



## Q / What is the prognosis for patients with chronic urticaria?

### EVIDENCE-BASED ANSWER

**A** / THE PROGNOSIS FOR CHRONIC URTICARIA IN PRIMARY CARE IS UNKNOWN; studies in dermatology clinics in multiple countries report complete resolution in approximately one-third of patients with idiopathic chronic urticaria

over 1 to 5 years and partial improvement in another third. Patients younger than 30 years with more severe symptoms, or symptoms with physical causes, fared less well (strength of recommendation: **B**, cohort studies).

#### Evidence summary

A prospective cohort study of 220 patients from an outpatient dermatology center in Amsterdam investigated the natural course of chronic urticaria and angioedema.<sup>1</sup> Researchers categorized patients according to subtypes: idiopathic urticaria-angioedema, idiopathic urticaria, idiopathic angioedema, physical and idiopathic urticaria, and physical urticaria only.

The duration of symptoms at enrollment wasn't reported. Therapy wasn't controlled and was composed of oral antihistamines, steroids, and other drugs.

One year after enrollment, 35% of patients had complete resolution of symptoms. Resolution rates ranged from a high of 59.6% in patients with idiopathic urticaria-angioedema to a low of 16.4% in patients who had urticaria with a physical cause.

#### A study finds 1-year control or improvement in chronic urticaria

Another prospective cohort study from an outpatient dermatology center in Brazil evaluated 125 patients with chronic urticaria-angioedema.<sup>2</sup> Participants were predominantly adults 20 to 40 years of age, with a mean duration of symptoms of 45 months.

Most patients had idiopathic disease (78%), but some had parasitic and skin infections, medication sensitivities, thyroid disease, and other problems that could contribute to

skin hyperreactivity. Therapeutic interventions for underlying conditions or angioedema-urticaria weren't controlled or reported.

One year after presentation, 58.4% of patients had symptoms "under control," 31.7% were improved, and 8.9% were unchanged. One patient's symptoms worsened.

#### Urticaria is less severe in patients older than 30 years

A prospective cohort study followed 62 patients with urticaria caused by cold from a tertiary referral center in Greece.<sup>3</sup> The mean age at presentation was 42 years and the mean duration of symptoms was 10 years. The study followed patients for a mean of 9 years. Therapeutic interventions weren't controlled or reported.

Overall, 29% of patients experienced resolution of symptoms, 41.9% noted improvement, and 29% experienced worsening of symptoms. The mean time to resolution was 5.6 years. The study also found that chronic urticaria was less severe if patients developed the condition after 30 years of age.

#### Worst prognosis found in patients with cold-related urticaria

A retrospective cohort study identified 544 cases of chronic urticaria and angioedema in 22 years of records from a tertiary referral center in the Netherlands.<sup>4</sup> The mean age at presentation was 35 years; patients had

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**Clinic studies report complete resolution of idiopathic chronic urticaria in around one-third of patients and partial improvement in another third.**

been symptomatic an average of 5 years. All patients were sent a questionnaire to fill out; 372 questionnaires were returned.

At 5 years after presentation, symptoms resolved in 29% of patients; at 10 years, the number of resolved cases increased to 44%. Patients with cold-related urticaria had the worst prognosis.

### Zafirlukast has no effect

An RCT with a study group of 137 patients (mean age 41 years) compared the effectiveness of zafirlukast vs placebo for treat-

ing chronic urticaria symptoms. Zafirlukast showed no significant benefit over placebo; symptoms resolved or improved in 41.3% of all patients after 12 weeks.<sup>5</sup>

### Recommendations

Habif's *Clinical Dermatology* states that chronic urticaria:

- may last for months or years
- may be subject to lengthy and often unrewarding evaluation
- resolves spontaneously in most cases.<sup>6</sup> **JFP**

### References

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2. Silvaes MR, Coelho KI, Dalben I, et al. Sociodemographic and clinical characteristics, causal factors and evolution of a group of patients with chronic urticaria-angioedema. *Sao Paulo Med J.* 2007;125:281-285.
3. Katsarou-Katsari A, Makris M, Lagogianni E, et al. Clinical features and natural history of acquired cold urticaria in a tertiary referral hospital: a 10-year prospective study. *J Eur Acad Dermatol Venereol.* 2008;22:1405-1411.
4. van der Valk PG, Moret G, Kiemeny LA. The natural history of chronic urticaria and angioedema in patients visiting a tertiary referral centre. *Br J Dermatol.* 2003;146:110-113.
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6. Habif TP. Urticaria and angioedema. In: *Clinical Dermatology: A Color Guide to Diagnosis and Therapy.* 4th ed. New York: Mosby; 2004:129-161.



**Patients who had urticaria with a physical cause had the lowest resolution rates.**