

COULD YOUR PATIENT BE STRUGGLING WITH CHRONIC SPONTANEOUS URTICARIA (CSU)?

ESSENTIAL FEATURES FOR DIAGNOSIS ACCORDING TO INTERNATIONAL GUIDELINES INCLUDE^a:



MORE THAN 6 WEEKS OF HIVES¹
(with or without angioedema)



INDIVIDUAL HIVES LASTING <24 HOURS¹
(angioedema up to 72 hours)



NO KNOWN IDENTIFIABLE TRIGGERS^{1,2}
• CSU is not an allergic condition
• Allergy testing and/or skin biopsy is not required for diagnosis^b

IF YOUR PATIENT MEETS THESE CRITERIA, THEY MAY HAVE CSU

^aThe 2022 guideline jointly issued by the European Academy of Allergology and Clinical Immunology (EAACI), the Global Allergy and Asthma European Network (GA²LEN), the European Dermatology Forum (EDF; EuroGuiDerm), and the Asia Pacific Association of Allergy, Asthma and Clinical Immunology (APAAACI).¹

^bAllergy testing and skin biopsy are recommended only when urticaria has a suspected cause or to rule out differential diagnoses, if indicated.¹

CSU IS A CHRONIC, IMMUNE-MEDIATED INFLAMMATORY SKIN CONDITION



EPISODES OF URTICARIA CAN BE SUDDEN AND UNPREDICTABLE³

- The location and severity of signs and symptoms may vary with each flare



PATIENTS MAY MISTAKE THEIR CONDITION FOR ALLERGIES^{1,2}

- CSU is NOT an allergic condition—allergy testing and/or skin biopsy is not required for diagnosis



DIAGNOSIS IS OFTEN DELAYED^{4,5}

- On average, CSU patients are symptomatic for 2 to 3 years before being diagnosed



CSU PATIENTS' RESPONSE TO H1 ANTIHISTAMINES CAN BE INSUFFICIENT⁶⁻¹⁰

- ≈50% of patients have insufficient response to H1 antihistamines, including those up dosed from standard dosing

COULD H1 ANTIHISTAMINES BE ENOUGH FOR YOUR PATIENTS WITH CSU?

References: **1.** Zuberbier T, Abdul Latiff AH, Abuzakouk M, et al. The international EAACI/GA²LEN/EuroGuiDerm/APAAACI guideline for the definition, classification, diagnosis, and management of urticaria. *Allergy*. 2022;77(3):734-766. **2.** Kolkhir P, Giménez-Arnau AM, Kulthanan K, Peter J, Metz M, Maurer M. Urticaria. *Nat Rev Dis Primers*. 2022;8(1):61. doi:10.1038/s41572-022-00389-z **3.** Gonçalo M, Giménez-Arnau A, Al-Ahmad M, et al. The global burden of chronic urticaria for the patient and society. *Br J Dermatol*. 2021;184(2):226-236. **4.** Maurer M, Abuzakouk M, Bérard F, et al. The burden of chronic spontaneous urticaria is substantial: real-world evidence from ASSURE-CSU. *Allergy*. 2017;72(12):2005-2016. **5.** Wagner N, Zink A, Hell K, et al. Patients with chronic urticaria remain largely undertreated: results from the DERMLINE online survey. *Dermatol Ther (Heidelb)*. 2021;11(3):1027-1039. **6.** van den Elzen MT, van Os-Mendendorp H, van den Brink I, et al. Effectiveness and safety of antihistamines up to fourfold or higher in treatment of chronic spontaneous urticaria. *Clin Transl Allergy*. 2017;7:4. doi:10.1186/s13601-017-0141-3 **7.** Kaplan A, Lebwohl M, Giménez-Arnau AM, Hide M, Armstrong AW, Maurer M. Chronic spontaneous urticaria: focus on pathophysiology to unlock treatment advances. *Allergy*. 2023;78(2):389-401. **8.** Pyatilova P, Hackler Y, Aulenbacher F, et al. Non-skin related symptoms are common in chronic spontaneous urticaria and linked to active and uncontrolled disease: results from the chronic urticaria registry. *J Allergy Clin Immunol Pract*. 2024;12(7):1890-1899.e3. **9.** Guillén-Aguinaga S, Jáuregui Presa I, Aguinaga-Ontoso E, Guillén-Grim F, Ferrer M. Updosing non-sedating antihistamines in patients with chronic spontaneous urticaria: a systematic review and meta-analysis. *Br J Dermatol*. 2016;175(6):1153-1165. **10.** Maurer M, Weller K, Bindslev-Jensen C, et al. Unmet clinical needs in chronic spontaneous urticaria: a GA²LEN task force report. *Allergy*. 2011;66(3):317-330.