



## Correspondence

### A survey of the treatment and management of patients with severe chronic spontaneous urticaria

doi: 10.1111/ced.13778

Chronic spontaneous urticaria (CSU) is characterized by the recurrent appearance of weals, angio-oedema or both, occurring at least twice weekly for longer than 6 weeks.<sup>1</sup> It is often managed with antihistamines, but occasionally requires other systemic agents in recalcitrant cases.

A cross-sectional survey was conducted by means of an internet-based survey tool (Typeform; <https://www.typeform.com>). Participating consultants with a specialist interest in urticaria were identified through the specialist registers of the British Society of Allergy and Clinical Immunology (BSACI), the Improving Quality in Allergy Services (IQAS) Group and the British Association of Dermatologists (BAD), and invited to take part.

The survey content was based on current CSU treatment guidelines from EAACI/GA2LEN/EDF/WAO<sup>1</sup> and the British Society for Allergy and Clinical Immunology (BSACI).<sup>2</sup> The EAACI/GA2LEN/EDF/WAO guidelines are a joint initiative of the Dermatology Section of the European Academy of Allergy and Clinical Immunology (EAACI), the Global Allergy and Asthma European Network (GA2LEN) (a European Union-funded network of excellence), the European Dermatology Forum (EDF), and the World Allergy Organization (WAO). To standardize responses, all participants were presented with a case of recalcitrant CSU (failed on maximum dose of nonsedating antihistamines and montelukast), requiring alternative systemic treatment. Questions covered usage of systemic treatments, routine disease severity assessments, adherence to treatment guidelines and perceived barriers to prescribing.

Responses (Table 1) were received from 19 UK consultants (26 surveys sent; completion rate 73%), 15 of whom had > 10 years' experience in the treatment of CSU. The majority were allergy (58%) and dermatology consultants (37%). Of the 19 consultants, 56% provide a dedicated urticaria service, 37% treat both adult and paediatric patients, and the majority (79%) use systemic medications other than antihistamines and montelukast. Omalizumab and ciclosporin were the most commonly used first-line agents (47% and 27% respectively) (Fig. 1). The majority (84%) of consultants use validated measures to assess disease severity, including the weekly Urticaria

**Table 1** Summary of survey results.

| Parameter                                                                   | Response, % (n) |
|-----------------------------------------------------------------------------|-----------------|
| Section 1: Demographics                                                     |                 |
| Country of work                                                             |                 |
| United Kingdom                                                              | 100% (19)       |
| Hospital grade                                                              |                 |
| Consultant                                                                  | 100% (19)       |
| Specialty                                                                   |                 |
| Allergy                                                                     | 58% (11)        |
| Dermatology                                                                 | 37% (7)         |
| Immunology                                                                  | 5% (1)          |
| Caseload                                                                    |                 |
| Adult only                                                                  | 42% (8)         |
| Both adult and paediatric                                                   | 37% (7)         |
| Paediatric only                                                             | 21% (4)         |
| Number of years in specialty                                                |                 |
| > 20                                                                        | 53% (10)        |
| 10–20                                                                       | 26% (5)         |
| < 10                                                                        | 21% (4)         |
| Section 2: Use of systemic medications                                      |                 |
| Do you use systemic medication for the management of chronic urticaria?     |                 |
| Yes                                                                         | 79% (15)        |
| No                                                                          | 21% (4)         |
| First-line treatments?                                                      |                 |
| Omalizumab                                                                  | 47% (7)         |
| Ciclosporin                                                                 | 28% (4)         |
| Other                                                                       | 20% (3)         |
| Dapsone                                                                     | 7% (1)          |
| Second-line treatments?                                                     |                 |
| Omalizumab                                                                  | 40% (6)         |
| Ciclosporin                                                                 | 33% (5)         |
| Mycophenolate mofetil                                                       | 13% (2)         |
| Other                                                                       | 13% (2)         |
| Third-line treatments?                                                      |                 |
| Other                                                                       | 27% (4)         |
| Dapsone                                                                     | 20% (3)         |
| Ciclosporin                                                                 | 13% (2)         |
| Methotrexate                                                                | 13% (2)         |
| Mycophenolate mofetil                                                       | 13% (2)         |
| If you use any of the listed treatments in children, which ones do you use? |                 |
| Ciclosporin                                                                 | 80% (4)         |
| Omalizumab                                                                  | 80% (4)         |
| Azathioprine                                                                | 60% (3)         |
| Dapsone                                                                     | 60% (3)         |
| Mycophenolate mofetil                                                       | 60% (3)         |
| Methotrexate                                                                | 20% (1)         |
| Section 3: Use of standardized measures                                     |                 |
| Do you use standardized measures when assessing disease?                    |                 |
| Yes                                                                         | 84% (16)        |
| No                                                                          | 16% (3)         |

