



# Medicine for Managers

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## Urticaria (Hives)

**Urticaria is a skin condition which causes raised red lumps (or welts). It is often very itchy and frequently results from an allergic reaction to food or to something with which the individual has been in contact. It may come and go very quickly or last a long time. The disorder may be treated with antihistamines or, when necessary, steroids. It is estimated that about 20% of people will get an urticarial rash at least once and for about 2% it is chronic.**

**L**ike any allergic reaction, urticarial reactions occur when the body's immune system is challenged by an allergen.

Such allergens are often simple proteins which, though harmless to most people, will cause an allergic reaction in those who are sensitive.



The rash is often very itchy but in some people may give a burning or stinging sensation. The individual elements of the rash may be as small as a finger nail or as large as a dinner plate.

The individual skin lesions may coalesce to form

plaques, which usually have clear defined edges. They may be pale or quite pink.



The plaques may change shape, move, coalesce or disappear. Most urticarial episodes tend to fade within twenty-four hours. Sometimes, an urticarial rash may appear when the individual is hot or cold, exercising or sweating. Urticaria is **not infectious**. Scratching, alcohol, exercise and emotional stress may worsen the itching.

**Triggers** may include:

- Foods (e.g. peanuts, eggs and shellfish)
- Some medicines
- Insect bites
- Infections
- Pet dander
- Pollen and some plants

Urticaria is classified into acute and chronic.

**Acute Urticaria** doesn't last very long and usually only a maximum of a few days (although occasionally up to six weeks).

**Chronic urticaria** occurs recurrently and for a period in excess of six weeks.

### ***Symptoms of urticaria***

The appearance of the rash is variable depending on the person and the circumstances under which it occurs. Acute features include:

- Raised bumps or welts on the skin
- The area blanches when pressed with a finger
- The skin is itchy
- There may be some swelling associated with the rash
- Sometimes there is associated swelling of the lips, eyes or throat

The chronic form may appear very like the acute form.

- They too are itchy, swollen, raised and blanch on pressure
- The area and shape of the rash may change
- The rash may appear, disappear and reappear every few days over a long period
- They may occur with exercise or stress

### ***What is the urticarial mechanism?***

The rash is an allergic response to something eaten, drunk, contacted or inhaled. Cells called **mast cells** are activated by the protein challenge and produce chemicals including **histamine**. It is the histamine that may result in the rash. It is often the case that it is difficult or impossible to identify the cause of the urticaria.

Chronic urticaria is not usually caused by allergy but by infections from bacteria or viruses or a range of other medical conditions. Again the cause may not be identifiable and the medical term for such an urticarial rash is **idiopathic** or **spontaneous**.

### ***Diagnosis***

The diagnosis is usually made by inspection because an urticarial rash usually has a characteristic appearance. In order to identify the cause, allergy tests may assist in diagnosis.

Such tests may include:

- **Skin tests** where possible allergens are tested on the skin either using patches (patch testing) or by scratching the skin (skin prick testing).
- **Blood tests** to check for specific antibodies (formed in response to antigens causing the allergic reaction)

### ***Treatment of urticaria***

Urticarial rashes most commonly disappear without any treatment. In such cases the GP may suggest having an anti-histamine at home to reduce the chances of a recurrence.

If treatment is required, it is normally with **Antihistamines** to block the effects of histamine. A variety are available over the counter at the pharmacy

For difficult-to-control chronic urticaria, remedies may include:

- Simple measures such as cool showers and loose-fitting clothes.
- Antihistamine tablets
- Oral steroid tablets. A short course of a steroid such as prednisolone may be

used in cases resistant to treatment with anti-histamines

- Adrenaline. Very occasionally, a severe acute allergic reaction may lead to a life-threatening anaphylaxis (causing breathlessness, wheezing, vomiting, low blood pressure) In such circumstances an **Epipen**® should be employed to reverse the anaphylactic effects.

experience one episode or may identify the allergen causing the skin changes and avoid it to avoid recurrence.

Severe consequences associated with urticaria are extremely rare but, in such circumstances, an Epipen to inject adrenaline should be carried.

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For most people with urticaria, they are not in any way serious. For many they may only