CHRONIC HIVES

ASK THE EXPERT

Important Questions
ASK YOUR DOCTOR THESE FIVE QUESTIONS AT YOUR NEXT APPOINTMENT
By Susan Bernstein

Fighting Flare-Ups
UNDERSTANDING CHRONIC HIVES CAN HELP KEEP THEM IN CHECK
By Jodi Helmer

If you have chronic hives or itchy, red skin welts that flare up and last for more than six weeks, see your doctor. Hives need to be treated by a professional, not on your own. Start the conversation with your doctor with these questions.

1. Why are my hives chronic instead of a once-in-a-while problem?
Doctors don’t know why some people have acute hives, which last less than six weeks, while others have chronic hives, says Adam Friedman, MD, FAAD, associate professor of dermatology at George Washington School of Medicine and Health Sciences in Washington, DC. “Genetics and sometimes underlying medical conditions, such as autoimmune diseases, can be a factor with respect to duration,” he says. While acute hives may be caused by foods, infections, drugs, or bug bites, “when it comes to chronic hives, it’s rare that we can identify a cause.”

2. What tests will I need? Extensive testing may not always help figure out the cause of chronic hives, says Friedman. “Unless there is something specific in a patient’s history to suggest an underlying medical problem,” says Friedman, “blood tests may not be helpful for everyone.”

3. What’s my treatment plan? The right treatment can suppress hives, and up to half of people with chronic hives will be free of them within one to five years after they first appear, says Friedman. “The truth is, the longer you have hives, the less likely they are to go away on their own,” he says. “But we have many treatments to keep this often chronic disease under control.”

4. How do I deal with the cold? Soaking in a hot bath, wearing light clothing, and keeping your body temperature normal can help treat chronic hives, several types of medications to control the symptoms.

Patients often show up to appointments with Teri Greiling MD, PhD, assistant professor of dermatology at Oregon Health and Science University, with journals full of specific information about their diets, personal care products, deterrents, and stress levels—hoping that the details will help determine if there is a cause.

5. How can I be absolutely sure I have the right diagnosis? Many skin rashes can resemble hives and be incorrectly diagnosed, says Goldstein. Keep your smartphone handy. “Help your doctor make the correct diagnosis by taking several pictures of your hives—because they’re often fleeting,” he says. Once your doctor confirms your diagnosis is chronic hives, ask about possible triggers like foods or behaviors and find out what you can do to treat them.

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Fighting Flare-Ups

If you have chronic hives, says Friedman, “the longer you have hives, the less likely they are to go away on their own.”

Despite their best efforts, it’s almost impossible to pinpoint a cause. In about half of all cases, the body’s overactive immune system is to blame, not a specific kind of exposure. However, doctors do know some things can lead to flare-ups. Work with your doctor to find out if the culprit is one of these triggers:

Autoimmune disorders Chronic hives can be a sign of autoimmune diseases like lupus. If patients complain of symptoms like swollen or painful joints, weight loss, or hot flashes, Greiling orders blood tests to check for autoimmune diseases. “Once the underlying issue is treated, the hives should go away, too,” she says.

Heat Soaking in a hot bath, swelling weather, and sweating can trigger chronic hives. The condition, known as cholinergic urticaria, is a trigger for about 5% of those with chronic hives. Hives might appear every time your body temperature rises, which could mean multiple outbreaks every day. Since avoiding heat-related triggers can be difficult, Greiling suggests talking to your doctor about medications to control the symptoms.

Cold On the flip side, exposure to the cold can also cause hives to appear. Doctors believe the cause may be a deficient immune system reaction that triggers abnormal cell activity. Similar to cholinergic urticaria, it can be challenging to steer clear of triggers for cold urticaria: taking medication can help.

Viral infections Chronic hives often reappear after viral infections like the cold or flu.

“When your immune system is thrown off, it can be a trigger for hives,” says Greiling. A study published in the journal Allergy, Asthma and Clinical Immunology found that once the infection was treated, the hives disappeared.

