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Treatment of chronic urticaria in children – A cross-sectional analysis of specialized dermatological care in pediatric patients

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Background:
Chronic urticaria (CU) is a common disease occuring in all ages. But CU in children has been devoted less attention so far. International management guidelines for pharmacotherapy in children derive largely from evidence in the adult.
Objective: To examine the clinical presentation, disease burden and pharmacological treatments in childhood to develop strategies for effective management of children with CU.

Methods:
200 children (0-17 years, 57% females) with CU were included in a standardized extended diagnostic program in the specialized urticaria outpatient clinic, Department of Dermatology, University Medical Center Mainz, Germany from 2012-2015.

Results:
The disease duration at time of presentation ranged from 2 months to 9 years. 62.5% presented with chronic spontaneous urticaria (CsU), 28% with chronic inducible urticaria, and 9.5% showed a combination. 15% of patients had not received any treatment. The majority (73%) were treated with second generation antihistamines (single dose) as monotherapy. Only 4 patients received an updosing (doubled recommended daily dose) as suggested by guidelines.53% showed persisting symptoms despite therapy. Of these insufficiently treated patients 60% received single-dose second generation antihistamines without updosing. All eight patients (4%) on first generation antihistamines reported ongoing symptoms and also all patients with additional montelukast treatment did not have full symptom control. Eleven patients (8.3%) received steroid pulse therapy in addition to antihistamines with consecutive symptom control in all cases.

Conclusion:
The current data suggest a significant pharmacological undertreatment in children with CU. Although more than half of the patients were symptomatic under therapy with single-dose second generation antihistamines, no updosing or change of medication was performed. Treating physicians should be alerted to existing options of treatment escalation in pediatric CU and further investigations are urgently necessary to optimize the management of CU in children.