

Reports on Scientific Meetings

Dinner Symposium of Management of Allergic Diseases

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Venue: Sheraton Hong Kong Hotel & Towers, Tsimshatsui, Kowloon, Hong Kong
Organisers: The Hong Kong Society for Paediatric Dermatology and The Hong Kong Society of Dermatology & Venereology

State-of-the-art treatment for allergic diseases: Urticaria and other allergic diseases

Speaker: GW Canonica
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Urticaria affects 15-25% of the population with at least one episode during lifetime. Chronic spontaneous urticaria is defined as the presence of spontaneously occurring wheals and/or angioedema for a period longer than six weeks. Patients affected by chronic urticaria can have decreased quality of life, psychological stress and decreased productivity. According to the 2013 EAACI/GA²LEN/EDF/WAO recommendations on urticaria management, modern second generation non-sedative

H1-antihistamines are recommended as first-line symptomatic treatment because of their good safety profile. It should be taken continuously at the lowest dose necessary to control urticaria rather than on demand. The dosage can be increased up to fourfold the standard dose to control symptoms. Various factors have to be considered before the use of antihistamines, including age, underlying renal or liver failure, potential drug interactions and cardiac effects of antihistamines. If chronic urticaria remains refractory to antihistamines, omalizumab, ciclosporin or montelukast may be prescribed as add-on therapy. A short course of oral corticosteroid may also be used as a last resort during times of crisis.

Bilastine is a new non-sedative H1-antihistamine with high affinity for the H1 receptor. It appears to be a potent, effective and well-tolerated treatment option for chronic urticaria.

Learning points:

Modern second generation H1-antihistamines are considered as the first-line symptomatic treatment for urticaria.