Managing and Optimising Referral of Chronic Spontaneous Urticaria in General Practice

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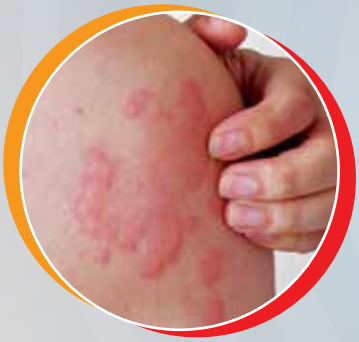

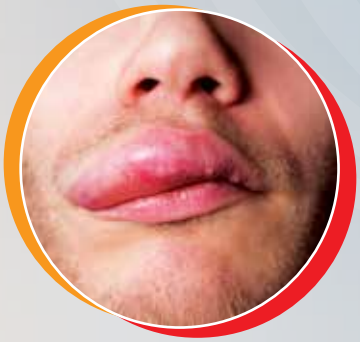

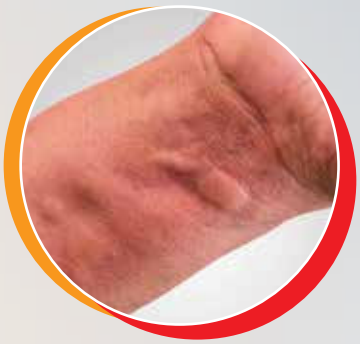

Chronic spontaneous urticaria (CSU) is a condition where hives, or wheals, appear on most days for over six weeks, often accompanied by swelling called angioedema, which primarily affects areas such as the lips, cheeks, periorbital areas and tongue. CSU can be physically uncomfortable, and understandably, causes significant distress to patients, with negative impact on quality of life. Whilst some patients may report throat symptoms, CSU does not cause laryngeal swelling. Other factors such as inducible laryngeal obstruction (vocal cord dysfunction) driven by underlying anxiety may give rise to persistent throat symptoms in some cases.

This condition has a fleeting nature, and may be exacerbated by certain factors as outlined below. The underlying pathomechanism of this condition can be generally categorised into type 1 autoallergy or type IIb autoimmunity. Typically, food allergy is not a direct cause of this condition therefore skin prick test with food allergens is not necessary.

The philosophy of treating CSU involves a ladder approach utilising non sedating H1-antihistamines (NSAHs), as a start, before treatment escalation to anti-IgE treatment depending on disease severity as guided by patient reported outcome measure tools, such as Urticaria Activity Score 7 (UAS7) or Urticaria Control Test (UCT).

CSU in GP

Suggested GP management prior to specialist referral

- Regular daily NSAHs (nonsedating) starting from single dose, which may be up-dosed to 4-fold*
- Examples of NSAHs available in Australia are bilastine, cetirizine, desloratadine, loratadine and fexofenadine
- Short course of oral prednisolone for 3 to 7 days for very severe flares may be considered
- NSAHs should not be mixed
- sedating, first generation antihistamines have no role
- If in doubt, refer to specialists

Patient reassurance

Reassurance and guidance from healthcare professionals is essential in providing patients with the confidence to understand and manage CSU. It is normal for patients to experience frustration with CSU, however there are a few key points to offer them reassurance:

1. CSU often improves over time, with around 50% of patients experiencing resolution within a year.

2. It is crucial to distinguish between acute and chronic urticaria. Chronic urticaria is recurrent over weeks, not allergy-related and not dangerous.

3. Most importantly, there are effective treatments and strategies to manage CSU symptoms and improve the quality of life.

Recognising exacerbating factors

- Some patients may have concomitant chronic inducible urticaria (CIndU)/ physical urticaria component, which may make the disease more difficult to treat
- Nonsteroidal anti-inflammatory drugs (NSAIDs), alcohol, viral infections, vaccinations, heat, sweating, friction caused by clothing are well-recognised exacerbating factors of CSU
- Therefore, identifying and managing these factors can help control CSU symptoms.

Red Flags

If a patient presents with symptoms suspicious for systemic allergic reaction (anaphylaxis) which requires urgent medical attention (e.g., peanut anaphylaxis), it is of paramount importance to refer them to the Emergency Department immediately for further detailed evaluation.

When to refer CSU patients to allergy/immunology specialists

- When CSU is not controlled by NSAHs and remains persistent for 3 months with significant impact on quality of life
- When there is concern patients are undertaking inappropriate dietary restrictions or elimination
- When corticosteroids have been needed repeatedly for symptom control
- When it is uncertain or doubtful that the skin lesions is not CSU, such as urticarial vasculitis (lesions lasting >24 hours, burning rather than itching, residual bruising)

Clinical resources
https://www.allergy.org.au/health-professionals/papers/chronic-spontaneous-urticaria-csu-guidelines
Schaefer P. Urticaria: Evaluation and treatment. *Am Fam Physician*. 2017;95(11):717-724.
Fok JS, Katelaris CH. Urticaria and mimickers of urticaria. *Front Allergy*. 2023 Sep 28;4:1274031. doi: 10.3389/falgy.2023.1274031. eCollection 2023.

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***Disclaimer:** Educating GPs about treatments before referring to a specialist allergist is an initiative intended to promote quality use of medicines in accordance with the recommended guideline directed medical therapy from ASCIA. ASCIA is the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand. Antihistamines are not indicated for use at 2-4 times their daily dosage and should be used as directed by the physician.

CSU in GP