Although it can be difficult to identify what might be causing chronic hives, several types of medication can help treat them. When you and your doctor find the right combination that suppresses hives, you can create a daily regimen to prevent them from coming back.
What is XOLAIR?
XOLAIR® (omalizumab) 150 mg for subcutaneous use is an injectable prescription medicine used to treat adults and children 12 years of age and older with chronic idiopathic urticaria (CIU, chronic hives without a known cause) who continue to have hives that are not controlled by H1 antihistamine treatment.
XOLAIR is not used to treat other forms of urticaria.

IMPORTANT SAFETY INFORMATION
What is the most important information I should know about XOLAIR?
Severe allergic reaction. A severe allergic reaction called anaphylaxis can happen when you receive XOLAIR. The reaction can occur after the first dose, or after many doses. It may also occur right after a XOLAIR injection or days later. Anaphylaxis is a life-threatening condition and can lead to death. Go to the nearest emergency room right away if you have any of these symptoms of an allergic reaction:
- wheezing, shortness of breath, cough, chest tightness, or trouble breathing
- low blood pressure, dizziness, fainting, rapid or weak heartbeat, anxiety, or feeling of “impending doom”
- flushing, itching, hives, or feeling warm
- swelling of the throat or tongue, throat tightness, hoarse voice, or trouble swallowing
Your healthcare provider will monitor you closely for symptoms of an allergic reaction while you are receiving XOLAIR and for a period of time after your injection. Your healthcare provider should talk to you about getting medical treatment if you have symptoms of an allergic reaction after leaving the healthcare provider’s office or treatment center.

Do not receive XOLAIR if you are allergic to omalizumab or any of the ingredients in XOLAIR.

Before receiving XOLAIR, tell your healthcare provider about all of your medical conditions, including if you:
- have a latex allergy. The needle cap on the XOLAIR prefilled syringe may contain latex.
- have ever had a severe allergic reaction called anaphylaxis.
- have or have had a parasitic infection
- have or have had cancer
- are pregnant or plan to become pregnant. It is not known if XOLAIR may harm your unborn baby.
- are breastfeeding or plan to be breastfed. It is not known if XOLAIR passes into your breast milk. Talk with your healthcare provider about the best way to feed your baby while you receive XOLAIR.
Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, or herbal supplements.

How should I receive XOLAIR?
- XOLAIR should be given by your healthcare provider, in a healthcare setting.
- XOLAIR is given in 1 or more injections under the skin (subcutaneous), 1 time every 4 weeks.
- In patients with chronic hives, a blood test is not necessary to determine the dose or dosing frequency.
- Do not decrease or stop taking any of your other hive medicine unless your healthcare providers tell you to.
- You may not see improvement in your symptoms right away after XOLAIR treatment.

What are the possible side effects of XOLAIR?
XOLAIR may cause serious side effects, including:
- See, “What is the most important information I should know about XOLAIR” regarding the risk of anaphylaxis.
- Cancer. Cases of cancer were observed in some people who received XOLAIR.
- Fever, muscle aches, and rash. Some people who take XOLAIR get these symptoms 1 to 5 days after receiving a XOLAIR injection. If you have any of these symptoms, tell your healthcare provider.
- Parasitic infection. Some people who are at a high risk for parasitic (worm) infections, get a parasite infection after receiving XOLAIR. Your healthcare provider can test your stool to check if you have a parasite infection.
- Heart and circulation problems. Some people who receive XOLAIR have had chest pain, heart attack, blood clots in the lungs or legs, or temporary symptoms of weakness on one side of the body, slurred speech, or altered vision. It is not known whether this is caused by XOLAIR.

