

Referral Support Service

Dermatology

D18 Urticaria

Definition



- Urticaria is the transient eruption of wheals which are itchy white papules or plaques caused by dermal oedema with a surrounding erythematous flare.
- A characteristic feature is that individual wheals last less than 24 hours.
- Most cases of urticaria are not due to allergy. Urticaria often coexists with [angioedema](#).

Exclude Red Flag Symptoms

- Symptoms of anaphylaxis and severe angioedema.
- If individual lesions last more than 24 hours consider alternative diagnosis:
 - Erythema multiforme
 - Urticarial vasculitis
 - Erysipelas
 - If female of child-bearing age polymorphic eruption of pregnancy
 - Connective tissue disease

General Points

The term urticaria refers to a group of different conditions:

- Acute urticaria lasts less than 6 weeks.
- Chronic urticaria lasts more than 6 weeks.
- Physical urticaria –symptoms as a response to physical stimulus eg pressure, cold, solar, water
- Contact urticaria –immediate whealing on contact with offending allergen eg latex
- Urticarial vasculitis –lesions last more than 24hrs and can burn as well as itch. Tend to bruise when wheals resolve

Management

General measures:

- Reassure the patient that urticaria is benign and usually self-limiting
- Keep the skin cool and avoid stress
- Minimise any identifiable triggers

- Foods nuts, white fish, shellfish, eggs, milk and some fruits esp strawberries, kiwis, citrus
- Drugs aspirin, NSAIDs, opioids, ACE inhibitors, antibiotics, statins, diuretics (see [BNF](#) for full information on adverse drug reactions)
- Physical triggers in physical urticarias
- Contact with allergens in contact urticarial
- Avoid aspirin NSAIDs, opioids, ACE inhibitors as will always aggravate
- Use a cooling anti-pruritic lotion e.g. **calamine or 1% menthol in aqueous cream**

Non-sedating Oral Antihistamines

- **Cetirizine or loratadine**
- Start with standard dose once a day
- If the response is inadequate the dose can be increased to 2 tablets daily – off-license use (if patient feels tired with 2 tablets once a day then take 1 tablet bd)
- If no benefit try a different antihistamine as patients vary in response to different drugs
- Reassure patients that it is safe to take antihistamines for as long as necessary

Sedating antihistamines

- Add in a sedating antihistamine (e.g. **chlorphenamine**) if symptoms interfere with sleep

H2 antagonists

- If response to antihistamines is inadequate consider 6 week trial of H2 blocker e.g. **ranitidine** in addition to antihistamine.

Oral steroids

- In a severe acute episode not responding to antihistamines reasonable to try 3-5 day course of **oral prednisolone**. (not recommended in chronic urticaria)

Antileukotrienes (e.g. montelukast)

- May provide additional benefit when taken with antihistamines
- No evidence of benefit if taken alone

Referral Information

Refer to dermatology if:

- Diagnostic uncertainty
- Chronic urticaria failing to respond to above measures
- Urticarial vasculitis
- Some patients with difficult to manage physical urticarias e.g. solar, cold
- Immediate treatment with adrenaline and transfer to hospital if anaphylaxis.

Investigations prior to referral

In most cases of urticaria no investigations are necessary but these may be helpful in some cases:

- Blood tests (RAST) for specific allergy

- IgE level in acute or contact urticaria
- FBC and ESR if urticarial vasculitis suspected
- Check TFT and autoantibodies in chronic urticaria – increased risk of autoimmune thyroid disease with some types of chronic urticaria
- H. pylori status – check if recalcitrant urticaria and dyspepsia. Treatment may improve urticaria
- Physical challenge if physical urticaria suspected

Information to include in referral letter

- How long symptoms have been present
- What treatments have been tried in primary care and response to these
- Any triggers identified
- **A photograph is desirable** and self-taken photographs useful to bring to OPD
- Relevant past medical/surgical history
- Current regular medication
- BMI/Smoking Status

Patient information leaflets/ PDAs

The [British Association of Dermatologists](#) has a helpful patient information leaflet.

References

- An excellent series of webpages covering the different types of urticaria and their management: <http://www.pcids.org.uk/clinical-guidance/urticaria-and-angioedema>
- Other useful overviews from [dermnet](#) and [patient.co.uk](#)
- [NHS CKS Urticaria](#)