**Table 1.** continued

| Parameter                                                     | Response, % (n) |
|---------------------------------------------------------------|-----------------|
| Physician Global Assessment                                   |                 |
| Most of the time                                              | 63% (10)        |
| Sometimes                                                     | 13% (2)         |
| Never                                                         | 25% (4)         |
| Patient Global Assessment                                     |                 |
| Most of the time                                              | 44% (7)         |
| Sometimes                                                     | 25% (4)         |
| Rarely                                                        | 6% (1)          |
| Never                                                         | 25% (4)         |
| UAS-7                                                         |                 |
| Most of the time                                              | 63% (10)        |
| Sometimes                                                     | 38% (6)         |
| In-clinic UAS                                                 |                 |
| Most of the time                                              | 25% (4)         |
| Sometimes                                                     | 13% (2)         |
| Rarely                                                        | 19% (3)         |
| Never                                                         | 44% (7)         |
| Angio-oedema Activity Score                                   |                 |
| Sometimes                                                     | 44% (7)         |
| Rarely                                                        | 25% (4)         |
| Never                                                         | 31% (5)         |
| Itch severity score                                           |                 |
| Most of the time                                              | 13% (2)         |
| Sometimes                                                     | 19% (3)         |
| Rarely                                                        | 31% (5)         |
| Never                                                         | 38% (6)         |
| Weekly number of hives score                                  |                 |
| Most of the time                                              | 13% (2)         |
| Sometimes                                                     | 25% (4)         |
| Rarely                                                        | 19% (3)         |
| Never                                                         | 44% (7)         |
| DLQI                                                          |                 |
| Most of the time                                              | 38% (6)         |
| Sometimes                                                     | 25% (4)         |
| Rarely                                                        | 25% (4)         |
| Never                                                         | 13% (2)         |
| CU-Q2oL                                                       |                 |
| Sometimes                                                     | 25% (4)         |
| Rarely                                                        | 25% (4)         |
| Never                                                         | 50% (8)         |
| AE-QoL                                                        |                 |
| Sometimes                                                     | 6% (1)          |
| Rarely                                                        | 31% (5)         |
| Never                                                         | 63% (10)        |
| Section 4: Use of guidelines and perceived barriers           |                 |
| Do you use guidelines to direct your management of urticaria? |                 |
| Yes                                                           | 89% (17)        |
| No                                                            | 11% (2)         |
| Which guidelines do you refer to?                             |                 |
| EACCI/GA(2)LEN/EDF/WAO                                        | 50% (8)         |
| Other                                                         | 38% (6)         |
| Local guidelines                                              | 13% (2)         |
| Support services for patients                                 |                 |
| Access to nursing support                                     | 89% (16)        |
| Access to inpatient facilities                                | 61% (11)        |
| Dedicated urticaria service                                   | 56% (10)        |
| Nurse prescribers                                             | 28% (5)         |
| Main perceived barriers to prescribing systemic medications   |                 |
| Cost                                                          |                 |
| Side effects of treatments                                    |                 |
| Views expressed by patient or family                          |                 |
| Long-term toxicity                                            |                 |

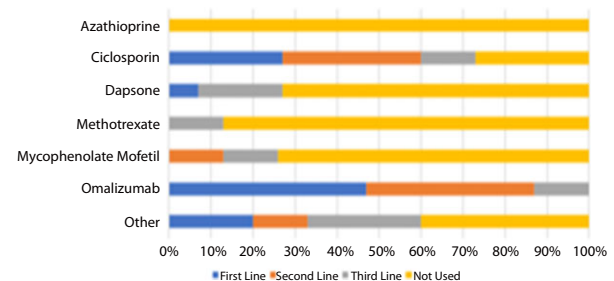
AE-QoL, Angioedema Quality of Life Questionnaire; CU-Q2oL, Chronic Urticaria Quality of Life Questionnaire EACCI/GA(2)LEN/EDF/WAO, European Academy of Allergy and Clinical Immunology, Global Allergy and Asthma European Network, European Dermatology Forum and World Allergy Organization; DLQI, Dermatology Life Quality Index; UAS7, weekly Urticaria Activity Score.

