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Urticaria and Angioedema

Urticaria causes itchy skin blotches called weals or hives. Angioedema causes painless swellings around the eyes, lips, face or elsewhere on the body. Urticaria affects 1 in 5 people at some time in their lives and it may occur alone (50% of cases), with angioedema (40% of cases), or angioedema may occur alone (10% of cases). Many people think that urticaria without an obvious cause is due to allergy, but this is not true.

Urticaria:

Weals (hives) can be few or many and they come and go. They can vary in size from less than a 5p coin to the size of a dinner plate. They have a raised irregular outline often surrounded by a red flare.

Acute spontaneous urticaria is a single attack or a cluster of attacks lasting from a few hours to six weeks. An overactive immune reaction to an unknown infection is the most likely cause.

Chronic spontaneous urticaria lasts from six weeks, with most cases lasting only a few months, to many years (occasional cases). Some people suffer continuously with attacks that last for days, whilst others suffer shorter attacks that come and go. Urticaria can be intermittent, with symptom-free weeks or months.

Chronic inducible urticaria is less common and the triggers are physical (cold urticaria, heat urticaria, dermographism, pressure urticaria). Some patients may suffer from more than one type.

Patients with *food allergy,* or *bee/wasp venom allergy* may suffer life-threatening attacks called *anaphylaxis.* Although the skin symptoms are similar, anaphylaxis and urticaria are different conditions. Whilst adrenaline auto-injectors (for example Emerade®, Epipen®) are recommended for anaphylaxis patients, they are not normally recommended for urticaria patients.

Causes: Attacks of urticaria occur when histamine is wrongly released from immune system cells called mast cells in the skin and mucous membranes. The reason why this happens is uncertain. It may be due to temporary immune system overaction, although other theories exist.

Angioedema:

When angioedema occurs alongside urticaria, the same mechanism applies. Histamine is incorrectly released from mast cells in the deeper skin or mucous membranes and this causes fluid to leak from tiny blood vessels into the surrounding tissues. Angioedema swellings may affect the lips, eyelids, face or elsewhere and the tongue or throat may swell. An adrenaline auto-injector is not always recommended as the chance of rapidly worsening or severe throat swelling is very low.

An important exception is the rare disease *hereditary angioedema*, in which throat swelling can be severe. Adrenaline auto-injector treatment is not suitable for this condition, although other effective treatments are available. It is diagnosed by blood test and there is often a family history.

Treatment: Urticaria and angioedema interfere with everyday life and require effective treatment. When patients suffer frequent attacks, doctors are advised to prescribe a non-sedating antihistamine to be taken every day without a break. If standard doses fail (and they do in about 50% of cases) doctors are advised to consult urticaria treatment guidelines about the safe prescribing of higher doses. Treatments are available for resistant cases and almost all patients can become free of attacks once their correct treament has been found.

What else can help? Avoid known provoking factors such as heat, cold, pressure from tight clothing, rubbing or scratching. Avoid aspirin (Anadin®), ibuprofen (Nurofen®), diclofenac (Voltarol®) and prescribed NSAIDs (non-steroidal anti-inflammatory drugs) which may provoke severe attacks in susceptible people.

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