

ACTUALIZACIÓN EN URTICARIA CRÓNICA

Joan Bartra Tomás

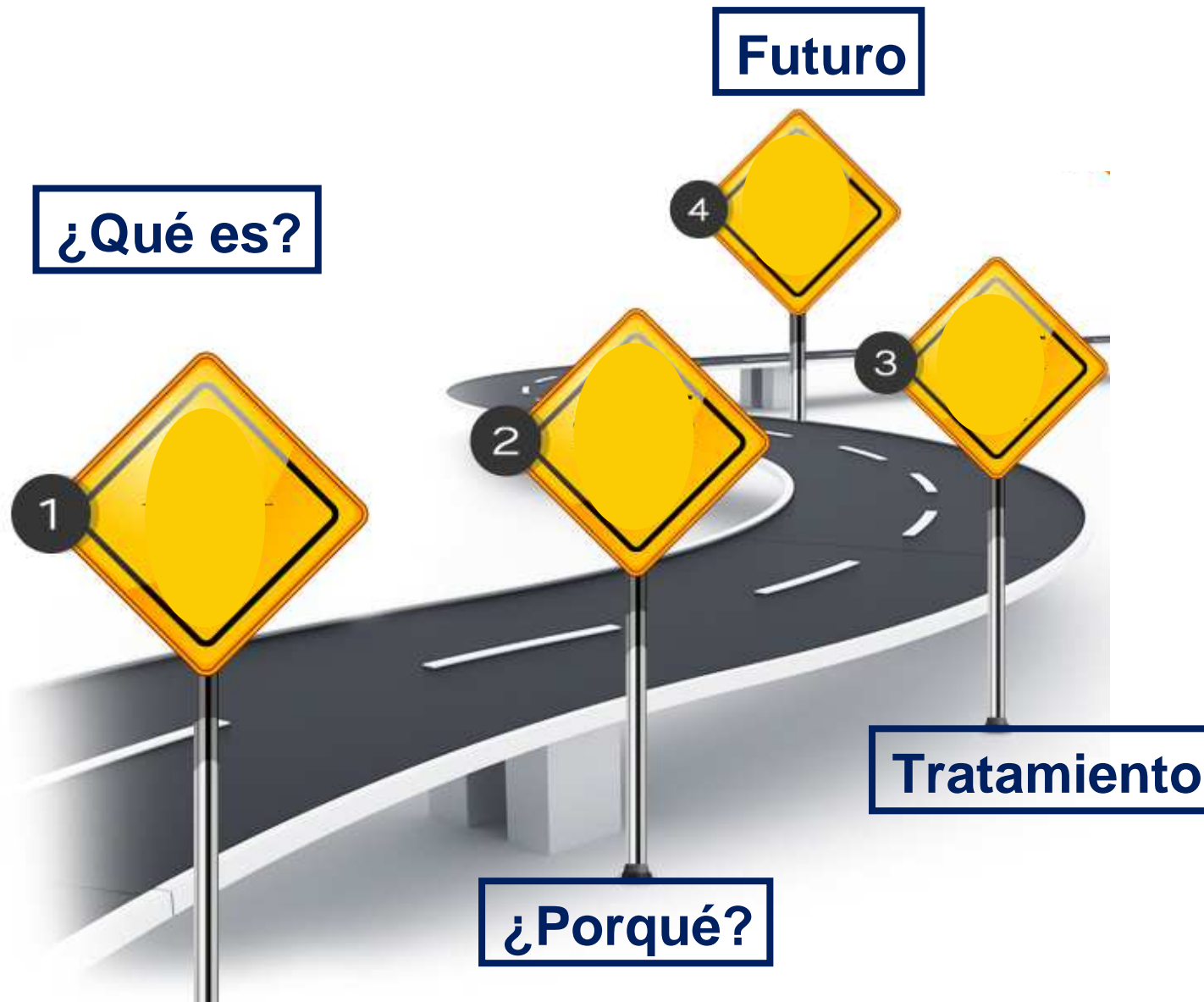
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Institut d'Investigacions Biomèdiques August Pi i Sunyer, Universitat de Barcelona

CLÍNIC
BARCELONA
Hospital Universitari





- Lesiones eritematohabonosas pruriginosas.
- Habones < 24 horas.
- Mínimo de 6 semanas.
- > 2 veces semana.
- Asociada 50% angiodema.
- 0.65% población general.
- Gran impacto en la calidad de vida.



