

GUIDELINES FOR THE MANAGEMENT OF CHRONIC IDIOPATHIC (SPONTANEOUS) URTICARIA / ANGIOEDEMA

Introduction

Chronic idiopathic urticaria is conventionally defined as the occurrence of urticarial lesions occurring on a regular basis for at least six weeks. This can be associated with angioedema, particularly of the face, or angioedema can be the predominant symptom. The urticaria can affect any part of the body and the frequency of attacks can vary considerably. Symptoms often occur in the evening or during the night. Heat or pressure can often be exacerbating factors. This condition is relatively common, affecting one third of the patients seen in our allergy clinics and predominantly affects females.

Aetiology

Chronic idiopathic urticaria is not an allergy. Secondary to neuro-endocrine overactivity, the mast cells in the skin become hypersensitive and secrete histamine and other mediators with little or no provocation. This causes the symptoms of urticaria and angioedema. CIU is a diagnosis of exclusion and, in our experience, is often associated with life-stressors such as death in the family, divorce, moving home, changing job, work-related stress or bullying [Ref 1]. In females, hormonal changes such as menarche, menstruation, menopause and pregnancy can be implicated. Less commonly, underlying infection, inflammation or autoimmune disease (eg thyroid dysfunction) can be associated. However in a proportion of patients no obvious trigger actor or underlying disease is identifiable.

Tests

There are no specific diagnostic tests for this condition. Depending on the clinical picture, underlying allergic (food and drug) triggers, thyroid dysfunction, infection or other chronic inflammatory condition should be excluded and, if identified, treated.

Management

The mainstay of treatment is long-acting, non-sedating antihistamines [Ref 2]. Patients often require higher doses to effectively control their symptoms. Antihistamines can safely be given up to four times the recommended dose, in that case spreading the dose throughout the day [Ref 3]. We generally recommend starting with cetirizine 10mg once a day and gradually increasing it to 10mg twice, three times or four times a day if required. If this fails, or if the patients experience side effects such as drowsiness, we would recommend trying other antihistamines such as fexofenadine, levocetirizine, desloratidine or loratidine. In more difficult cases we would recommend trying a combination of Fexofenadine 360mg in the morning and cetirizine 20 mg in the evening. Any concomitant anxiety or depression should be appropriately treated. Patients who fail to respond to treatment can be considered for referral to the allergy clinic

Prognosis This is a self-limiting condition that generally resolves within several of months to a couple of years. Some cases however are more intractable.

References

1. Chung MC, Symons C, Kaminski ER. Stress, psychiatric co-morbidity and coping in patients with chronic idiopathic urticaria. *Psychol Health*. 2010; 25: 477-490
2. Powell RJ et al. BSACI guidelines for the management of chronic urticaria and angio-oedema. *Clinical and Experimental Allergy*. 2007; 37: 631-650
3. Zuberbier T et al. EAACI/GA2LEN/EDF guideline: management of urticaria. *Allergy*. 2006; 61:321-3