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What do we learn from a cohort of 219 French patients with chronic urticaria?

The Urticaria Group of the French Society of Dermatology (GUS) conducted a prospective cohort study on chronic urticaria (CU), in which 10 departments of Dermatology or Clinical Immunology and Allergology in France took part. Study results are based on data collected using questionnaires between May and July 2012. The aims of this study were to:

- Collect epidemiological data
- Evaluate the existence of systemic symptoms associated with CU
- Evaluate French prescription practices, including patients' opinions with regard to treatment efficacy

All the patients included had been diagnosed with CU and agreed to answer the medical questionnaire.

219 questionnaires were completed between May and July 2012. Data collected included age, gender, disease duration, existence of systemic symptoms, use of corticosteroids during the last 3 months, intake of daily treatment and patients' opinions regarding the efficacy of their treatment (table 1).

65.5% of patients were 25-55 years of age and 68% were women. These data are in agreement with data already published [1]. The disease duration was less than 2 years for 49.3% of patients, from 2 to 5 years for 19.6% of patients, from 5 to 10 years for 14.1% and was over 10 years for 16.8% of patients. Our data show a longer disease duration compared to a previous Spanish study [2]. Only 3%

of patients were children under 15 years old but most of the departments involved had no pediatric consultation. Thus, the frequency of CU in childhood remains currently ill-defined [3].

16.4% of patients reported systemic symptoms associated to CU flares: asthenia, arthralgia and abdominal pain (34%, 31% and 28% respectively). Headache, myalgia, retrosternal oppression and fever were less frequent (14%, 14%, 8% and 3% respectively). None of these patients had other criteria of urticarial vasculitis or auto-inflammatory disorders.

27.4% of patients did not take any daily treatment, although previous studies have shown better efficacy of daily treatments compared to intermittent ones [4]. Among them, 95.5% were receiving H1-antihistamines (anti-H1). Patients' opinions regarding the efficacy of their treatment were assessed using a three modality scale (very satisfactory, satisfactory and not satisfactory). Only half were satisfied, with no significant difference regarding the association of molecules and their doses (table 1). Off-labeled doses of anti-H1, as proposed in recent international guidelines [5], were prescribed to 50 patients. Among these, daily dosage was multiplied by 2, 3 and up to 4 in respectively 23, 9 and 18 patients. Satisfaction was not statistically different ($p = 0$, 197 chi2 test) for labeled and off-labeled anti-H1 treatments. One possible explanation is that increasing dosage is recommended as the second step of treatment and might concern patients with more severe CU.

12 patients received a daily treatment different from anti-H1, including cyclosporine, omalizumab, hydroxychloroquine, colchicine, tranexamic acid, methotrexate, levothyroxin and persantin. Antileukotriene intake was reported for 16.8% of patients, almost always associated to an anti-H1, with 56.7% satisfactory answers. 1/5 of patients had taken corticosteroids during the past 3 months, among whom 54.2% had 4 or more intakes. Concomitant daily treatment (nearly always anti-H1) was reported in 63% of those patients, with only 27.5% satisfaction. Those patients are particularly at risk of developing corticosteroid addiction and side effects [6].

The limits of this study are the lack of exhaustiveness and possible recruitment bias (patients referred to physicians particularly involved in CU management). Moreover, the patients involved did not fill out the questionnaires themselves and data about the intensity of the disease were not collected.

In conclusion, CU is often a long-lasting disease, with standard treatment based on daily anti-H1 intake. In our study, this therapeutic strategy satisfied only half the patients. Anti-H1 up-dosing, as proposed in international guidelines, was reported in 1/3 of the patients treated with anti-histamines but without additional impact on treatment satisfaction [5]. The benefit of corticosteroids is very poor in CU compared to the risk of addiction and side effects. Therefore corticosteroids should be avoided in the CU management, as recommended by the French guidelines [6, 7]. Our data underlines the non-exceptional presence of extra cutaneous symptoms in CU. Thus, even if CU is a well-known disease benefiting from expert recommendations, unmet needs still persist in the management of patients in real life. ■

Table 1.

Characteristics	Number	percentage
Women	149	68
Age bracket <15 yr	6	2.7
≥15 <25 yr	28	12.8
≥25 <35 yr	46	21
≥35 <45 yr	51	23
≥45 <55 yr	47	21.5
≥55 <65 yr	27	12.3
>65 yr	14	6.4
disease duration <6 months	23	10.5
≥6 months <2 years	85	38.8
≥2 years <5 years	43	19.6
≥5 years <10 years	31	14.1
≥10 years	37	1.8
Daily treatment	159	7.6
Daily treatment with antihistamines	152	69.4
1 molecule at labeled posology	60	39.4
2 molecules at labeled posology	25	16.4
3 molecules at labeled posology	4	2.6
1 molecule at off labeled posology	50	32.9
2 molecules at off labeled posology	10	6.5
An association of molecules at labeled and off labeled posology	3	1.9
Satisfaction of daily treatment with antiH1	77	50.6
Satisfaction of daily treatment with 1 antiH1 at labeled posology	35	58.3
Satisfaction of daily treatment of 1 antihistamine at off labeled posology	23	46
Corticosteroids intake in the last 3 months	46	21
Fewer than 3 times	21	45.6
3 to 10 times	12	26
More than 10 times	13	28.2
Treatment with anti-leucotrienes	37	16.8
Satisfaction of treatment with anti-leucotrienes	21	56.7
Systemic symptoms associated to flare of urticaria	36	16.4

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