The most common side effects of XOLAIR:
- In people with chronic idiopathic urticaria: nausea, headaches, swelling of the inside of your nose, throat or sinuses, cough, joint pain, and upper respiratory tract infection.
- These are not all the possible side effects of XOLAIR. Call your doctor for medical advice about side effects.
I was a completely healthy 28-year-old two-and-a-half years ago. Then I woke up one morning with swelling around my eyes. At first I didn’t think much of it, but as the day went on, it got worse. My lips swelled. My tongue swelled. I told my husband, “We need to go to the emergency room.” By the time we reached the ER, my eyes were swollen shut. It was frightening and puzzling at the same time. The doctors thought I’d had an allergic reaction, but I hadn’t tried any new foods or medicines. The ER staff gave me IV steroids and an antihistamine, which brought down the swelling. But soon after I developed hives—huge, swollen, and painful welts all over my body. I was really scared now, and so was my family. I saw a string of specialists in an attempt to find the cause. An allergist tested me for allergies. A rheumatologist checked for autoimmune diseases like lupus and rheumatoid arthritis. The tests were all negative. My doctors had no idea what was going on.

Since that first outbreak, I’ve managed my hives by driving two hours from my small town of Grenada, Mississippi, to Jackson for an injection once a month. The injections decrease my body’s inflammatory response, which keeps the hives at bay.

I've also learned what triggers my hives. Stress is a big one. So are alcohol and NSAID pain relievers. I try to avoid them as much as possible. Almost three years later, despite treatment, my hives remain unpredictable. I can wake up in the morning covered in them from head to toe. They can interfere with my life and day-to-day routine. I’ve always been actively involved with my children’s school. One day, my daughter’s first-grade teacher asked me to help with their end-of-year party. I woke up that morning with a flare. I went through all my jewelry trying to find a bracelet big enough to cover the hives on my wrists.

The unpredictability of my hives has made them challenging to live with. I would be easy for me to fall into a depression. Luckily, I have a huge support system of family, friends, and my husband. I’m also part of a Facebook chronic hives support group, where I connect with people who know what I’m going through.

As a registered nurse, I’m used to helping people solve their medical problems. But despite tons of research and exploring every possible explanation with my doctors, I still haven’t been able to figure out my condition.

Of course there are days when I struggle, but I will never give up. Even if I can’t find the cause of my hives, I’m going to keep searching for answers.

**What are the possible side effects of XOLAIR?**

**XOLAIR** may cause serious side effects, including:

- **Serious allergic reaction.** A severe allergic reaction called anaphylaxis can happen when you receive **XOLAIR**. The reaction can occur after the first dose, or after many doses. It may also occur right after a **XOLAIR** injection and days later. Anaphylaxis is a life-threatening condition and can lead to death. Go to the nearest emergency room right away if you have any of these symptoms of an allergic reaction:
  - hives, shortness of breath, cough, chest tightness, or trouble breathing
  - low blood pressure, dizziness, fainting, rapid or weak heartbeat, anxiety, or feeling of “impending doom”
  - flushing, itching, hives, or feeling warm
  - swelling of the throat or tongue, throat tightness, hoarse voice, or Trouble swallowing

Your healthcare provider will monitor you closely for symptoms of an allergic reaction while you are receiving **XOLAIR** and for a period of time after your injection. Your healthcare provider should talk to you about getting medical treatment if you have symptoms of an allergic reaction after leaving the healthcare provider’s office or treatment center.

**Who should not receive **XOLAIR**?**

Do not receive **XOLAIR** if you:

- are allergic to omalizumab or any of the ingredients. See the end of this Medication Guide for a complete list of ingredients in **XOLAIR**.

**What should I tell my healthcare provider before receiving **XOLAIR**?**

Before receiving **XOLAIR**, tell your healthcare provider about all of your medical conditions, including if you:

- have a latex allergy or any other allergies (such as food allergy or seasonal allergies). The needle cap on the **XOLAIR** prefilled syringe may contain latex.
- have sudden breathing problems (bronchospasm)
- have ever had a severe allergic reaction called anaphylaxis
- have or have had a pandemic influenza
- have or have had cancer
- are pregnant or plan to become pregnant. It is not known if **XOLAIR** may harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if **XOLAIR** passes into your breast milk. Talk with your healthcare provider about the best way to feed your baby while you receive **XOLAIR**.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, or herbal supplements.

