NHS
Vale of York
Clinical Commissioning Group

Referral Support Service

Dermatology

D03
Angioedema

Definition

- Angioedema refers to oedema of the skin and /or mucosal surfaces with or without urticaria.
- Fatalities can occur if the airway is compromised.
- Swelling lasts for 1-3 days.
- GI swelling can cause colicky abdominal pain.
- For more details on Urticaria see guideline

Causes

- Idiopathic – often in response to emotional stress
- Angioedema with urticaria – foods, penicillin, latex, insect bites and stings
- Angiodema without urticaria – ACEi, ARBs, NSAIDs, aspirin. For further information on adverse drug reactions please see BNF.
- Inherited = hereditary angioedema (autosomal dominant C1 esterase inhibitor deficiency) causing complement mediated mast cell degranulation:
  - Check complement levels
  - More likely if patient suffers abdominal symptoms

Exclude Red Flag Symptoms

- Exclude anaphylaxis and airway compromise

General Points

- Urticaria and angioedema are closely related, share many causes and treatments and can coexist.
  They are both manifestations of mast cell degranulation in superficial or deep skin layers respectively.
- To view images of Urticaria, please click here
- To view images of Angioedema, please click here

Management

- Minimise any identifiable triggers as outlined above.
- **For people with severe symptoms** give a short course of an oral corticosteroid (e.g. **prednisolone 40 mg daily** for 3–5 days) in addition to an oral antihistamine.
- The mainstay of treatment is long-acting, non-sedating antihistamines (H1 blockers), often at higher doses than usual

Responsible GP: Dr Alison Hunter
Responsible Consultant: Dr Julia Stainforth
Responsible Pharmacist: Laura Angus
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  - e.g. **cetirizine or loratadine** once a day and increased up to 10mg qds (unlicensed dose) if required which can be used long term.
- If unsuccessful or side-effects try another antihistamine
  - e.g. desloratadine or fexofenadine +/- sedating antihistamine if sleep disturbed e.g. **chlorphenamine or hydroxyzine** (consider MHRA advice re: hydroxyzine).
  - Up to 2 to 3 x normal dose if necessary e.g. **loratadine 10mg tds plus chlorphenamine 4-12mg nocte.**
- Add H2 blocking anti-histamine e.g. **ranitidine** (unlicensed indication)
- Non-sedating antihistamine PLUS **montelukast** (unlicensed indication)
- Stop H2 blocker or **montelukast** if no benefit in 1month.

There is relatively little to choose between different antihistamines but individuals may vary in their response to different agents.

Use continuous medication if attacks occur regularly.

- Pregnancy – use **chlorphenamine**

Referral Information

Information to include in referral letter

- Possible triggers, family history
- Relevant past medical/surgical history
- **Photograph is desirable** (also encourage patient to take photograph of any episodes)
- Current regular medication
- BMI/smoking status

Referral to immunologist if:

- Anaphylaxis i.e. involvement of airway, breathing or circulation.
- Hereditary angioedema suspected

Patient information leaflets/ PDAs

- Angioedema
- Chronic Urticaria
- Acute Urticaria Hives

References

- Dermentz
- NICE CKS – Angioedema and anaphylaxis (June 2014)
- British Association of Dermatologists – Urticaria and Angioedema (June 2015)
- BSACI Guideline for the Management of Chronic Urticaria and Angioedema (Powell et al, 2015)

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