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CSU at a Glance

A quick reference guide for healthcare professionals

Definition

Chronic Spontaneous Urticaria (CSU) is a mast cell-driven condition characterised by recurrent wheals (hives), angioedema, or both, occurring for 6 weeks or longer without a specific external trigger. CSU is caused by immune dysregulation and mast cell activation and is not usually caused by allergy.

Feature	Key Point
Duration	Symptoms present for ≥6 weeks
Cause	Mast cell-driven disease; not usually caused by allergy
Main symptoms	Wheals (hives), itch, angioedema
First-line treatment	Regular second-generation antihistamine
If uncontrolled	Increase antihistamine dose up to 4× licensed dose
Next step	Omalizumab
Severity tools	UAS7 and UCT
Red flag	Tongue, throat or airway involvement

Guideline Recommendations

EAACI/GA²LEN/EuroGuiDerm/APAAACI 2026: The International Guideline for the Definition, Classification, Diagnosis and Management of Urticaria.

British Association of Dermatologists (BAD) 2021: British Association of Dermatologists Guidelines for the Management of People with Chronic Urticaria.

Both guidelines recommend a stepwise treatment approach aimed at achieving complete symptom control and minimising the impact of CSU on quality of life.

Key Medical Terms

Chronic Spontaneous Urticaria (CSU): Chronic urticaria occurring for 6 weeks or longer without an identifiable trigger.

Chronic Inducible Urticaria (CIndU): Chronic urticaria triggered by a specific and reproducible stimulus such as cold, heat, pressure, exercise, sunlight, vibration or water exposure. Some patients may experience both CSU and CIndU.

Wheals (hives): Transient raised, itchy skin swellings that typically resolve within 24 hours.

Angioedema: Deeper swelling affecting areas such as the lips, eyelids, face, hands and feet.

Mast cells: Immune cells responsible for releasing histamine and other inflammatory mediators involved in urticaria.

Histamine: The chemical responsible for many symptoms of urticaria, including itch, redness and swelling.

Common Exacerbating Factors

- Psychological stress.
- Viral or bacterial infections.
- Autoimmune conditions (eg autoimmune thyroid disease, rheumatoid arthritis, systemic lupus erythematosus).
- NSAIDs (eg ibuprofen, aspirin, naproxen).
- Alcohol.
- Recreational drugs.
- Heat and extreme temperatures.

Clinical Features of CSU

Typical presentation:

- Itchy wheals (hives) and/or angioedema.
- Wheals are raised, red or skin-coloured swellings.
- Individual wheals last less than 24 hours.
- Burning, stinging or painful sensations may occur.
- Symptoms can occur anywhere on the body.
- Itch is often the most distressing symptom and may significantly affect sleep and wellbeing.
- Symptoms are unpredictable and can have a major impact on quality of life.

Diagnosis

Key diagnostic points:

- Diagnosis is based primarily on clinical history and examination.
- Wheals, angioedema, or both occurring for ≥6 weeks.
- Assess symptom duration, frequency, angioedema, triggers, medication history, autoimmune disease and impact on quality of life.
- Routine allergy testing is not recommended unless suggested by the clinical history.

Recommended investigations:

Usually limited to:

- Full Blood Count (FBC)
- CRP and/or ESR

Additional investigations should be guided by the clinical history and examination findings.

Management

As new treatments become available, refer to current NICE guidance and local prescribing pathways for updates on licensed therapies and pathways.

Step 1

Second-generation non-sedating H1 antihistamine taken regularly rather than as required:

- Cetirizine
- Fexofenadine
- Loratadine
- Bilastine

Step 2

Up-dose antihistamine.

If symptoms remain uncontrolled, increase the dose up to four times the standard licensed dose under appropriate clinical supervision.

Step 3

Biologic therapy

For patients uncontrolled despite high-dose antihistamines:

- Omalizumab (anti-IgE monoclonal antibody)

Specialist therapies

For patients who remain symptomatic:

- Ciclosporin
- Dupilumab
- Remibrutinib*
- Other emerging specialist-directed therapies

*Remibrutinib is a Bruton Tyrosine Kinase (BTK) inhibitor that has received MHRA approval. Refer to current NICE guidance and local commissioning arrangements regarding availability and prescribing recommendations.

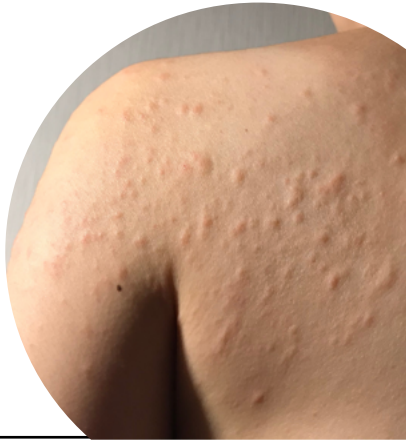
Corticosteroids

- Restrict oral corticosteroids to short rescue courses only.
- Long-term corticosteroid use is not recommended due to the risk of significant adverse effects.

Severity Assessment

Disease severity and control are used to assessed patient-reported outcome measures. These support treatment decisions and monitor response to therapy

The Urticaria Activity Score over 7 Days (UAS7) is a commonly used assessment tool. The UAS7 measures daily itch severity and wheal count over seven consecutive days and generates a score from 0-42. Scores are categorised as 0 = urticaria-free, 1-6 = well-controlled, 7-15 = mild, 16-27 = moderate and 28-42 = severe disease. Scores of 28-42 indicate severe disease and are commonly used in UK practice to support treatment escalation, including consideration of omalizumab where appropriate.



Patient Management Tips

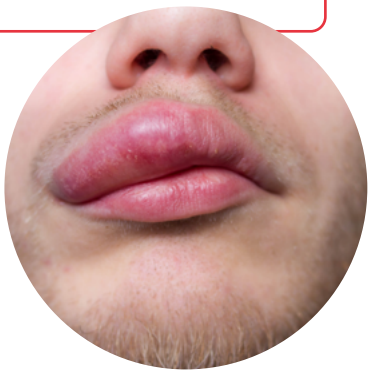
- Reassure patients that CSU is usually not an allergic condition.
- Encourage symptom diaries and photographs of flares.
- Identify aggravating factors.
- Use emollients, cooling measures and loose-fitting clothing.
- Review the impact on sleep, work, daily activities and emotional wellbeing and adopt a holistic management approach.
- Consider referral to a specialist service when symptoms remain uncontrolled despite guideline-directed treatment.

Red Flags

Urgent medical assessment required:

New or significant angioedema involving the tongue, throat or airway requires urgent medical assessment.

- Tongue swelling
- Throat swelling
- Difficulty swallowing
- Breathing difficulties
- Airway involvement



Key Messages

- CSU is a common mast cell-driven disease.
- CSU is not usually caused by allergy.
- Routine allergy testing is not recommended.
- There is no cure, but effective treatments are available.
- The aim of treatment is complete symptom control and improved quality of life through a stepwise, guideline-based approach.

Allergy UK Helpline: Weekdays, 9am to 5pm. Call 01322 619898, email info@allergyuk.org or webchat.

CSU resources: Scan or click here to access our full range of CSU resources.

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