

Urticaria (hives) and Angioedema (deep hives)

What are hives? Hives are itchy, welt like lesions that occur on the surface of the skin when allergy cells called “mast cells” release histamine. When mast cells release histamine at the deeper layers of the skin, it causes swelling as opposed to welts. This swelling is referred to as “angioedema” and typically occurs in the lips, eyes, face, hands, feet, genitals, and throat.

When are hives acute versus chronic? When hives occur for less than 6 weeks, they are called acute hives. When they occur for greater than 6 weeks, they are called chronic hives.

What causes acute hives? Acute hives are typically caused by viral or bacterial infections, food or environmental allergies, and sometimes by medications like antibiotics, certain blood pressure medications, and non-steroidal pills like aspirin or ibuprofen.

What causes chronic hives? Chronic hives are caused by the over-stimulation of the immune system, which results in allergy cells releasing histamine. This is frequently called “chronic autoimmune urticaria.”

How will my doctor decide which form I have? The most effective way for your doctor to delineate between acute and chronic hives is for him/her to do a focused medical history. Based on that history, your doctor will order testing to help determine the cause of your hives and/or swelling.

- **Skin Tests:** Done to determine if food, environmental, or medication allergies are a factor.
- **Blood tests:** On very rare occasions, liver, blood, kidney, connective tissue, or thyroid abnormalities may contribute to chronic hives. Checking these tests is simply a precaution, and more often than not, these tests are totally normal. Your doctor will also do a blood test to determine whether or not your immune system is in a heightened state which can cause auto-activation of the allergy cells in your body.
- **Biopsy:** sometimes your doctor will perform a biopsy on one of the hives on your skin to determine if the blood vessels in your skin are affected—this condition is called urticarial vasculitis.

If I do have chronic hives, what will that mean to my long term health? The good news is that chronic hives do not have any lasting or bad effects on your long term health. The other good news is that there are safe medications that you can take to control your hives while you are waiting for them “burn out” naturally.

What medications will my doctor recommend to control my chronic hives?

1. **Second generation antihistamines** (loratadine, ceterizine, fexofenadine): These medications are the cornerstone of chronic hive management. Your doctor will frequently use these medications in much higher doses than what one would normally take if they were using them for garden variety allergies.
2. **First generation antihistamines** (diphenhydramine, chlorpheniramine, hydroxyzine): These antihistamines are usually used in combination with second generation antihistamines to control your hives. Your doctor will typically have you take these before bed, because they can be sedating.
3. **Antacids** (ranitidine, cimetidine, famotidine): These medications are typically used for “heartburn” or “acid reflux” but they can also be used to help control hives.
4. **Doxepin**: My pharmacist says this is an antidepressant—does my allergist think I am depressed? No. Doxepin is an old fashion anti-depressant that is not used as a mood drug much anymore. It happens to also be a very powerful antihistamine which your doctor has given it to you to help control your hives.
5. **Singulair**: This is a medication that is typically used to treat hayfever or asthma. On very rare occasions, we will use this medication to help control hives.
6. **Steroids (prednisone or Medrol)**: When hives are really severe, your doctor will sometimes give you steroid pills to take for 1-2 weeks. In very difficult cases, your doctor may recommend that you stay on a low dose of steroid pills every other day for a period of time.
7. **Immunomodulating drugs**: This is a fancy word for medications that “slows down” your immune system. If your doctor has difficulty controlling your hives, he/she may prescribe cyclosporine, dapsone, plaquenil, or methotrexate. This is usually not necessary.

Can stress have an effect on my hives? Absolutely!! Stress can raise your body’s natural levels of adrenaline and cortisol, which can absolutely cause your hives to flare out of control. Try to relax as much as possible...no matter how much you are itching.

Is it possible that my chronic hives are being caused by something I am eating or something that is touching my skin? No. Chronic hives are almost never caused by foods or preservatives you are eating, soaps you are using, or detergents you are using to wash your clothes. Endless searching for these things will delay your getting the proper treatment that you need. Remember, your own immune system has become over-active, and will continue to remain in that state, until we find the right medications to slow it down.

Remember these 5 main points:

1. My chronic hives are likely the end result of my totally normal immune system, which has become over-stimulated.
2. Together, my allergist and I will find the right mix of medications to help control my hives, while we are waiting for them to burn out naturally.
3. To help with #2, I must take my allergy pills everyday, exactly as my allergist has prescribed.
4. There is no food, preservative, soap, or detergent that is responsible for my chronic hives.
5. Stress is bad for hives...so I will do everything in my power to keep my stress level low.