**How should I receive **XOLAIR**?**

- **XOLAIR** should be given by your healthcare provider in a healthcare setting.
- **XOLAIR** is given in 1 or more injections under the skin (subcutaneous), 1 time every 4 or 5 weeks.
- In asthma patients, a blood test for a substance called IgE must be performed prior to starting **XOLAIR** to determine the appropriate dose and dosing frequency.
- In patients with chronic hives, a blood test is not necessary to determine the dose or dosing frequency.
- Do not decrease or stop taking any of your other asthma or hive medicine unless your healthcare providers tell you to.

**You may not see improvement in your symptoms right away after **XOLAIR** treatment.**

**What are the possible side effects of **XOLAIR**?**

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  - swelling of the throat or tongue, throat tightness, hoarse voice, or Trouble swallowing

Your healthcare provider will monitor you closely for symptoms of an allergic reaction while you are receiving **XOLAIR** and for a period of time after your injection. Your healthcare provider should talk to you about getting medical treatment if you have symptoms of an allergic reaction after leaving the healthcare provider’s office or treatment center.

**The most common side effects of **XOLAIR**?**

- **In adults and children 12 years of age and older with asthma:** pain especially in your chest and neck, chest tightness, feeling skin rash, bone fractures, and pain or discomfort of your ears.
- **In children 8 to less than 12 years of age with asthma:** common cold symptoms, headache, fever, sore throat, pain or discomfort of your ear, abdominal pain, nausea, vomiting and nose bleeds.
- **In people with chronic idiopathic urticaria:** nausea, headaches, swelling of the inside of your nose, throat or sinuses, cough, joint pain, and upper respiratory tract infection.

These are not all the possible side effects of **XOLAIR**. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**Contraindications about the safe and effective use of **XOLAIR**.**

Drugs are sometimes prescribed for purposes other than those listed in a Medication Guide. You should ask your healthcare provider or pharmacist for information about **XOLAIR** that is written for health professionals. Do not use **XOLAIR** for a condition for which it was not prescribed.

For more information, go to www.xolair.com or call 1-866-4XOLAIR (1-866-496-247).

**What are the ingredients in **XOLAIR**?**

**Active ingredients (human origin):**

- Omalizumab (human origin) (human origin)

**Inactive ingredients:** Prefilled syringe: L-arginine hydrochloride, L-histidine hydrochloride monohydrate, and polysorbate 20. Vial: L-histidine hydrochloride monohydrate, polysorbate 20, and sorbic acid.

Manufactured by: Genentech, Inc., A Member of the Roche Group, 1 DNA Way, South San Francisco, CA 94080-4990.

Jointly marketed by:

- Genentech USA, Inc., A Member of the Roche Group, 1 DNA Way, South San Francisco, CA 94080-4990
- Novartis Pharmaceuticals Corporation, One Health Plaza, East Hanover, NJ 07936-1800
- XOLAIR® is a registered trademark of Novartis AG.

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FIND SUPPORT

Talk About It

HOW TO FILL IN YOUR FAMILY AND FRIENDS

By Liesa Goins

They’re visible. You’ll also want to clear up some of the myths about hives, Goh says.

WHAT THEY AREN’T
Some facts you may want to touch on include:

They’re not contagious. They don’t spread from one person to another, not even with skin-to-skin contact.

They’re not bug bites. Chronic hives can look a lot like the bites of bedbugs or fleas, Goh says. If you’re starting a relationship, it might relieve your new significant other to know your hives aren’t due to these pests.

They’re not a sign of something more serious. Chronic hives can cause swelling of the lips and tongue and around the eyes. These symptoms may make you talk more slowly and could alarm someone who doesn’t know about your condition. They may think you have something more serious.

