

New advances in the management of chronic idiopathic urticaria

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Venue: Marco Polo, Hong Kong Hotel
Speaker: Professor Alexander Kapp
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The prevalence of chronic idiopathic urticaria (CIU) was about 0.1-3% in Europe and USA. The definition of CIU is spontaneous whealing at least two times per week, continuing for more than six weeks. About 50% of patients with CIU have associated angio-oedema.

Histamine release in development of urticaria is mediated by mast cell and nerve innervations. The mediators of itch are histamine and other cytokines. The pathogenesis of urticaria involves degranulation of the mast cells and basophils, autoimmune mechanism, infection and others. Detailed history of triggering factors and patient kept diary are particularly useful in evaluating patients with CIU. Basic blood investigations include complete blood count, C-reactive protein, C₁ inhibitor and thyroid autoantibody. Autologous serum skin test, basophil histamine release and activation, cys-leukotriene cellular activation and stimulation tests are potential tools for investigating autoimmune urticaria.

In the management of CIU, previous studies have shown that eradication of *Helicobacter pylori* is associated with remission of CIU. There is a positive correlation between positive autologous serum skin test and *Helicobacter* infection. Aspirin and non-steroidal anti-inflammatory drugs can cause exacerbation of urticaria in a non-allergen

way. Pseudoallergen-low diet may potentially reduce the hypersensitivity.

The European Academy of Allergology and Clinical Immunology guideline for treatment of CIU recommends the use of non-sedating H₁ antihistamine as first line drug. This has a grade A evidence. Factors that can be considered in selecting H₁ antihistamine include strength of sedation, cardiac side effects, drug interaction, food interaction, dose adjustment in renal and hepatic disease.

Alternative regimen with first generation H₁ antihistamine has less strong evidence and sedation is common. Use of systemic steroid and immunosuppressant is based on case reports and non-randomised trials. The use of H₁ and H₂ antihistamine together and combination therapy with different antihistamines are not evidence based.

The speaker recommends non-sedating H₁ antihistamine as the first line treatment of CIU, together with adequate control of triggering factors and avoidance of overheating and alcohol. The second line treatment involves either addition of leukotriene receptor antagonist or trial of other H₁ antihistamines. Third line treatment includes use of hydroxychloroquine or dapsone. In refractory cases, immunosuppressants such as cyclosporine A, systemic steroid, methotrexate, salazopyrin and immune modulating therapy such as intravenous immunoglobulin and plasmapheresis can be considered.

Learning points:

First line treatment of CIU consists of non-sedating antihistamine and control of triggering factors. Eradication of *Helicobacter pylori* is associated with remission of CIU.