

The global burden of chronic urticaria for the patient and society

Linked Article: Gonçalves *et al.* *Br J Dermatol* 2021; **184**:226–236.

Chronic urticaria (CU) affects about 1% of the world population. It occurs in both sexes and all ages, but mostly in young/middle-aged females. It usually lasts for several years (more than a year in 25–75% of patients), and it often takes more than a year before effective management (meaning treatment) is implemented.

There are two types, chronic spontaneous urticaria (CSU) and chronic inducible urticaria, which can occur alone or together. There are several different treatment options, including a type of antihistamines called H₁-antihistamines, but over a quarter of cases are resistant to H₁-antihistamines (meaning the medicine does not work), even at higher doses. Other treatments, such as omalizumab and ciclosporin, control the disease only in two-thirds of H₁-antihistamine-resistant patients.

Here, we review the impact of CU on different aspects of patients' quality of life (QoL) and the burden of this chronic disease for the patient, and for the wider society.

CU may have a strong impact on health-related QoL, particularly when CSU is associated with angioedema (swelling deep in the skin which commonly occurs with CU) and/or chronic inducible urticaria.

Comorbidities, meaning disorders such as anxiety and depression that occur alongside CU, are present in more than 30% of patients with CSU and add to poor QoL. Severe itching and the unpredictable occurrence of wheals and angioedema are responsible for sleep disorders, sexual dysfunction, limitations on daily life, work and sports activities, as well as interfering with life within the family and in society, and with patients' performance at school and work.

Apart from treatment costs, CU is associated with a high consumption of medical resources and other indirect costs, as outlined in the full study.