

Management Guideline for Spontaneous Urticaria ± Angioedema in Adults

<p>DIAGNOSIS</p>	<ul style="list-style-type: none"> ▪ Individual itchy urticarial wheals (hives) last no more than 24 hours. They fade to leave normal skin. ▪ Acute eczema may simulate urticaria in the early stages, but urticaria does not scale, blister or weep as it resolves. ▪ Wheals, which are painful, persist for more than 24-48 hours and fade to leave bruising may indicate urticarial vasculitis or other dermatoses. ▪ Chronic urticaria implies duration for more than 6 weeks. The severity fluctuates. ▪ Some patients may have associated angioedema: may last up 48-72 hours ▪ Most cases are idiopathic, but up to 50% have an autoimmune background. ▪ Remits spontaneously in 12-24 months in many patients (~50%).
<p>MANAGEMENT</p>	<ul style="list-style-type: none"> ▪ Reassure patients that the condition is usually not serious and is very unlikely to be an allergy. Typically allergic reactions manifest immediately or within 20-30 minutes of contact with the suspected precipitant and resolve within 1-2 days. ▪ Allergy testing for urticaria i.e. skin prick / specific IgE testing is usually not helpful. ▪ Rule out underlying infection, infestation or drug reaction by taking a detailed history. ▪ Treat with anti-histamines. Reassure that prolonged treatment with long-acting non-sedating anti-histamines is not harmful. See OCCG OTC policy statement. ▪ Non-sedating anti-histamines (e.g. cetirizine 10mg once daily, loratadine 10mg once daily, or fexofenadine 180mg once daily) are the mainstay of treatment and may be used for prolonged periods. ▪ First generation anti-histamines e.g. chlorphenamine, hydroxyzine should be avoided if possible especially long-term in view risk of sedation, psychomotor impairment and REM sleep disturbance. ▪ If not controlled within 1-2 weeks then titrate the dose up every week until two to four times higher than the licensed dose e.g. loratadine or cetirizine 10-20mg once to twice daily or fexofenadine 180-360mg once to twice daily. ▪ If this is ineffective consider trying another agent of the same class or try adding montelukast 10mg at night [off-license]. ▪ Adding ranitidine 150mg twice daily can occasionally be beneficial but there is no strong evidence for its use so it should not be used routinely [off-license]. ▪ Prednisolone 30-40mg daily can be prescribed for 3-10 days for rescue but AVOID long-term use. ▪ Patients should avoid or take care with drugs containing salicylates, NSAIDs and opiates, which can aggravate or exacerbate urticaria. ▪ Paracetamol can be used safely. ▪ ACE inhibitors should be avoided or stopped in those with a background of angio-oedema <u>especially</u> in those with angioedema alone without urticaria. ▪ Provide patients with information - a patient information leaflet can be obtained at the British Association of Dermatologists. http://www.bad.org.uk/for-the-public/patient-information-leaflets
<p>Chronic urticaria</p>	<ul style="list-style-type: none"> ▪ Patients with chronic urticaria should not be referred for allergy testing (prick testing or patch testing). ▪ Routine investigations are usually normal in chronic urticaria and are not necessary if the symptoms respond to anti-histamines. ▪ A FBC, ESR, CRP, TFT, thyroid peroxidase antibodies and urinalysis may be useful. ▪ If GI symptoms consider TTG antibodies ± exclusion of H pylori infection.

<p>Angio-oedema</p>	<ul style="list-style-type: none"> Complement levels (C3 / C4) should be measured in patients with angioedema especially if this is the predominant picture. A normal C4 virtually excludes C1 inhibitor deficiency, which is a rare cause of angioedema. If spontaneous angioedema alone, check the drug history: if on an ACE inhibitor STOP; milder episodes may arise for 6-12 weeks after discontinuation; angiotensin 2 antagonists (ARBs) can be used after this time, although <10% can develop angioedema. [Campo et al. Angioedema induced by angiotensin-converting enzyme inhibitors. 2013. Curr Opin All Clin Immunol; 337-44]
<p>REFER Email Advice</p>	<ul style="list-style-type: none"> Diagnostic difficulty - If the diagnosis is in doubt or for re-assurance consider email advice: oxon.dermatologyadvice@nhs.net
<p>REFER ONLY Consultant</p>	<ul style="list-style-type: none"> Patients whose urticaria is difficult to control with anti-histamines despite up to fourfold higher than the licensed doses of cetirizine, loratadine or fexofenadine 180mg ± montelukast 10mg at night <u>or</u> have unusual urticaria e.g. long lasting lesions >24-48 hours with bruising. Tranexamic acid can be used in treatment resistant angioedema – usually secondary care decision Check investigations as above. Secondary care therapeutic options may include omalizumab and/or ciclosporin. Ask patient to start monitoring urticaria activity i.e. UAS7 using the Symtrac Hives app.
<p>Summary</p>	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>First line: Long-acting non-sedating anti-histamine (NSAH) Eg Cetirizine or Loratadine 10mg od or Fexofenadine 180 od</p> <p>↓ <i>If symptoms are uncontrolled after 1-2 weeks</i></p> <p>Second line: Increase dose of anti-histamine (NSAH) every 1-2 weeks up to 4x Eg Cetirizine or Loratadine 10-20mg od-bd or Fexofenadine 180-360 od-bd</p> <p>↓ <i>If symptoms are uncontrolled after 1-4 weeks</i></p> <p>Third line: Add in Montelukast 10mg od ± Ranitidine 150mg bd Start using Symtrac Hives app to monitor symptoms Refer for systemic treatment ie SC Omalizumab or oral Ciclosporin Avoid systemic steroids except Prednisolone 30-40mg od for <u>1-2 weeks</u></p> </div>
<p>ADDITIONAL INFORMATION</p>	<p>Prescribing traffic lights: http://www.oxfordshireformulary.nhs.uk/ See guidelines:</p> <ul style="list-style-type: none"> BSACI guideline for the management of chronic urticaria and angioedema 2015: http://www.bsaci.org/guidelines/chronic-urticaria-and-angioedema The EAACI Guideline for the definition, classification, diagnosis, and management of urticaria: the 2013 revision and update: http://www.ga2len.net/PDF/Guideline.pdf