

## Urticaria

Urticaria is a raised red rash on the skin, known as 'hives'. It is often itchy and can appear anywhere on the body. Urticaria may be associated with swelling of the skin particularly in delicate areas such as eyelids, lips and inside the mouth. This is called angioedema, and it may be painful or uncomfortable.

An urticarial rash may last a short time and disappear without treatment, but if it is persistent, it may require investigation and treatment. There is usually no clear trigger and so it is often called 'spontaneous urticaria'. Symptoms lasting longer than 6 weeks are classified as 'chronic' spontaneous urticaria, while symptoms lasting less than 6 weeks are classified as 'acute' spontaneous urticaria.

Urticaria is due to the immune system releasing histamine, which causes inflammation.

There may be several reasons why this occurs:

- An allergic response to a specific trigger, for example, a food, a medicine, a bee or wasp sting or an environmental trigger such as pollen or exposure to animals
- A response to a viral infection, this is particularly common in children.

- An autoimmune health condition such as thyroid disease
- A specific factor within the immediate environment such as
  - Exposure to very hot or cold temperatures, for example hot/cold showers
  - Pressure on the skin from tight clothing
  - Situations that make people sweat, for example, exercise, emotional stress or eating very spicy foods
- No cause or trigger identified - this is called 'idiopathic' urticaria.

A **diagnosis** is made by taking a history of reactions and an examination or looking at photographs of reactions. Further tests including blood tests or skin prick tests may be suggested to help identify the underlying cause of urticaria. Sometimes, 'physical tests' such as applying pressure to the skin to see if the urticaria appears may be undertaken.

Although urticaria can be spontaneous, there are steps which can help manage this condition:

- **Keeping a symptom diary:** to track when and how often symptoms occur and identify patterns.
- **Take photos:** to help confirm the diagnosis.
- **Avoiding triggers:** certain medications or alcohol can trigger reactions, and if known should be avoided where possible.
- **Managing precipitating factors:** sometimes attacks can be brought on by another event such as an infection.

**Treatments may include:**

- **Antihistamines:** may be needed on a daily basis to control symptoms or used only when symptoms occur as a 'rescue' medication.
- **Add-on medications:** if symptoms are not adequately controlled with antihistamines, other medications, such

as Montelukast, may be recommended in addition for better control.

- **Steroids:** short courses of steroids during an acute attack may be necessary if symptoms are severe but are not usually used long-term.
- **Second-line treatments:** if symptoms are not adequately controlled, there are alternative treatments that work by adjusting the immune response. These are only available through specialist allergy/immunology services and include:
  - Antihistamines taken at doses higher than that recommended for routine use.
  - Omalizumab, an injection that is given beneath the skin once a month.
  - Ciclosporin or other immunosuppressants, which suppress the body's immune system.