



URTICARIA, ANGIOEDEMA

## **CHRONIC SPONTANEOUS URTICARIA – GLOBAL DIFFERENCES IN CLINICAL FEATURES AND SUBTYPES AND BURDEN OF DISEASE. (SY) CURRENT MANAGEMENT OF URTICARIA AND ANGIOEDEMA**

*Vestergaard Christian* <sup>(1)</sup>

*Aarhus University Hospital, Dermatology, Aarhus, Denmark* <sup>(1)</sup>

Since 2004 the EAACI/GA2LEN/EDF/WAO has published guidelines for the diagnosis and treatment of Chronic Spontaneous Urticaria. Over the last 8-10 years more and more national societies have endorsed this guideline, yet there seems to be a difference both in the way the patients are diagnosed, which may be due to differences in symptoms, and in the way the patients are treated even with the guidelines present.

Urticaria itself may be classified differently but it may also have different presentations with respect to e.g. angioedema, a condition that many CSU patients suffers from. The physical urticarias may also have different incidence in different parts of the world, for example is cholinergic urticaria more common in Asia and cold urticaria perhaps more common in the northern parts of Europe.

Treatment of the disease follows the algorithm provided by the EAACI/GA2LEN/EDF/WAO in most parts of the world, although there are differences, especially in terms of when up dosing of antihistamines is used and when omalizumab treatment is offered to the patients. There may be many different explanations for this both due to different cultures but also due to different economic situations in different countries.

The impact of urticaria is also different in different parts of the world with respect to both impact on quality of life and work and social life.

Thus although it is the same disease the presentation, the treatment and the impact differs throughout the world.

