



**SPECIALTY: GENERAL MEDICINE - DERMATOLOGY**  
**CLINICAL PROBLEM: URTICARIA**

Most patients with urticaria should be managed in the GP surgery. It is important to ask relevant questions to rule out physical causes of urticaria, such as cholinergic, cold urticaria, aquagenic urticaria and dermographism. Urticaria is easily recognized by typical well-defined oedematous wheals.

**MANAGEMENT OF URTICARIA**

Acute episodes of urticaria may have an obvious cause, either a drug or foods which are well known to produce acute urticarial reactions. For example foods such as shellfish, fruits, and nuts. Persistent episodes of urticaria which lasts more than three months are defined as chronic urticaria and here an allergic cause is seldom found.

Routine investigations should be carried out to exclude any associated diseases and these should include thyroid function tests, routine biochemistry, full blood count and erythrocyte sedimentation rate (ESR). Patients with urticaria and a high ESR need referral for exclusion of autoimmune disease and urticarial vasculitis.

**Patients with chronic urticaria do not require skin testing either with prick or patch tests.**

The vast majority of patients with chronic urticaria remit spontaneously within six months. About 40% of patients find that their urticaria is aggravated by exposure to salicylates, so tell all patients to avoid all aspirin-containing drugs. Paracetamol should be used as an alternative analgesic provided the individual is not allergic to them also.

**REFER TO HOSPITAL FOR DIETARY ADVICE**

If chronic urticaria persists beyond six months, dietary manipulation can be tried in co-operation with a dietitian.

**There is no evidence that excluding milk, wheat, and allowing low salt is effective for urticaria which has been proposed as Alternative Practice advice.**

Diets free from salicylates, azodyes, (tartazines; the dye FD&C yellow No 5), sulfonamides. and preservatives are effective for some patients. The diet should be discontinued if there is no improvement after four weeks.

## ANTI-HISTAMINES

Antihistamines are still the mainstay of treatment for chronic urticaria.

Antihistamines which only need to be taken once daily, include loratadine and cetirizine (10mg daily). Both products are becoming increasingly popular because of their lack of significant cardiovascular effects as well as lack of sedation. If these are ineffective, then the more old-fashioned sedating antihistamines can still be very effective; for example chlorpheniramine or hydroxyzine.

There is no evidence that exclusion diets such as milkfree, wheatfree diets, are of benefit. These diets are often recommended by alternative practitioners.

### **REFERENCES:**

Dr Russell-Jones, FRCP. Guidelines for GP Referrals in Dermatology 1997; p64.

Dr Mark H Beers and Dr Robert Berkow, The Merck Manual of Diagnosis and Therapy, Seventeenth Edition, Centennial Edition, 118/ Dermatological Disorders p822-823.

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