Liverpool University Hospitals
NHS Foundation Trust

Patient information

Chronic Spontaneous Urticaria and Angioedema

Clinical Immunology and Allergy and Dermatology Care Group

What is Chronic Spontaneous Urticaria and Angioedema?

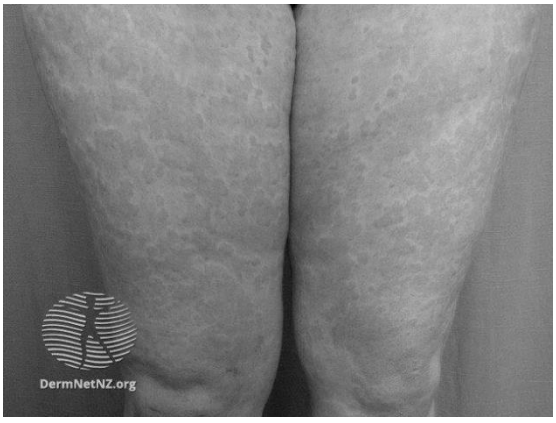
The term ‘chronic spontaneous urticaria’ simply describes the problem you have.

Chronic: this this means the symptoms have been occurring for more than six weeks overall. You may experience them daily, weekly or maybe every few weeks.

Spontaneous: By definition, there is no apparent underlying cause and symptoms occur seemingly randomly. Allergic causes, medication causes and specific health causes should have been considered and discounted.

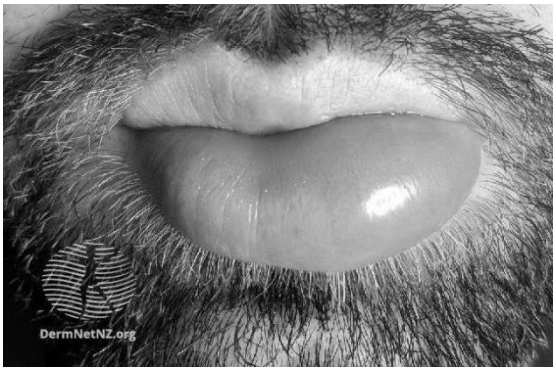
(Some people experience urticaria in response to physical triggers, such as heat or cold, friction, pressure, or water contact. This is not spontaneous but defined as physical urticaria.)

Urticaria: weals, ‘hives’ or ‘nettle rash’ — a bumpy rash, usually itchy.



You can experience urticaria continuously for hours to days, and it can be localised or quite widespread. However, individual weals usually last less than 24 hours. (Weals lasting longer than 24 hours, particularly if there is a pronounced discomfort/burning sensation, or if bruising occurs, can be a sign of a more serious problem called urticarial vasculitis).

Angioedema: or ‘soft tissue swelling’ occurs quite commonly in urticaria.



Angioedema often affects the face (particularly the lips and around the eyes), but can also affect other external (hands, feet, genitals) or internal (tongue) areas.

Chronic spontaneous urticaria (with or without angioedema) is not life-threatening and is not the same as anaphylaxis . However, it can make you miserable.

The condition occurs in two to three percent of the population, so you are not alone.

Are there any causes or triggers?

Although there are no definite, well-characterised causes, there is ongoing research into this. It is possible that there is a significant autoimmune component (autoimmune refers to conditions where our immune system attacks parts of our own body – common autoimmune conditions include thyroid underactivity, type 1 diabetes, coeliac disease, pernicious anaemia and many others).

A significant number of people with chronic spontaneous urticaria have autoimmune conditions or affected family members. However, having urticaria does not mean you have any other autoimmune condition, or that you will get one.

Despite the above, some things can make symptoms worse or more likely to occur. Non-steroidal anti-inflammatory drugs (such as aspirin, ibuprofen, naproxen or diclofenac) affect some patients in this way. If you have noticed worse symptoms with any of these medications, you should avoid them.

Other possible triggers are stress, and illnesses such as coughs, colds and infections.

What tests do I need?

Usually, there is no need for allergy tests. Occasionally you may need tests to confirm that there is not another cause.

What is the treatment?

- **Antihistamines**

Examples include loratadine, cetirizine, fexofenadine, chlorphenamine, acrivastine.

If symptoms are infrequent, it may be sufficient to take an antihistamine when they occur, though an increased dose is sometimes necessary. For people with more regular episodes, it may be necessary to take a daily antihistamine. Some antihistamines are not sedating and, therefore, better for daily use (e.g. cetirizine, loratadine and fexofenadine). In fact, it is safe to take up to four times the usual daily dose of these antihistamines if this is necessary to control symptoms. There are no dangerous long term side-effects. However, if you are planning to get pregnant, please discuss with your doctor.

- **Leukotriene antagonists**

Currently there is one choice: montelukast. This may be added to your treatment regime. It is commonly used in asthma. It acts on a different part of the immune system to anti-histamines.

What next?

Treatment should be continued for at least three to six months.

It may be the case that the above treatments do not make you completely symptom-free. If the symptoms you are left with are severe enough, other treatments can be considered by the hospital clinic.

What about steroids?

Many people experience quicker relief of symptoms when they are prescribed a course of steroids (prednisolone). For some people who have more severe episodes, an occasional short course of prednisolone can be helpful. However, treatment for more than a week at a time is not recommended, as steroids have significant long-term side-effects.

Prognosis?

- Half of patients have no further episodes after 12 months.
- Three quarters of patients have no episodes after two years.
- One out of five of patients with severe episodes requiring hospital treatment still have episodes after ten years.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

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Allergy UK | National Charity
https://www.allergyuk.org

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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