

Chronic urticaria – bad to the bone?

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Linked Article: Shalom *et al.* *Br J Dermatol* 2019; **180**:1077–1082.

In the current issue of the *BJD*, Shalom and colleagues¹ examined the relationship between chronic urticaria and the risk of subsequently being diagnosed with osteoporosis. The study, which used routinely collected administrative data from Israel, found that patients with chronic urticaria had a 23% increased risk compared with people from the general population. An interesting addition to other epidemiological studies in this area is the inclusion of laboratory measurements such as parathyroid hormone, vitamin D, calcium, albumin and IgE serum levels. Additionally, the study found that parathyroid hormone levels were significantly lower among patients with osteoporosis and a previous diagnosis of chronic urticaria, compared with patients with osteoporosis without a previous diagnosis of chronic urticaria.

At first glance, 23% may seem like an alarmingly high number that should prompt physicians to be more vigorous in screening their patients with chronic urticaria for early signs of osteoporosis. Although increased levels of parathyroid hormone may potentially hint towards an underlying mechanistic explanation between chronic urticaria and osteoporosis, it is important to remember that the study was based on observational data routinely collected at nonstructured time points over several years. Indeed, interpretation of results from routinely collected blood samples from a subset of patients may be severely limited by the fact that blood tests are taken for a reason, often because the clinician expects to find an abnormal result. Also, in a study spanning 16 years, the levels of such blood tests are likely to fluctuate considerably; one cannot know whether these levels normalized either spontaneously or because of pharmacotherapy following measurement of the blood samples.

Notably, the study examined patients diagnosed with chronic urticaria that were followed for up to 16 years; it is therefore unlikely that the disease would have persisted for the duration of the study. Unfortunately, the effects of disease persistence were not investigated in this study. The authors are commended for their efforts in trying to reduce the potential effects of treatments such as systemic steroids used for chronic urticaria; although the authors argue that their findings may be the result of systemic low-grade inflammation seen in chronic urticaria, this remains speculative.

The study contains valuable information on a large population of individuals. However, data were missing for more than 50% the population for some key variables, which creates a very high risk of residual confounding. Moreover, in absolute numbers, a dermatology team treating 1000 patients with chronic urticaria each year would be expected to find less than three additional cases of osteoporosis compared with what

would be observed in the general population (people that may not see their physician on a routine basis).

Shalom and colleagues have carried out an interesting study in an attempt to address a relevant question. However, because of the inherent limitations of their data sources, whether chronic urticaria is a clinically meaningful risk factor for osteoporosis remains to be determined. Nonetheless, the findings may remind physicians to scratch beneath the surface when assessing patients with chronic urticaria.

Conflicts of interest

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Reference

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Good evidence on measurement properties of the Dermatology Life Quality Index, Itchy Quality of Life and 5-dimensions itch scales in atopic eczema, but problems with structural validity remain

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Assessing the burden of atopic dermatitis (eczema) by outcomes that are reported directly by the patient [patient-reported outcomes (PRO)] provides additional and important information about disease impact that cannot be captured and often does not directly correlate with disease activity as measured by physician assessment or biomarkers.¹ The international, multidisciplinary Harmonising Outcomes Measures for Eczema (HOME) initiative aims to develop a core outcome set (COS) for atopic eczema (AE) clinical trials and a clinical practice set (CPS) as a pick and choose list of outcome measurement instruments to be used in daily routine practice. Currently, many candidate instruments lack validity or