



Chronic Spontaneous/Idiopathic Urticaria (Chronic hives)

Overview

Hives, also known as urticaria, affects about 20% of people at some time during their lives. It can be triggered by many substances or situations and usually starts as an itchy patch of skin that turns into swollen red welts.

What If Your Hives Do Not Go Away?

Rarely, cases of hives last more than six weeks and can last months or up to 5 years. This condition is known as chronic spontaneous/idiopathic urticaria (ongoing, of unknown cause).

It can affect 1.4% of the general population and is seen in women twice as commonly as men. Chronic hives can be very frustrating and challenging to find the etiology (true cause) and to control.

Some of these cases are associated with an autoimmune disorder, occurring when the body attacks its own tissues in response to a trigger. Chronic hives may also be signs of thyroid disease or other hormonal problems. In most cases, no true etiology is found.



Symptoms

Chronic hive symptoms are generally the same as “short-lived” hive symptoms but appear at least twice a week and last more than six weeks. Consider keeping track of your symptoms over a period of time to assist your discussion with your allergist. Symptoms include:

- Raised itchy bumps, either red or skin-colored
- “Blanching” (when pressed, the center of a red hive turns white)

Diagnosis

Chronic hives should be evaluated by an allergist, who will ask about your and your family’s medical history, substances to which you are exposed at home and at work, and any medications you’ve taken recently.

Patients with CSU/CIU often believe that their condition is due to food allergies, but it’s been established that, for almost all patients with this disorder, the condition is not triggered by foods.

Management and Treatment

Oral antihistamines are the mainstay of treatment for chronic urticaria because they work by blocking the effect of histamine, a chemical in the skin that can cause allergy symptoms, including hives.

Antihistamines that don't make you drowsy are preferred. They are effective and long-lasting and have few side effects. Your allergist may recommend a combination of two or three antihistamines to treat your hives.

If these medications are ineffective, higher dosages may be tried, or other treatments such as sedating antihistamines, anti-inflammatory agents, and sulfones may be attempted.

Although prednisone, an oral steroid, works very well in controlling severe outbreaks of hives, it also has long-term side effects, making it undesirable for chronic use. Steroids should be avoided whenever possible.

There are, however, non-steroid drugs with anti-inflammatory properties that can be used; some of these drugs, when added to daily antihistamines, have been shown to improve or completely control difficult-to-treat hives. Such medications include leukotriene antagonists, hydroxychloroquine, dapsone, azulfidine, omalizumab, cyclosporine and others. H2 antihistamines like famotidine, normally used for heartburn, are prescribed for hives by some doctors. Because many of these medications are by prescription only and can have side effects, they should be prescribed by an allergist or dermatologist with experience in treating chronic hives.

According to the U.S. Food & Drug Administration (FDA), omalizumab is the one approved biologic* for chronic idiopathic/spontaneous urticaria. It is prescribed for adults and adolescents 12 years of age and older who remain symptomatic despite antihistamine treatment.



Discuss your symptoms with your allergist, who will provide an evaluation tailored to you with potential strategies for managing symptoms.

* The FDA defines biologics as products made from natural sources.

To learn more about Chronic Spontaneous/ Idiopathic Urticaria (Chronic hives), visit acaai.org.

Find an allergist. Find relief.

Anyone with allergies and asthma should be able to feel good, be active all day and sleep well at night. You don't need to accept less. Allergists are specially trained to help you take control of your allergies and asthma, so you can live the life you want.

When should I see an allergist?

See an allergist if you have any of these conditions. Allergists treat two of the nation's most common health problems – allergies and asthma. More than 50 million people in the United States have these allergic diseases. Although symptoms may not always be severe, allergies and asthma are serious and should be treated that way. Many people with these diseases don't realize how much better they can feel. Allergists also treat conditions with similar symptoms, such as non-allergic rhinitis.

What is an allergist?

An allergist is trained to find the source of your symptoms, treat it and help you feel healthy. Life's too short to struggle with allergies or asthma. An allergist can help you find the answers you're looking for.

After earning a medical degree, the doctor completes a three-year residency training program in either internal medicine or pediatrics. They then finish two or three more years of study in asthma, allergy and immunology. The best way to manage your allergies or asthma is to see an allergist.