

**Investigations Required** 

Investigations usually normal in chronic

ANCA, C3, C4, for patients with suspected

Can check FBC, liver enzymes, CRP, Anti TPO, TSH,

## CHRONIC URTICARIA and ANGIOEDEMA

Definition: The presence of urticaria (hives) on most days of the week for longer than 6 weeks.

- Angioedema occurs in 40% of patients with chronic urticaria and usually affects the lips, periorbital regions and extremities (seldom the tongue, throat or airway)
- This is often an autoimmune process and is not associated with food allergy. Allergy testing is rarely indicated.

- Response to antihistamines (see below), requirement for corticosteroids
- Associated autoimmune disease
- Factors suggesting urticarial vasculitis- urticaria lesions lasting >24 hours, with associated bruising

If angioedema is occurring in the absence of urticaria, see angioedema referral guidelines

# Fax referrals to Allergy/Clinical Immunology Service

Royal Adelaide Hospital

08 7074 6241 Fax:

urticaria

H Pylori, ANA

urticarial vasculitis

## **Red Flags**

Red flags should prompt immediate GP referral to Emergency Department

Angioedema affecting oropharyngeal or laryngeal area

### **Suggested GP Management**

- Regular daily non-sedating antihistamines (standard dose, or up to 4x dose)
- Add H2 antagonist (ranitidine, famotidine
- Prednisolone- short course for very severe flares, for 3-7days only
- If urticaria remits, no need for referral

### **Clinical Resources**

- Urticaria: Evaluation and Treatment. Paul Schaefer. American Family Physician 2017 Jun 1;95(11):717-724 https://www.aafp.org/afp/2017/0601/p717.html
- ASCIA Chronic Spontaneous Urticaria Guidelines https://www.allergy.org.au/healthprofessionals/papers/chronic-spontaneous-urticaria-csuguidelines

General Information to assist with referrals and the referral templates for the RAH are available to download from the CALHN Outpatient Services website: https://www.rah.sa.gov.au/health-professionals/outpatient-referrals



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