

**Comprehensive Family Care Center**  
Family Practice and Obstetrics

Alfred D. Arline, M.D.  
Kern Low, M.D.  
Steven L. Milligan, M.D.  
Ronald M. Palm, D.O.  
Shirley U. Salvatore, M.D.

Louise E. Schottstaedt, M.D.  
Laura A. Stein, M.D.  
Lynn M. Strange, M.D.  
B. Leigh Vall-Spinosa, M.D.



2002 Lake Avenue, Suite D  
Pueblo, Colorado 81004  
719-562-1122  
719-562-0244 - Fax

## **Chronic (Ongoing) Urticaria**

Urticaria is one cause of an itchy rash. Urticaria can be acute (sudden onset and lasting a short time) or chronic (ongoing). This leaflet deals only with chronic urticaria. About 1 in 1000 people develop chronic urticaria at some stage in their life. It is twice as common in women than men. Chronic urticaria means that an urticarial rash develops on most days for at least 6 weeks. Some people have a rash 'on and off' for months or even years.

### **What does the rash of urticaria look like?**

The rash consists of pale areas of skin (weals) with each weal surrounded by a red, flushed area (flares). The pale, whitish weals look like mild blisters. The weals are commonly 1-2 cm across but can vary in size. There may be just a few but sometimes there can be many over various parts of the body. Sometimes weals next to each other join together to form larger ones. The weals can be any shape but are often circular. As a weal fades, the surrounding flare and redness remain for a while causing the affected area of skin to look blotchy and red. This then fades gradually and the skin returns to normal.

Each weal and flare lasts less than 24 hours but as some fade away, others may appear and it can seem as if the rash is moving around the body. The weals are usually itchy. The rash may clear completely only to return a few hours or days later.

### **What causes chronic urticaria?**

The cause is not known in most people with chronic urticaria. This is called 'idiopathic urticaria' meaning urticaria of unknown cause. A 'trigger' is thought to release chemicals, such as histamine, from cells under the skin. The chemicals cause inflammation and fluid to pool under the skin (causing weals) and the blood vessels to open wide or 'dilate' (causing the flare around the weals). The trigger or cause is not known or identified in most people.

Pressure on the skin, heat, cold, emotion, exercise, alcohol, certain medicines or strong sunlight may make chronic urticaria worse. Sometimes one of these is the underlying cause of the rash.

Chronic urticaria is thought to be an 'autoimmune' problem in some people. Autoimmune means that the body's antibodies cause disease. Antibodies normally fight off germs (viruses and bacteria). In some people, one type of antibody attaches to cells under the skin and causes them

to release histamine and other chemicals. The reason why this happens is not clear.

An allergy to a food, medicine or parasite (such as worms in the bowel) is a rare cause of chronic urticaria. A skin specialist may advise tests if an allergy is suspected.

### **Is chronic urticaria serious?**

The rash is usually itchy. Each weal usually lasts less than 24 hours. However, as the rash may constantly come and go, the ongoing itch may cause distress. Treatment aims to relieve the itch.

*Angioedema* occurs in about half of people with chronic urticaria. This is a swelling of the face, lips, tongue, eyelids and mouth. In some people the lining of the mouth and windpipe (trachea) also swell and breathing may become difficult. Angioedema lasts 1-2 days before settling and occurs from time to time. It can be alarming and occasionally serious if breathing is affected.

### **What is the course and outcome (prognosis) of chronic urticaria?**

Chronic urticaria tends to 'come and go' with daily flare-ups of the rash and then times when the rash may go away for a while. The severity of the rash and itch varies from person to person. Some things (described above) tend to make the rash flare up worse than usual. Chronic urticaria may go away after a few months but can last several years. About half of affected people will be clear of chronic urticaria within 3 years after it first started. However, in about 1 in 5 affected people it persists for 10 years or more.

### **What are the treatments for chronic urticaria?**

- *Antihistamine medication* is the usual treatment. Histamine is one of the chemicals involved in causing the rash under the skin. Antihistamines block the action of histamine. There are a variety of antihistamines. Some older ones tend to cause drowsiness but may be useful to take at bedtime. Modern antihistamines are less likely to cause drowsiness and can be taken regularly. Most affected people have at least partial and sometimes total relief of their symptoms with antihistamines. Some people respond to one antihistamine better than another. If one antihistamine has not helped much, a different one may suit better. If weals usually develop on 3 or more days each week, it is best to take the antihistamine every day whether weals are present or not. This is to *prevent* weals and itch developing rather than taking medication 'now and then' in response to weals that develop.
- *Soothing creams* such as calamine cream or menthol in aqueous cream are useful to cool the skin and help relieve itch.
- *Steroid medication* damps down inflammation and may ease urticaria. However, it is not a usual treatment due to the serious side effects likely to occur if steroids are taken regularly. Occasionally a short course of steroids is advised for a particularly bad flare-up.
- *Other treatments* may help in some people. For example, doxepin, which is usually used as an antidepressant, has been found to help some people. 'Anti-immune' treatments have been tried for severe situations. These are still in the experimental stage and further

research into these and other treatments continues.

If angioedema occurs, antihistamines usually help but an inhaler may also be necessary to relieve any swelling of the mouth or windpipe. Occasionally, an adrenaline injection and emergency hospital treatment is necessary if breathing becomes severely affected.

### **What can I do to help chronic urticaria?**

- Urticarial weals tend to occur at sites of local pressure, for example under belts, under tight fitting clothes and shoes, etc. These are best avoided.
- Urticaria is more likely to erupt in warmer conditions. It is best to keep cool, in particular keep the bedroom cool to reduce itch at night.
- Urticaria appears mainly in the evening in some people. A tepid bath or shower may relieve the itch before bedtime and help with sleep.
- Alcohol, some medicines or a physical cause makes urticaria worse in some people. Avoiding one or more of the following may help: aspirin, anti-inflammatory medication, codeine, ACE inhibitor medication, alcohol, hot baths, strong sunlight, and undue emotion.