

# Urticaria and angioedema

Information and advice for patients

## *Immunology*

### **What is urticaria and angioedema?**

#### **Urticaria**

Urticaria, also known as hives, is where itchy pink/red swellings appear on the skin.

1 in 5 of us gets urticaria at some stage in our life. Each urticaria swelling can last from a few hours to 3 days.

#### **Angioedema**

Angioedema is swelling of the deeper layers of the skin. Swelling can occur anywhere but is more common on the lips, eye lids and tongue. Swellings are usually skin coloured and can be itchy, tingly and/or painful. Angioedema, particularly itchy angioedema often occurs along with urticaria.

### **What causes urticaria and angioedema?**

Both urticaria and angioedema are caused by the release of a chemical called histamine. Histamine can be released as a result of allergy, heat, cold, pressure, trauma, stress and infections.

A single episode of urticaria and angioedema within 1 hour after food can be due to food allergy. Reactions few hours after food are not due to food allergy.

In some cases histamine can be released because the immune system is overactive and acts against itself.

Histamine can also be released for no apparent reason, causing urticaria and/or angioedema; when this happens it is called spontaneous or idiopathic urticaria/angioedema.

If you have recurrent episodes for more than 6 weeks this is chronic urticaria and angioedema.

### **Is urticaria and angioedema dangerous?**

Urticaria and angioedema due to food allergy can be serious. Chronic urticaria and angioedema in the vast majority is not due to allergy and is not damaging to your general health. In chronic urticaria the tongue may swell, but this is harmless and does not cause breathing problems. If you have asthma you may have a tendency to wheeze with chronic urticaria and the best treatment for this is regular use of asthmatic medication. In half the people with chronic urticaria, the rash lasts for 6 to 12 months then gradually disappears and does not usually come back.

Spontaneous/idiopathic urticaria and angioedema is not caused by food allergy and is not serious. Urticaria/angioedema caused by the immune system being overactive is also not serious.

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### **How is urticaria and angioedema diagnosed?**

Urticaria and angioedema are diagnosed based on the appearance of the rash and swelling and how it starts and resolves. As the hives and swelling may not be there when you go to see your doctor, photographs of these would help your doctor in making the diagnosis. There are no blood tests to diagnose urticaria and angioedema but your doctor may do blood tests to look for the causes of urticaria and angioedema.

You can mark around an urticaria to see exactly how long it lasts; this may help your doctor differentiate between different types of urticaria.

If you think your symptoms may be caused by food allergy you should keep a diary writing down what you ate in the hour before urticaria and angioedema started. If this shows that there is a common trigger your doctor can do further tests for food allergy.

### **How are urticaria and angioedema treated?**

The most commonly used treatment for urticaria and angioedema is antihistamines. Antihistamines block the effect of the histamine that is released and reduce the itching and rash in most people. If the urticaria occurs frequently then the antihistamines are best taken regularly as they are much better at preventing attacks than reversing them.

If you have no urticaria and/or angioedema for a period of time, you may wish to try stopping your antihistamine.

### **What are the benefits of antihistamines?**

The benefit of antihistamines is that they can reduce the severity of urticaria or prevent it.

### **What are the risks of antihistamines?**

There is a risk that in some people the antihistamines will not completely relieve the symptoms. Some antihistamines can cause drowsiness so it is recommended that you only use non-drowsy antihistamines during the day. A list of possible side effects can be found in the manufacturer's leaflet that comes with the medication; please read this carefully before taking it. Reports of serious side effects are rare.

### **Are there any alternative treatments?**

There are many different types of antihistamines and different ones work for different people, so if your antihistamine does not control your symptoms you may be offered an alternative one. There are also alternative treatments, such as corticosteroids, available if antihistamines do not control your urticaria and angioedema.

If the cause of your urticaria and angioedema is suspected to be your immune system being overactive your doctor may consider treatments to suppress your immune system.

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### **What are the risks of not having treatment?**

Even without treatment urticaria and angioedema will eventually settle but without treatment the itching, which can sometimes be severe, may be difficult to cope with and some people find the appearance of the rash troubling.

### **Further information**

If you have any questions or concerns about your urticaria/angioedema, please contact your consultant's secretary.

#### **Immunology secretaries**

0121 507 4250

Monday – Friday, 9am – 5pm

For more information about our hospitals and services please see our website:

**Sandwell and West Birmingham Hospitals NHS Trust**

[www.swbh.nhs.uk](http://www.swbh.nhs.uk)

### **Sources used for the information in this leaflet**

- British Association of Dermatologists, 'Urticaria and angioedema', January 2006
- British Society for Allergy and Clinical Immunology, 'Guidelines for the management of chronic urticaria and angio-oedema', 2007

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5420 or email: [swb-tr.swbh-gm-patient-information@nhs.net](mailto:swb-tr.swbh-gm-patient-information@nhs.net)



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