



**Allergy &
Asthma**
ASSOCIATES

Understanding Urticaria and Angioedema

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What is Urticaria & Angioedema?

Urticaria (hives) and angioedema (swelling) are a very common condition affecting up to 10% of the population at sometime during their life. Urticaria is characterized by raised red lesions (welts) with a pale center that are very itchy and can occur at any location on the body. These lesions tend to change position on the body over time. Angioedema is a deeper swelling under the skin which is usually not as itchy and may be mildly painful. In rare cases it may become life threatening with swelling of the throat. In about 50% of people, hives and angioedema occur together, while hives occur alone in 40% and 10% have only angioedema.

Urticaria and angioedema can be divided into two large categories: Acute and Chronic.

Acute urticaria & angioedema

Acute urticaria and angioedema are hives and diffuse swelling which last less than 6 weeks. These are the most common causes of urticaria and angioedema and are usually due to:

1. Drugs including over-the-counter medications
2. Foods
3. Insect Bites
4. Viral Infections

Treatment includes avoiding a specific drug or food when possible and use of antihistamines and/or corticosteroids until the lesions have resolved.

Chronic urticaria & angioedema

By definition, chronic urticaria and angioedema are hives and swelling which last for longer than 6 weeks. The following are the most common causes of this condition:

1. Drugs including over-the-counter medications
2. Foods and Food Additives
3. Contacts
4. Allergies
5. Physical Factors
6. Infections
7. Hereditary
8. Systemic Diseases
9. Idiopathic

Please note that "nerves" or stress are not usual causes of chronic hives.

Drugs

Any drug including medication taken without a prescription such as aspirin and vitamins can cause hives. Even if a drug has been taken for years it could be triggering this skin reaction.

Food and food additives

Foods are usually not the cause of chronic urticaria but one should be suspicious of commonly eaten foods. Food additives such as tartrazine (FD & C Yellow Dye #5) and benzoates along with natural salicylates found in certain foods have been known to provoke chronic hives.

Contacts

Contacts at the home or office such as detergents, cosmetics, cleaners, and suntan lotions to name only a few have been reported to produce chronic hives. It is important to recall any new contacts at the time that the hives developed.

Allergies

Allergies are usually not a common trigger of chronic hives. Hives which occur with symptoms of hay fever and/or asthma may have inhalant allergy such as grass or weed

pollen and animal danders as an etiology and should be investigated.

Physical factors

Physical factors such as scratching the skin (dermatographism) and pressure will cause hives. In some people, cold, exercise, or sunlight have been known to provoke hives.

Infections

Hives commonly appear with underlying infections. In children viral infections are frequent causes of urticaria. Hives have been reported prior to the development of mono-nucleosis and hepatitis. Also bacterial, parasitic, and fungal infections have been linked to causing chronic hives.

Hereditary

Hereditary may play a role in certain causes of chronic urticaria and angioedema. One condition called Hereditary Angioneurotic Edema is characterized with intermittent episodes of painful swellings due to an enzyme deficiency. Usually there is a family history of this problem.

Systemic Diseases

Numerous systemic disease have been associated with chronic hives. Autoimmune disorders such as systemic lupus erythematosus and rheumatoid arthritis and endocrine disorders especially hyperthyroidism can have chronic hives. In rare cases, malignancies of the lung and colon have been reported with hives and swelling.

Idiopathic urticaria & angioedema

Studies have shown that over 80% of chronic hives and angioedema have no known demonstrable cause. This is called idiopathic urticaria and angioedema. The good news is that in about 50% of such patients, the hives and swelling will resolve by itself in a year or less, and there is nothing seriously wrong with the patient's health.

Evaluation and treatment

The allergist will obtain a detailed history and physical examination along with appropriate laboratory workup to try to identify the cause of this condition. In certain patients avoidance of certain drugs or foods might be indicated while in others allergy tests may be needed. Obviously, if a cause is found for the hives then treatment is directed toward eliminating it. Since in most patients the condition is idiopathic, treatment consists of medication to control the hives and swelling until the condition resolves by itself. The main medication for the treatment of hives are H1 antihistamines, such as Atarax, Benadryl, Periactin, Seldane and others. If antihistamines alone do not control the symptoms, then many times a different type of antihistamine, H2, which is used to treat stomach ulcers, is prescribed. These drugs include Tagamet, Zantac, Axid, and Pepcid, and for many patients, these drugs taken along with H1 antihistamines will bring relief. In some patients, other drugs may include Sinequan (doxepin) or terbutaline. Oral corticosteroids should only be used as a last resort for chronic urticaria because their daily use can cause numerous unwanted side effects.

It is important that the patient understands this condition which can be very frustrating but can usually be controlled through medications.

Your allergist has prescribed: _____

It is very important for your to take this antihistamine regularly because the regular use of antihistamines will usually stop the occurrences of hives. The antihistamine which your allergist has prescribed for your hives should be taken for 6 weeks after your hives have cleared up before you discontinue it. If your hives do not clear up on this prescribed medication, please call the office and let one of the nurses know. You may need to take two different antihistamines at the same time to clear up your hives. If you are on more than one antihistamine, then these medications should be discontinued one at a time after the 6 week hive-free period has finished.