

# PATIENT INFORMATION BROCHURE

## URTICARIA



Urticaria (hives, “bommels” or wheals) is an itchy, red or pink rash that blanches when pressure is applied. The rash occurs in “crops” on the skin. Each wheal lasts a few minutes to hours, leaving no trace on the skin but new wheals often appear in other places. Thus wheals appear to move from place to place. Wheals can vary in size from 1 mm to many centimetres and may be round or have a wavy border.

### **DURATION**

- Urticaria lasting less than 6 weeks is called acute urticaria.
- Chronic urticaria lasts for greater than 6 weeks.
- The causes of acute urticaria may be different from chronic urticaria.

### **CAUSES**

- Urticaria occurs when a substance called histamine is released from mast cells found in the skin.
- Allergic reactions, chemicals in foods, or medications can cause histamine release.
- Insect bites and certain internal diseases may also be responsible occasionally.
- If the reaction is severe it may progress or be part of the spectrum of anaphylaxis.

## **FOODS**

- Hives may appear within minutes or up to two hours after eating food(s) to which the person is allergic to.
- Urticaria can also be directly caused by “off” fish, preservatives, colourants and flavourants, and rarely with strawberries and shellfish.

## **DRUGS**

- Almost any drug (medicine) or over-the counter medication can cause hives.
- Common offending drugs include antibiotics, pain medications and seizure medications.
- If you have an attack of urticaria, it’s important to tell your doctor about all of the medicines that you take to assist him/her in finding the cause.

## **INFECTIONS**

- Certain infections or parasitic infestations may cause urticaria.
- Viral upper respiratory tract infections are a common cause in children.

## **TESTS**

- No routine tests are recommended for acute urticaria, unless it is part of the spectrum of a more severe anaphylactic reaction. See pamphlet “anaphylaxis”.
- Routine tests are recommended for chronic urticaria, but are usually limited to very basic blood tests looking for signs of any infection. Suspected drugs/additives could be tested for, and should be omitted.

## **TREATMENT**

- Avoid triggers such as heat, stress and alcohol.
- Your doctor may recommend that you avoid pain medicines
- Do not avoid any specific foods unless a specific food allergy has been proven. Your doctor will decide whether tests for food allergies are indicated and may have to contact an allergy specialist.
- If suspected, a trial of avoiding preservatives and other additives may be tried.

## **MEDICATION**

- Antihistamines given as pills or syrups are the best treatment. The older “sedating” antihistamines are usually avoided, unless sleep is a problem at night due to itching.
- For acute urticaria or infrequent episodes, treatment with antihistamines may be used just as required.
- Patients with chronic urticaria require regular daily use of antihistamines. If regular antihistamines do not stop hives from occurring, your doctor may increase the dose, even up to 4 times that usually given. This can only be done with the newer antihistamines and always under guidance of a doctor. If high dose antihistamines do not control the rash after 2 to 4 weeks, you should be referred to a specialist.

## **ANGIOEDEMA**

- This is a deeper swelling of the skin that occurs mostly in the hands and feet, face, genitals and throat, and is firm.
- It is also episodic, coming and going over a longer period than that of wheals. It may persist for up to 72 hours.
- Angioedema usually occurs with urticaria, but may occur on its own. (See Angioedema brochure)

## **PHYSICAL URTICARIA**

- Some people get urticaria from specific physical stimuli.
- Triggers include light pressure, cold, heat and sweating.
- The wheals of physical urticaria usually last less than 1 hour.
- Cold urticaria occurs during local cold exposure or swimming in cold water. This form can be more severe.
- “Cholinergic” urticaria is caused by heat, stress or fever. These tiny urticarial wheals are intensely itchy.
- Dermatographism (skin writing) is the commonest form of pressure urticaria, caused by stroking /scratching the skin. No treatment is usually required.

## **AUTOIMMUNE URTICARIA**

- About 40% of chronic urticaria is caused by an allergy to one’s own body.
- People with autoimmune urticaria have antibodies to their own mast cells that produce histamine.
- They may have angioedema as well, and the problem may last for longer and be more difficult to treat.
- It can usually be controlled with the normal medication given at higher doses.