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## URTICARIA

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Urticaria is also known as ‘nettlerash’ or ‘hives’. It consists of wheals - spots or patches of raised red or white skin – each of which usually clears away in a few hours, to be replaced by other fresh wheals. The wheals are usually itchy, painful or cause a burning sensation. It sometimes occurs together with swelling of various parts of the body (angioedema) – typically the face, hands and feet, although anywhere may be affected.

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Urticaria is very common and affects one person in five sometime in their lives. In most people it settles quickly and is no more than a mild inconvenience, but it can be severe, longlasting and troublesome in some cases.

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Urticaria is often thought to be due to allergy, but in fact, allergy is not a common cause of urticaria.

Mild transient urticaria may occur in some people in infection, or after excessive exposure to sunlight or UV light.

The **physical urticarias** are a response to physical factors such as pressure, heat and cold. This type of urticaria clears within thirty minutes to one hour and people suffering from it have usually identified the cause before visiting their doctor.

The more common type of urticaria lasts up to twenty-four hours and produces larger wheals and may not completely clear for several days. There is often urticaria under tight clothing, and there may occasionally be associated swelling of the lips and eyelids. Attacks which are recurrent may continue for weeks on end or be interlaced with lengthy periods with no symptoms. There are a variety of possible causes of this type of urticaria and in some people the cause is never identified.

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Company No: 4509293. Charity No: 1094231  
Registered in Scotland – Charity No: SCO39257

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In some cases (about 20%) the cause is true allergy to a food, drug or other substance that the person has eaten or been in contact with (plants, animals etc). Recurrent attacks, each lasting for only a few hours, especially if seasonal, are more likely to be allergy-related. They often occur in people who have other allergy symptoms (asthma, hayfever, food allergy etc).

It is not possible to identify an underlying allergy in the remaining 80% of patients who have chronic urticaria. Allergy blood tests and skin tests are usually negative.

In these patients, the urticaria may arise in a number of other ways:-

1. Associated with physical influences such as heat, cold, pressure etc.
2. Due to certain drugs such as aspirin, codeine, ibuprofen or related painkillers, blood-pressure drugs or statins.
3. Associated with eating certain chemicals added to foods (e.g. colourings and preservatives)
4. Rarely, as part of a disorder called urticarial vasculitis or other generalised illnesses.
5. In some people, foods may trigger urticaria through some other 'non-allergic' mechanism (non-allergic hypersensitivity, or food intolerance). Foods containing high levels of particular naturally-occurring substances such as salicylates or histamine are implicated in some people.

**Angioedema** is the name given to deeper swelling affecting the skin over the arms, legs, trunk or face. It may also affect the tongue, mouth, throat and sometimes the upper airway. These swellings commonly last for more than 24hr, and usually there is no itching. It is not possible to identify an underlying cause for angioedema in the vast majority of cases. Some drugs (including some used to treat high blood pressure) can cause angioedema, and there is also a rare inherited form.

**Urticaria and angioedema often occur at different times or together in the same person.** They occur in about 15% of the population at some time or other in their lives, women being affected more commonly than men. Urticaria occurs alone in about 40% of cases, angioedema in about 10% and they co-exist in the same individual (not necessarily at the same time) in about 50% of cases.

## **Investigations for urticaria**

Investigations are usually unhelpful. The total amount of IgE antibodies in blood is usually normal, and skin prick tests usually give negative results. There are no good laboratory investigations available. Some specialist centres offer elimination diets and challenges with suspected foods, chemicals or drugs, but these are not widely available.

Investigations normally centre on excluding other diseases and conditions which are sometimes related to urticaria, such as thyroid dysfunction.

## **Treatment of urticaria**

There are two important aspects of treatment for urticaria: avoidance of any reasonably suspected trigger and treatment with drugs.

Individuals who have urticaria due to aspirin may need to avoid foods that contain high levels of salicylates (see 'Aspirin / salicylates factsheet'). Advice regarding a low salicylate diet from a dietician may benefit those who are very sensitive to salicylates. Avoidance of certain food additives may similarly require detailed information. A good information leaflet on food additives is available from the Food Standards Agency.

Antihistamines are the mainstay of drug treatment for urticaria and angioedema. They may be taken just when required (at the onset of an episode of urticaria, when many of them will begin to have an effect within 30-60 minutes) or regularly to prevent episodes occurring. Several of the older antihistamines are very effective, but produce excessive tiredness in many patients. This occurs less often with the newer antihistamines. Some people find that one antihistamine works better than others, so that if the first one fails to control symptoms it may well be worth trying others. Specialists sometimes prescribe higher-than-usual doses, but this should only be done under supervision.

Other prescription drugs are used to treat urticaria and angioedema if ordinary antihistamines do not control the symptoms effectively. However it is not always possible to control the symptoms completely in some patients.

Urticaria often 'burns itself out' after a period of time, and the symptoms disappear. However this does not happen in every case.

Updated August 2009

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Next review August 2011