Philip C. Halverson, MD, with Allergy and Asthma Specialists in Minneapolis, says it might help to reassure friends and family that you have chronic hives and not something worse. “You’re healthy otherwise. There’s nothing going on in your body that is wrong or serious,” Halverson says.

It can also help to let your friends and family know what chronic hives are. This could put them at ease.

They’re not uncommon. About one in 200 people will get chronic hives at some point in their lives. Most of the time they go away on their own in two to five years, Fadugba says.

HOW YOUR FRIENDS CAN HELP
Talking about your condition with friends and family also gives them the chance to make your life easier. It’s important they lend a hand in ways that help you, such as:

Please don’t guess the cause. Often, family and friends suggest potential causes of the hives, says Timothy Berger, MD, a clinical professor in dermatology at the University of California San Francisco. They’ll often point the finger at food or medication. Most of the time hives have nothing to do with either. Usually, the cause is unknown. You can kindly ask loved ones to stop guessing what’s behind your hives. “A partner thinks if they’re very supportive, they’ll be actively figuring out what’s going on,” Berger says. That can be hard for you to handle.

Help me manage stress. Anything that lowers your anxiety should help ease your symptoms, says Heather Gutekunst, MD, of Allergy Partners of Raleigh, North Carolina. Gutekunst says family members often are more anxious about the hives than the person who has them. Ask them not to worry, especially if their concern raises your anxiety level.

Gutekunst says it can also help to explain to loved ones that the stress or excitement that can make the symptoms worse aren’t always bad. Exercise can trigger symptoms. So can big life events, like having a baby or getting married. So even when the stress is “good stress,” symptoms can get worse.

Waiting to talk about your hives, especially if you’re starting a new relationship, can only make you anxious, and that could make your symptoms worse.

About one in 200 people will get chronic hives at some point in their lives.
TREATMENT SMARTS

Calm Your Symptoms

Understand Your Treatment Options

By Sonya Collins

With time, chronic hives (your doctor may call them chronic idiopathic urticaria, or CIU) usually go away on their own. There’s no medication to cure them, but treatments can help ease your pain and discomfort.

Talk to your doctor about these options:

Antihistamines. These medications block something called histamine. That’s a chemical in the skin that can cause allergy symptoms like hives. Your doctor will probably want you to try non-drowsy, over-the-counter options first. They won’t make you sleepy and usually only cause mild side effects, like dry mouth and eyes.

It’s important to take these every day, not just when you have a breakout.

If your hives are severe, your doctor may point you toward an older first-generation antihistamine. Because it can make you drowsy, your doctor will probably tell you to take it at night. You may be told to take more than one type of antihistamine at a time for your hives.

Hit blockers. These drugs can be used together with other treatments. They also ease heartburn. For your hives, they narrow blood vessels. That calms redness. However, these may cause side effects like diarrhea, dizziness, and headaches.

Steroids. If antihistamines don’t help, your doctor might prescribe a corticosteroid. These drugs calm the immune system, which can make your hives less severe. You can get them in a shot or a pill. They can cause side effects like high blood pressure, weight gain, sleep problems, bone density problems, blurred vision, the need to urinate a lot, increased thirst, fluid retention, and psychological effects.

Because of the chance of these side effects, doctors usually give them at low doses and only for short periods of time. If you take these for a while, you could have other side effects, including cataracts, high blood sugar, higher risk of infection, osteoporosis, and bruising.

Other options. Chronic hives can be difficult to treat. If there’s an underlying cause like a thyroid issue, taking a thyroid medication may ease the hives. Often, though, the cause of your reaction can’t be found. When antihistamines and steroids don’t work, there are a few more treatments that your doctor might suggest.

Some asthma medications can help hives, including those made worse by aspirin or nonsteroidal anti-inflammatory drugs (NSAIDs). Doses of vitamin D help some patients with chronic hives—ask your doctor about this therapy option.