AUTOINFLAMATORIA

- **CRIOPIRINOPATÍAS**

INDUCIBLE

**ESPONTÁNEA /
IDIOPÁTICA**

- **AUTOINMUNE (40%)**

Asociación enfermedades autoinmunes



- Vitíligo



- Anemia perniciosa



- Artritis reumatoide



- Celiaquía

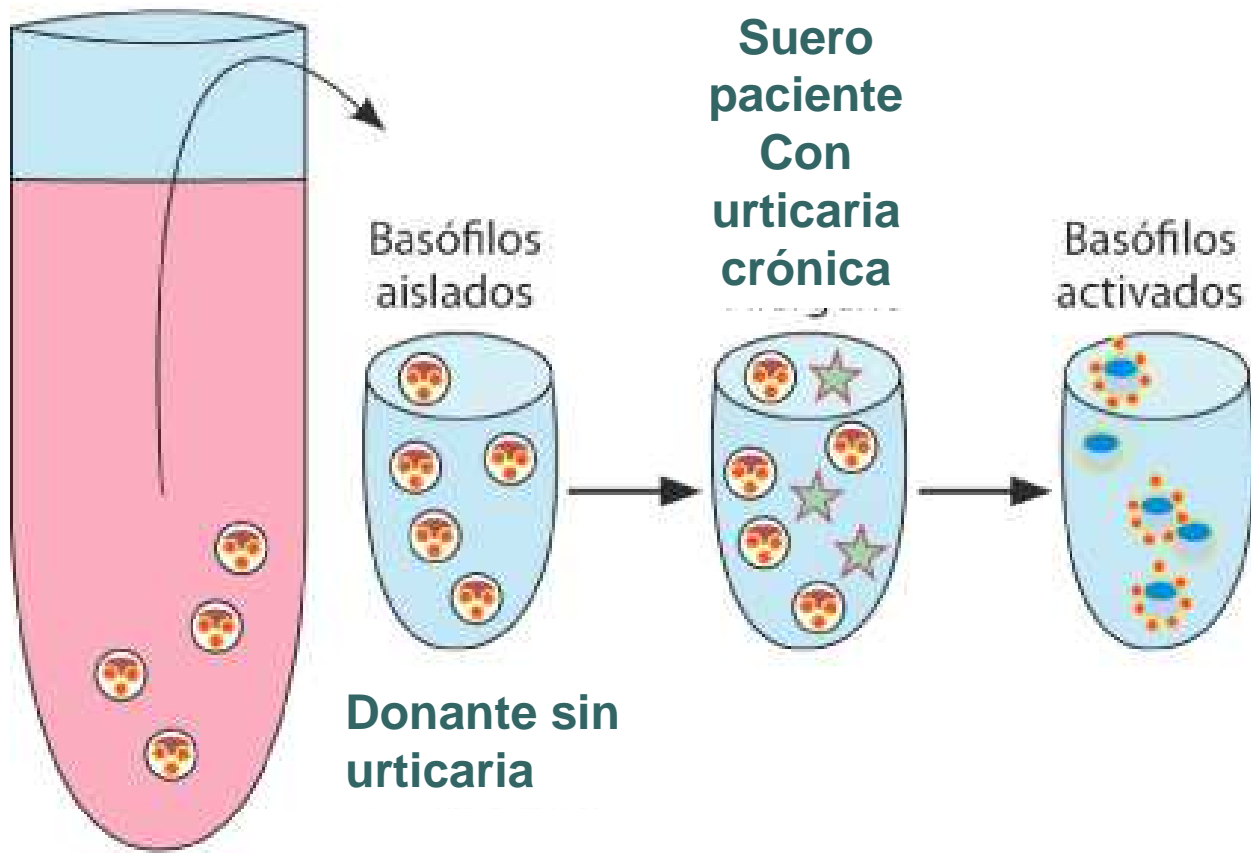


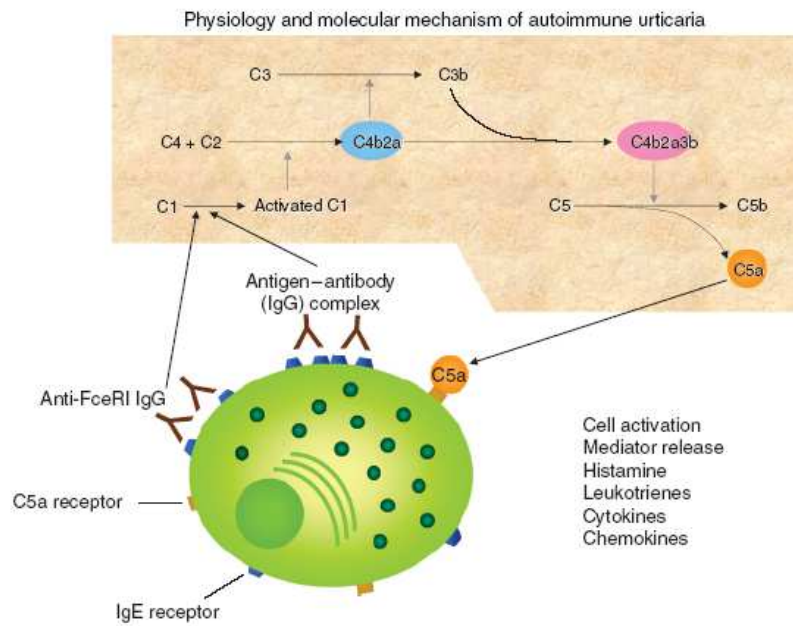
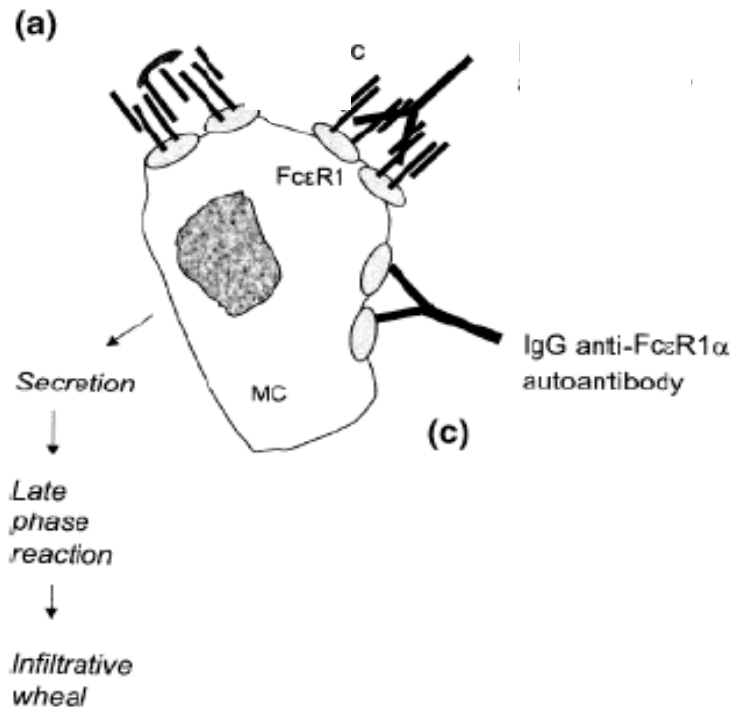
- Tiroiditis autoinmune

