

Urticaria Guidelines

Urticaria (hives) is small areas of raised, blotchy skin that is incredibly itching and can be very bothersome to the patient. It is important to treat and control chronic hives as they can have a detrimental effect on your child's school performance and quality of life. Hives appear for a variety of reasons and can often be accompanied by swelling (angioedema). In general we look at acute and chronic urticaria in very different ways (see below).

Of note, we do find it useful to take pictures (on your cell phone) of the hives when they are present to bring with you to clinic.

Acute urticaria

- Defined as hives for <6 weeks
- The most common causes of acute hives are viral infections, food allergy, environmental allergy, or drug allergy. Diagnosis is often based on a careful history of your reaction. Once trigger is identified, your hives and swelling should go away. Your doctor may elect to treat symptomatically with antihistamines (zyrtec/cetirizine or allegra/fexofenadine and zantac/ranitidine) for 1-2 weeks to alleviate symptoms.
- Depending on your history, your doctor may elect to refer you to an Allergist/Immunologist for further evaluation and testing.

Chronic urticaria

- Defined as hives (and/or swelling) more days then not for >6 weeks.
- >90% cases of chronic urticarial will have an unidentified cause (idiopathic)
- Despite not being able to identify the cause, the good news is we are almost always successful at treating the hives and getting them to go away
- Because of the failure to identify a cause, labs are typically not helpful in patients with chronic urticarial. Labs should be considered in patients with systemic/constitutional symptoms (fevers, night sweats, weight loss, arthritis, ect). Basic labs your provider may consider are: CBC with differential, liver function tests, Thyroid Stimulating Hormone, and ESR/CRP. It is rare for these labs to provide us with useful information that will change our management and in general do not recommend obtaining routinely.
- Hidden food allergy, food dye/additive allergy, and environmental allergy do not cause chronic hives and testing for these is not helpful/has the potential to delay appropriate treatment.
- Initial treatment that your primary care doctor may start with includes
 - Zyrtec/cetirizine or Allegra/fexofenadine twice daily and
 - Zantac/ranitidine twice daily and
 - Singulair/montelukast nightly (if age appropriate)
 - Avoid NSAIDs (Advil, ibuprofen, Aleve, naproxen, etc) as these can exacerbate hives
- If this initial treatment fails to control your symptoms, it is recommended to be evaluated further by an Allergist/Immunologist as we have many other medications at our disposal to control your symptoms.

In general, due to the side effects, we do not recommend prednisone/steroids to treat hives.