

## CHRONIC URTICARIA/ANGIOEDEMA

### Definition:

The presence of urticaria (hives) on most days, for a period longer than 6 weeks.

- Angioedema occurs in 40% of patients with Chronic Urticaria and usually affects the lips, peri orbital regions, extremities and genitals (seldom the tongue, throat or airway)
- This is often an autoimmune process and is very rarely associated with food allergy. Allergy testing and/or dietary restriction is rarely indicated.

### Information Required

- Response to antihistamines (see below)
- History of autoimmune disease
- Urticarial vasculitis (urticaria lasting >24 hours, with associated bruising) This constitutes a more urgent referral.
- If angioedema is occurring in the absence of urticaria, see angioedema management guidelines
- Some exacerbating factors may need avoidance (eg alcohol, NSAIDs, spicy food, heat, tight clothing)

### Investigations Required

- Investigations are usually normal in chronic urticaria.
- Can check FBC, ESR, liver enzymes, anti TPO antibody and thyroid function, H Pylori serology, EPG
- ANA, ANCA, C3, C4, CRP for patients with suspected urticarial vasculitis
- In patients who present with severe itch but minimal urticaria, check EUC, LFTs, FBC, iron studies.

### Fax referrals to Allergy/Clinical Immunology Service

Flinders Medical Centre

Fax: 08 8204 7483

### Red Flags

Red flags should prompt immediate GP referral to **Emergency Department**

- 🚩 Angioedema affecting oropharyngeal or laryngeal mucosa (Note – exclude ACEI as a cause)

### Suggested GP Management

- Maximal non-sedating antihistamines (may need up to 4x standard dose)- for adults
- Add ranitidine 150mg bd – for adults
- Add doxepin 10-25mg at night – for adults
- Prednisolone use should be restricted to very severe flares, and only used for 3-7days
- If urticaria remits, no need for referral

### Clinical Resources

- ASCIA Chronic Spontaneous Urticaria Guidelines <https://www.allergy.org.au/hp/papers/chronic-spontaneous-urticaria-csu-guidelines>
- Urticaria: Evaluation and Treatment. Paul Schaefer. American Family Physician 2011 May 1;83(9):1078-1084 <http://www.aafp.org/afp/2011/0501/p1078.html>

General Information to assist with referrals and the Referral templates for FMC are available to download from the SALHN Outpatient Services website [www.sahealth.sa.gov.au/SALHNOutpatients](http://www.sahealth.sa.gov.au/SALHNOutpatients)

Version	Date from	Date to	Amendment
1.0	September 2014	September 2016	Original
2.0	October 2018	October 2021	Revised – No Change Required