The Hong Kong Society of Dermatology & Venereology Scientific Lecture

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New perspectives in the treatment of urticaria

Speaker: Ralph Mösges
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Up to 25% of the total population experience urticaria at least once in their lifetime. Uncontrolled symptoms have a significant impact on the patients' quality of life. However, the current standard therapy with regular H1 antihistamines does not control symptoms in more than 50% of patients with chronic spontaneous urticaria.

The 2013 EAA/GA2LEN/EDF/WAO Guideline for urticaria recommends use of modern second-generation antihistamines as the first-line treatment because of their good safety profile. Increasing the standard dose up to fourfold can act as second-line treatment. In fact, studies indicate that updosing of an antihistamine has a higher anti-pruritic effect compared to combining multiple antihistamines. Omalizumab, cyclosporin A or montelukast are regarded as third-line treatments. A short-course of oral corticosteroids may also be used in acute situations.

The speaker introduced bilastine as a novel non-sedating antihistamine indicated for allergic rhino-conjunctivitis and urticaria. It is highly selective for the histamine H1 receptor. It is well absorbed in the fasting state with rapid onset of action and can be taken once daily. As penetration of blood-brain barrier is negligible, driving performance is not affected.

Bilastine is excreted through the faecal (2/3) and renal (1/3) routes. It does not interact with other drugs which undergo hepatic metabolism. No dosage adjustment is required for renal or hepatic impairment, or for the elderly. Concerning the cardiovascular profile, there is no clinically relevant increase in QTc interval. However its safety and efficacy in children <12 years old, pregnancy and nursing mothers have not yet been established.

Learning points:

Current guideline recommends the use of modern second-generation antihistamines as the first-line treatment for urticaria. Treatment with bilastine may be considered.