- EVIDENCIAS DIRECTAS
 - DETECTAR AUTOANTICUERPOS FUNCIONALES

Test suero autólogo

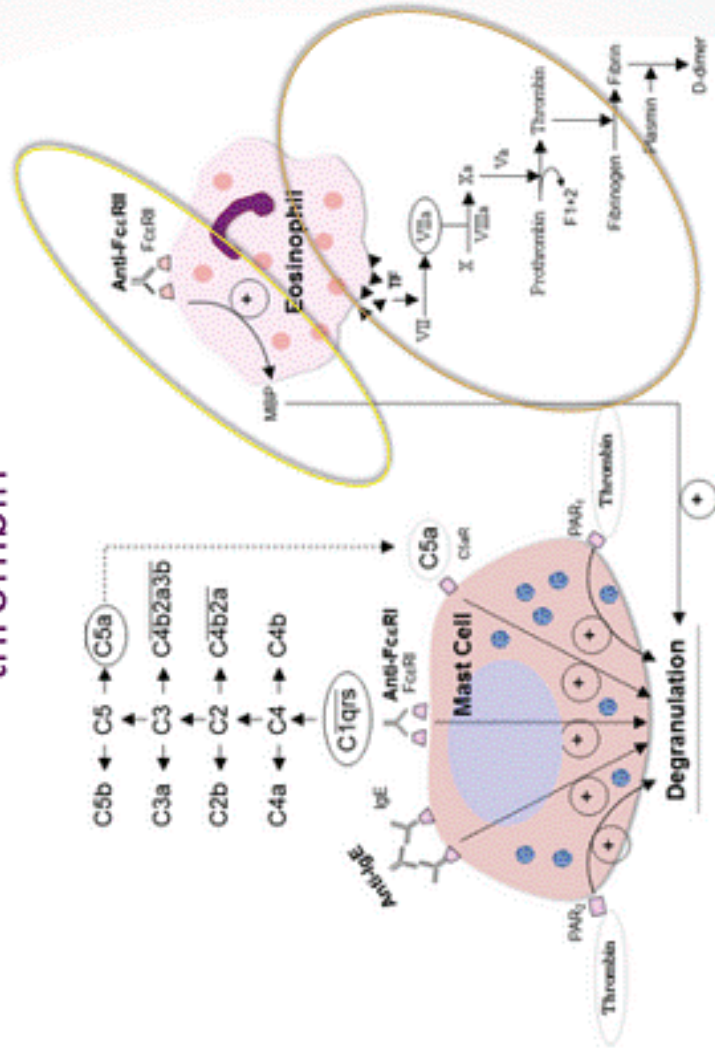


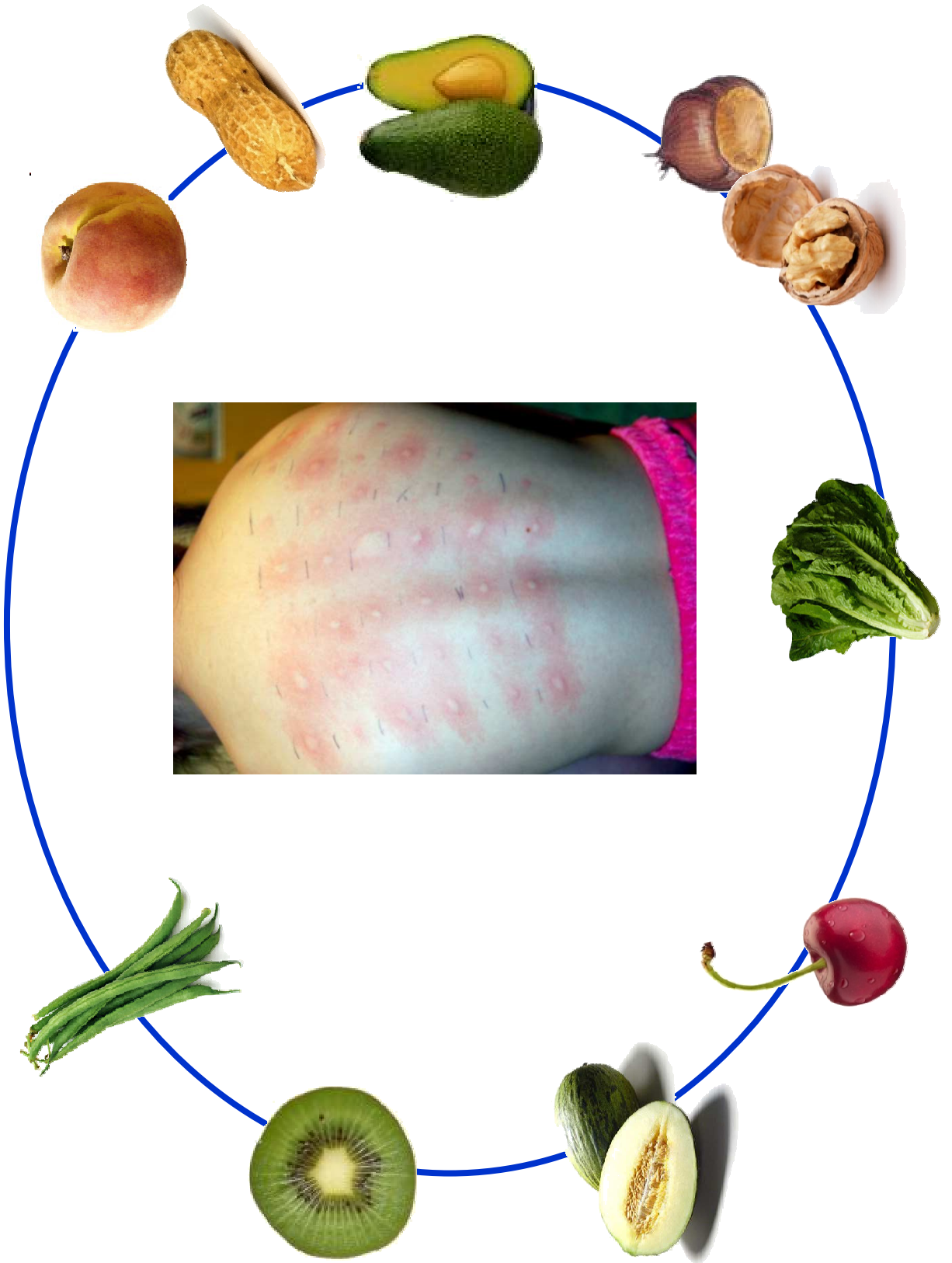




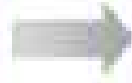
What factors causing cell degranulation have been identified so far?