Antibody treatment. An injectable medication is approved for those who don’t get relief from antihistamines. Your doctor injects it under your skin. Experts think it blocks a different chemical in your immune system that helps to contribute to hives. Side effects of this medication include headache, upset stomach, a slightly higher chance of heart disease or a stroke, and, rarely, a severe allergic reaction called anaphylaxis.

If those drugs don’t work, your doctor may try anti-inflammatory medications, or something called an immunosuppressant, which curbs your immune system.

Together, you and your doctor can decide the best treatment plan for your chronic hives.

BY THE NUMBERS

Chronic Facts and Hives

By Sonya Collins

6 Weeks or More

The duration of a typical flare-up of chronic hives.

6 in 10 Number of people with chronic hives whose symptoms also include swelling in the face, tongue, throat, abdomen, or limbs.

1 in 5 Number of people with chronic hives who miss an hour or more of work each week as a result of the condition.

1.5 million Number of people in the U.S. who live with chronic hives.

3 in 5 Number of people with chronic hives who had swelling in their face in the last year because of the condition.

20 to 40 Most common ages at which chronic hives begin.

2x Women’s risk of getting chronic hives compared to men.

50% Percentage of chronic hives cases that result from an autoimmune attack—when your own immune system attacks you.

27% Percentage of cases of hives that have no known trigger.

95% Percentage of cases of hives that have no known trigger.

UNDERSTAND YOUR TREATMENT OPTIONS

Talk to your doctor about your pain and discomfort. Treatments can help ease heartburn. For your hives, they narrow blood vessels. That calms redness. However, these may cause side effects like diarrhea, dizziness, and headaches.

Steroids. If antihistamines don’t help, your doctor might prescribe a corticosteroid. These drugs calm the immune system, which can make your hives less severe. You can get them in a shot or a pill. They can cause side effects like high blood pressure, weight gain, sleep problems, bone density problems, blurred vision, the need to urinate a lot, increased thirst, fluid retention, and psychological effects.

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SOURCES: Allergy, American Osteopathic College of Dermatology, Asthma and Allergy Foundation of America, American Osteopathic College of Dermatology, Advances in Dermatology and Allergology

Reviewed by Brunilda Nazario, MD
WebMD Senior Medical Editor

SOURCES: Allergy, American Osteopathic College of Dermatology, Asthma and Allergy Foundation of America, American Osteopathic College of Dermatology, Advances in Dermatology and Allergology

Reviewed by Hana Bhargava, MD
WebMD Senior Medical Editor
Though you may have been managing chronic hives for years, there may be some things about the condition that surprise you. Test your knowledge with this quiz.

1. Hives are considered chronic if they last more than two weeks.
   ○ True  ○ False

2. Most hives are caused by a reaction to foods like nuts or fish.
   ○ True  ○ False

3. Hives can change shape or move to other parts of your body.
   ○ True  ○ False

4. Each hive disappears within a day.
   ○ True  ○ False

5. Pressing on the skin can cause hives in some people.
   ○ True  ○ False

Answers:
1. False. Hives are called chronic if they last longer than six weeks. And even when they do go away, they often come back.
2. False. About 95% of the time, chronic hives are idiopathic—meaning that doctors can’t find the cause.
3. True. Hives are shapeshifters. They can move from place to place on your body and change appearance.
4. True. Individual hives usually last less than a day, but they can disappear and then reappear days later.
5. True. In certain people, pressure on the skin releases the chemical histamine, which produces hives.

ASK YOUR DOCTOR

What's causing my hives?
Talk to your doctor. In some cases, your doctor may recommend skin and blood tests for triggers like food or pollen so you can avoid those substances.

How do you treat chronic hives?
Antihistamines block the chemical—histamine—that causes hives. If you have a severe allergy, you might need to carry an epinephrine auto-injector to stop the reaction. Other medications also treat chronic hives—ask your doctor to explain the options.

Are chronic hives an emergency?
Hives can signal a serious allergic reaction called anaphylaxis. If you also have symptoms such as trouble breathing, swelling of your mouth, and dizziness, get medical help right away.