

## The New Era of Antihistamines in Treatment of Urticaria

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Chronic urticaria is a group of diseases characterised by recurrent itchy wheals and/or angioedema. It is classified as chronic urticaria if it lasts longer than six weeks and can be further divided into chronic spontaneous urticaria (CSU) and chronic inducible urticaria (CIU). Both can cause severe impairment of quality of life and are associated with considerable costs to the healthcare system.

In the work-up for CSU, other differential diagnoses need to be excluded (e.g. acquired angioedema, urticarial vasculitis, etc.) and to rule out severe inflammation (e.g. raised inflammatory markers and differential white cell

counts) and to monitor disease activity and impact (e.g. Urticaria Activity Score, Urticaria Control Test, etc. Similarly for CIU work up, one also needs to assess for the presence of precipitating factors; measure the trigger threshold and assess/monitor disease activity.

Regarding the therapeutic strategies, the aim would be for complete symptom control. Second generation antihistamines are the first-line treatments, which can be increased to four fold of standard dose if clinically indicated. Bilastine, which is a non-sedating antihistamine, may have better effect in wheal inhibition, flare inhibition, response rate, and quality of life. It also has rapid onset and long duration of action. For recalcitrant chronic urticaria, omalizumab and cyclosporin A may also be alternative treatment options.

### **Learning points:**

Chronic urticaria can be disabling and difficult to treat. Optimising antihistamine use should be considered in difficult cases.