SWL Guidelines for the Management of Chronic Urticaria in Adults

NHS South West London

Please provide the patient with urticarial information leaflet by the British Association of Dermatologists. This can be found on their website: https://www.bad.org.uk/pils/urticaria-and-angioedema/

Step 1: History and Examination, Exclude Additional Pathology

Focused history:

- Onset, duration of symptoms (chronic urticaria is defined **as >6 weeks of daily/near daily activity),** triggers (particularly physical triggers: heat, cold, exercise, pressure, sun exposure), associated angioedema.

Examine:

- Check for dermographism. Lightly scratch the skin with a firm object and check for a wheal after 5-10 minutes.

Exclude:

- ***Drug-induced urticaria*** (eg Aspirin, Codeine).
- ***Urticarial vasculitis*** (painful rather than itchy lesions, individual lesions lasting >24 hours and leaving behind bruises/petechiae/purpura, associated joint pains/fever/malaise). Refer if suspected.
- ***Food allergy*** - can be excluded if no clear cut temporal relationship between ingestion or contact with a particular food and onset of symptoms (usually within 60 minutes or less).
- ***Rare causes of angioedema*** if this is present **without wheals** (hereditary angioedema, acquired C1 inhibitor deficiency, ACE inhibitors, B-cell lymphoma).
- ***Rare autoinflammatory syndromes*** if patients have associated systemic features (fevers, joint pains, malaise). Refer if suspected.

Step 2: Investigation

- Assess severity – sleep disruption, consider asking patient to complete urticarial Activity Score (UAS7). Score <7 indicates good control, >28 severe disease: https://www.mdcalc.com/urticaria-activity-score-uas
- Assess thyroid function tests and autoantibodies.
- Do not routinely carry out blood tests unless history and examination suggestive e.g. FBC to check for eosinophilia in parasitic infections, ESR & CRP if vasculitis suspected.

Step 3: Treatment

1. Prescribe **standard dose of non-sedating antihistamine to be taken daily** (prophylactically, not just when wheals appear) e.g. ***Loratadine*** (caution in hepatic impairment), ***Cetirizine*** (caution in renal impairment-use half dose) or ***Fexofenadine***. Both Loratidine and Cetirizine can be purchased over the counter.
2. If no response and no renal impairment, **consider up to four times the recommended dose** (unlicensed, consider using advice and guidance to guide treatment) of non-sedating anti-histamine. Continue this for 1 month before decreasing to tds for 1 month, then bd for 1 month then od for 1 month before stopping treatment if symptoms well-controlled.
3. If no response after consider addition of ***Montelukast*** **10mg od** (off-label indication).
4. If no response to above measures **refer** to secondary care.

NB:

- Do not use oral or topical steroids to treat urticaria.
- Counsel the patient that even non-sedating antihistamines can cause some sedation, particularly alongside alcohol.
- An adrenaline auto-injector is rarely required and should only be considered if there is a history of significant angioedema affecting the upper airway (rare in angioedema with urticaria).
- **Pregnant women** should be informed that no drug can be considered absolutely safe. If an antihistamine is required in pregnancy, the lowest dose of chlorphenamine, cetirizine or loratadine should be used. For more detail on use of antihistamines in pregnancy and breast feeding, please see: https://cks.nice.org.uk/topics/urticaria/prescribing-information/non-sedating-antihistamines/
- Antihistamines are excreted in breast milk and, although not known to be harmful, the manufacturers of most antihistamines advise avoidance whilst breastfeeding. If an antihistamine is required during **breastfeeding**, consider either cetirizine or loratadine, at the lowest dose. Chlorphenamine should be avoided during breastfeeding.
- **Spontaneous resolution of chronic urticaria usually occurs in up to 50% of people within 1 year and in 80% of people by 5 years. However, recurrence may occur after several years.**

Version 1.0
Approval date: April 2022