

For the Patient

The full report is titled “Current and Future Management of Chronic Spontaneous Urticaria and Chronic Inducible Urticaria” by Toan T. Do, Ethan A. Canty, and Shyam R. Joshi. The report appears in the Jan-Feb 2023 volume 44, issue 1 of *Allergy Asthma Proceedings* (volume 44, pages 3–14).

For the Patient is provided to physicians so that the patients can better understand the language of modern medicine.

For the Patient is written by the editors (Bellanti, JA and Settignano, RA) and provided to practitioners so that patients can better understand the usefulness of new information resulting from medical research.

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Chronic Urticaria: New Treatment Options

Hives (or urticaria) is a common skin condition that consists of raised bumps or welts that are often red and itchy, and estimated to occur in 20% of people at some point in their lives. The skin welts are evanescent and usually fade within 24 hours. If the skin lesions resolve within 6 weeks, then the disorder is referred to as acute hives or acute urticaria. When the condition lasts > 6 weeks, it is referred to as chronic hives or chronic urticaria (CU). Up to 5% of people develop chronic hives. This condition affects all ages and genders but is more common in women ages 30 to 50 years. For most people with chronic hives, there is no known cause; however, rarely, medications or foods are identified as causal. Despite treatment, this illness often remains a debilitating condition for the patient. Do *et al.*, from the Section of Allergy and Clinical Immunology, Oregon Health and Science University, Portland, Oregon, performed a review of the current literature that deals with standard and novel therapeutics in the management of CU.

Why Did the Researchers Do This Particular Study?

The authors conducted this research to review current literature of standard and novel therapeutics in the management of CU for potentially newer and safer treatments for the condition.

Who or What Was Studied?

A literature search *via* PubMed.gov and ClinicalTrials.gov was conducted to identify treatment options for CU and current clinical trials.

What Did the Researchers Find?

Second-generation antihistamines, omalizumab, and cyclosporine remain the most proven therapeutic options for CU. Dupilumab, mepolizumab, benralizumab, tezepelumab, and CDX-0159 are all undergoing clinical trials for CU.

What Were the Limitations of the Study?

Limitations of this study include findings from a single center and limitations of sample sizes.

What Are the Implications of the Study?

CU remains a poorly understood condition with limited, although growing, management options. As our understanding of the underlying mechanisms improves, more precise and targeted therapies could be developed to help those who have this heterogeneous and debilitating disorder. Antihistamines, omalizumab, and cyclosporine remain the most proven options available in the United States, but the off-label use of current medications and new therapies in the pipeline may provide symptomatic relief to those who are refractory to the currently approved treatments. □