

Patient information

Urticaria

What is urticaria?

- Urticaria is the medical word for the skin rash we know as 'hives' or 'nettle rash'. There are 3 distinct types of urticaria:
 - **Acute urticarial** lasts between several hours up to 6 weeks. It follows an allergic reaction in one third and viral illnesses, like a cold or diarrhoea, in a further third. In the last third no cause is found.
 - **Chronic urticaria** isn't caused by an allergy, persists beyond 6 weeks and can last for months or years, in rare cases up to 5 years.
 - **Physical urticaria** is triggered by physical factors such as cold, heat, or pressure.
- Chronic urticaria is a common condition affecting 1 in 10 children at some time in childhood and 1 in 3 adults. The cause is usually not identified particularly where the condition follows the expected pattern. In this case we call it chronic spontaneous urticaria. In rare instances an underlying cause, such as thyroid disease or autoimmune conditions like lupus, may be identified by appropriate blood tests.

Urticarial symptoms

- The symptoms of urticaria are the nettle rash, which is often raised and itchy.
- The rash looks similar to the rash caused by nettles. There are small raised areas called weals, which are white or red in colour. The surrounding skin is usually reddened and called a flare.
- The weals are 1-2 cm across but can vary in size. They can be any shape, but are often circular. As a weal fades, the surrounding flare remains for a while.

This makes the affected area of the skin appear blotchy and red. The blotches fade and then the skin returns to normal. The weals usually last less than 24 hours.

- Urticaria is often associated with swelling of the tissue underneath the skin. This can affect any part of the body, although is most common on the face or lips. The swelling almost never affects the tongue or throat. Swelling can take up to 3 days to go.
- The rash is often itchy – not as itchy as eczema. The swelling is most often not itchy.

Urticaria treatment

- High doses of non-sedating antihistamines may be needed for prolonged periods of time of up to 6 weeks or more. Short courses of oral steroids are occasionally required to settle severe symptoms. (high doses = up to 4x recommended doses).
- Oral steroids like prednisolone are very rarely needed to control symptoms. They may be prescribed where symptoms persist despite adequate treatment with high dose antihistamines.
- In acute urticaria the symptoms usually last only a week, which means that treatment will be necessary for more than a week.
- The antihistamines used in urticaria include loratadine (Clarityne), cetirizine (Zirtec), desloratadine (Neoclarityne), laevocetirizine (Xyzal) or fexofenadine (Telfast). All are safe and effective with little or no sedative effects and can be used in prolonged courses.

Other treatments are soothing creams, cooling the skin with a cool bath or shower and avoiding identified triggers in chronic urticaria like cold air or cold water, or certain foods (**only** after seeing the dietitian).

With thanks to the Children's Allergy Clinic, University Hospitals of Leicester NHS Trust, for permission to reproduce this information.

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