 20-40mg OD for 3/7

- Refer to dermatology if steroid dependent.

if fails after 2-3/52 ADD

Rantidine 150mg BD OR 300mg OD

if fails after 2-3/52 ADD

Hydroxyzine 10-25mg ON

if fails after 2-3/52 ADD

Montelukast 10mg ON

if fails

- Refer to dermatology.

### Chronic inducible urticaria

- Pressure.
- Cold.
- Heat.
- Vibration.
- Sunlight.
- Increased body temperature.
- Contact with allergens.

#### Management

Avoid trigger