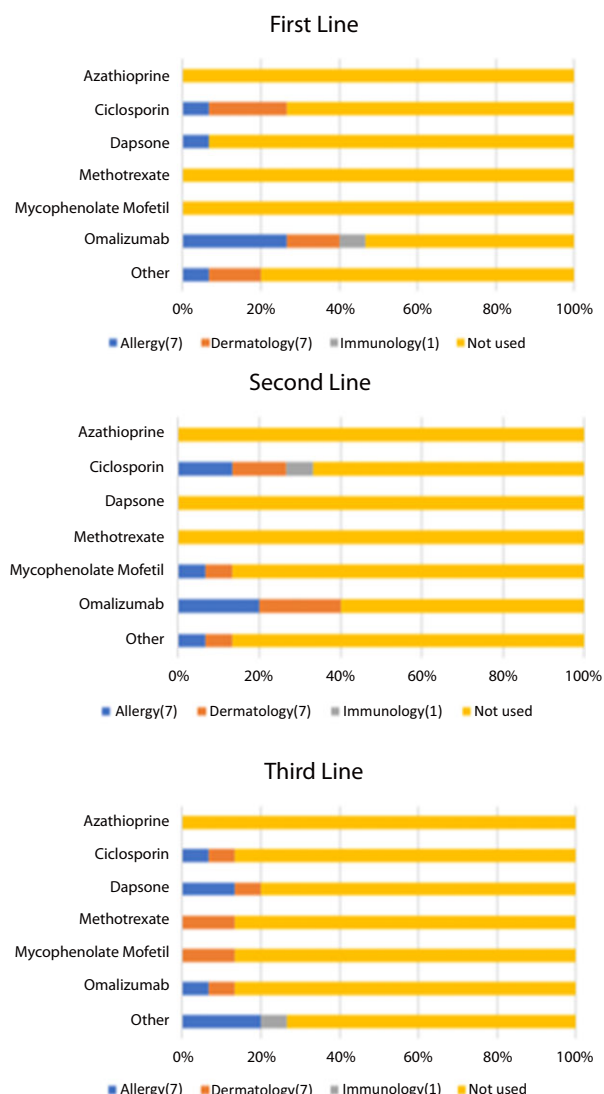
Activity Score (UAS-7, 63%), the Physician Global Assessment (63%), the Patient Global Assessment (44%) and the Dermatology Quality of Life Index (DLQI) (38%). Guidelines are used by 89% to direct their management of CSU, with 50% using the EAACI/GA2LEN/EDF/WAO guideline,<sup>1</sup> compared with 31% primarily using the BSACI guideline.<sup>2</sup> The main perceived barriers to prescribing systemic medications were potential adverse effects (AEs) (32% strongly agreed), potential long-term toxicity (26% strongly agreed), cost of treatment (42% strongly agreed), and views expressed by the patient and their family (37% agreed).

Our findings show variance between dermatology, allergy and immunology consultants with regard to the prescribing of systemic agents in CSU (Fig. 2). Our findings suggest that allergists are more likely to prescribe omalizumab as first-line treatment, whereas dermatologists more commonly prescribe ciclosporin, which is not in keeping with National Institute for Care Excellence guidance.<sup>3</sup>

Drug-related AEs are the main perceived barrier for clinicians to prescribe systemic medications. Other barriers to prescribing are the cost of medications. The list price for omalizumab 300 mg monthly for 12 months is £6150,<sup>4</sup> excluding the cost of post-injection observations required in a secondary care setting, whereas ciclosporin (in generic formulation) costs £2660 for 12 months (300 mg/day; 4 mg/kg/day for a patient weighing 75 kg),<sup>4</sup> excluding the cost of renal function and blood-pressure monitoring. The main limitation to our survey was the number of respondents, as we chose to focus on consultant physicians with a specialist interest in urticaria.

In summary, our UK survey highlights the differences in management of CSU between dermatologists and other specialists, resulting in variation in the care provided for patients with CSU. Although national and international treatment guidelines now recommend omalizumab as a

**Figure 1** First-, second- and third-line systemic drug selection.



**Figure 2** First-, second- and third-line systemic drug selection by specialty.

first-line agent for severe CSU not responding to antihistamine and montelukast treatment, these guidelines are based on placebo-controlled studies. The current lack of head-to-head comparisons between conventional systemic and biologic therapies may explain some of the variation in treatment approaches we observed, and highlights the need for further research in this area, including a comprehensive health economics evaluation.<sup>3,5</sup>

## Acknowledgement

The UK DCTN is grateful to the British Association of Dermatologists and the University of Nottingham for financial support of the Network.

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Conflict of interest: the authors declare that they have no conflicts of interest.

JRI and CF are on the editorial board of the British Journal of Dermatology, which is owned by the same society as Clinical and Experimental Dermatology.

Accepted for publication 25 April 2018

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