

THE "INFO"-HALER



TAKE IN THE INFORMATION

An easy to understand, informative newsletter for our patients of all ages from the *Allergy & Asthma Associates of Michigan, P.C.*

URTICARIA

Urticaria (hives) is an allergic reaction of the skin characterized by an itchy rash with round, red, swollen wheals ranging in size from small spots to large patches several inches in diameter. Urticaria appears suddenly and may involve any part of the body including the mucous membranes of the mouth, larynx, and gastrointestinal tract. Each hive remains for a few minutes to several hours, then disappears. The condition may last for hours, days, months, or years. Urticaria is called acute if it lasts less than six weeks, and chronic if it lasts longer than six weeks.

More than one-fifth of the United States population has suffered from an eruption of hives at some point in their lives, and in over seventy percent of those cases the cause was never determined. Also, after one episode of urticaria, the likelihood for reoccurrence is great.

Urticaria is caused by the body's reaction to some foreign substance to which it is sensitive. This foreign substance (trigger) causes mast cells (cells involved in allergic reactions) to release chemicals like histamine. The histamine release in the upper layers of the skin is responsible for itching and urticaria. When the histamine affects the deeper layers of the skin it causes swelling and the condition is then called angioedema. Angioedema generally occurs on the face, lips, tongue, hands, and feet, but may occur anywhere on the body. Urticaria and angioedema may occur together or separately.

There are two types of urticaria; immunologic, and non-immunologic. Immunologic, or allergic urticaria, is the least common type. It is caused by the body's immune system's overreaction to foods, drugs, infections, insect stings, blood transfusions, latex, and other allergens. Frequent offenders are foods like nuts, shellfish, strawberries, eggs, wheat, milk, soy, and medications like penicillin or sulfa, and seasonal pollens.

Non-immunologic, or physical urticaria, is the most common type. In these cases, hives result from an outside source and a clear cut allergic basis cannot be proven. Frequent offenders are medications like aspirin, ibuprofen, anti-inflammatory drugs, blood pressure pills (ACE inhibitors), pain killers (containing codeine), and food additives like sulfites and tartrazine (yellow food dye #5). Other conditions are cold induced urticaria (hives from exposure to cold), solar urticaria (hives from exposure to the sun or a sun lamp), cholinergic urticaria (hives from activities that increase body temperature like bathing, exercising, anxiety, stress), pressure urticaria (hives from constant pressure applied by belts or elastic like bra straps or socks), and dermatographism-Chives that appear when the body is briskly stroked with a firm object like a pen). Hives may also appear in conjunction with endocrine disorders, or with the consumption of alcohol. Finally, hives may be caused by a condition known as idiopathic urticaria where the cause cannot be found.

The best way to treat urticaria is to first try to determine the cause. To determine the cause, the Doctor must have a detailed history, blood tests, skin tests, and occasionally x-rays, and urine tests. Treatment generally consists of elimination of the offending substances along with epinephrine for severe emergencies, antihistamines; corticosteroids, and comfort measures such as bathing in tepid water, calamine lotion, and steroid creams or lotions.

Urticaria is a distressing disorder. The success rate for identifying a cause for urticaria is seldom higher than thirty percent. The hives may last for a day or for years, then eventually disappear. In patients with chronic hives, treatment can usually control, but not cure, the problem.

In general, fifty percent of all cases of chronic hives clear up in three to twelve months, another forty percent clear up in one to five years, but 1.5% of patients with chronic urticaria may experience these hives for over twenty years. Also, forty percent of all patients with chronic hives will have at least one more episode of hives in their lifetime. The condition usually develops suddenly, and for maximum success and relief, evaluation and treatment should begin immediately.

Stephanie Cook R.N., B.S.N.
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