



URTICARIA, ANGIOEDEMA

REAL LIFE MANAGEMENT OF CHRONIC URTICARIA: MULTICENTER AND CROSS SECTIONAL STUDY ON PATIENTS AND DERMATOLOGISTS IN IRAN

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Introduction: Recently, advances in understanding the etiology of urticaria and updates of diagnostic and therapeutic management guidelines have drawn attention to chronic urticaria (CU) morbidity.

Objective: This study aimed to evaluate Iranian dermatologists' practice and real life management of CU patients.

Materials and Methods: Multicenter, cross-sectional study on CU patients and dermatologists in public and private practice was conducted in Iran. Data on the demographic, diagnostic and therapeutic management of CU patients were collected. Also, dermatologist viewpoint on the methods for diagnosis, treatments and outcomes of CU patients was studied through questionnaire.

Results: A total of 35 dermatologists and 443 patients were included in the study. Number of female patients was 321 (72.5%). Mean (Standard Deviation) age of the study patients was 38 (13) years and the median (Inter Quartile Range) of disease duration was 12 (6- 48) months. Severity of patients' symptoms was mild for 32.1%, moderate for 38.7%, severe for 18.8% and 10.4% of them had no evident signs or symptoms. Three most common complaints of patients about CU interference with daily activity were: Impairment of sleep (62.8%), mood (53.4%), and physical activity (36.2%).

The most common diagnostic methods were physical examination (96.6%), differential blood count (83.5%), erythrocyte sedimentation rate (77.4%), and C-reactive protein (62.8%). The number of dermatologists prescribed non-sedating antihistamines in regular dose and high dose monotherapy was 26 (74%) and 6 (17%), respectively. Topical antihistamines, leukotriene antagonists and systemic immune suppressive drugs were prescribed by only 3% of dermatologists. Most dermatologists were familiar with British Association of Dermatologists guideline (66%) and international guidelines (71%) for management of urticaria.

Conclusions: The most common first-line treatment for CU by Iranian dermatologists was non-sedating antihistamines in regular or high doses. The real-life management of patients





with CU in Iran was in accordance with the available practice guidelines.