COAGULATION factors: eosinophils, tissue factor and thrombin



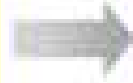


Non sedating H₁-antihistamine (nsAH)



If symptoms persist
after 2 weeks

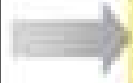
nsAH up dosing (up to 4x)



If symptoms persist
after 1-4 weeks

Add Leukotriene antagonist or change nsAH

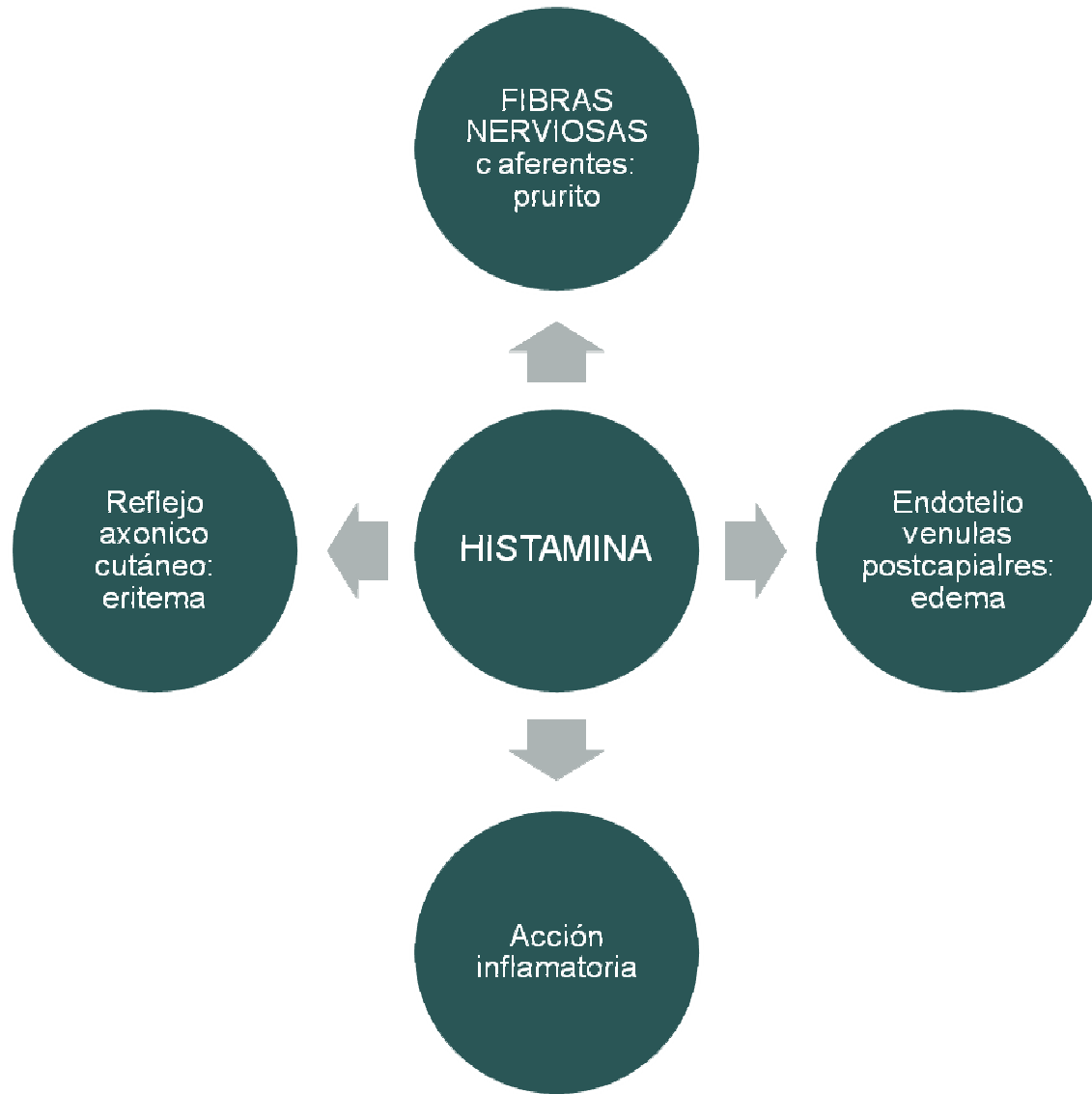
Exacerbation: Systemic Steroid (for 3 – 7 days)

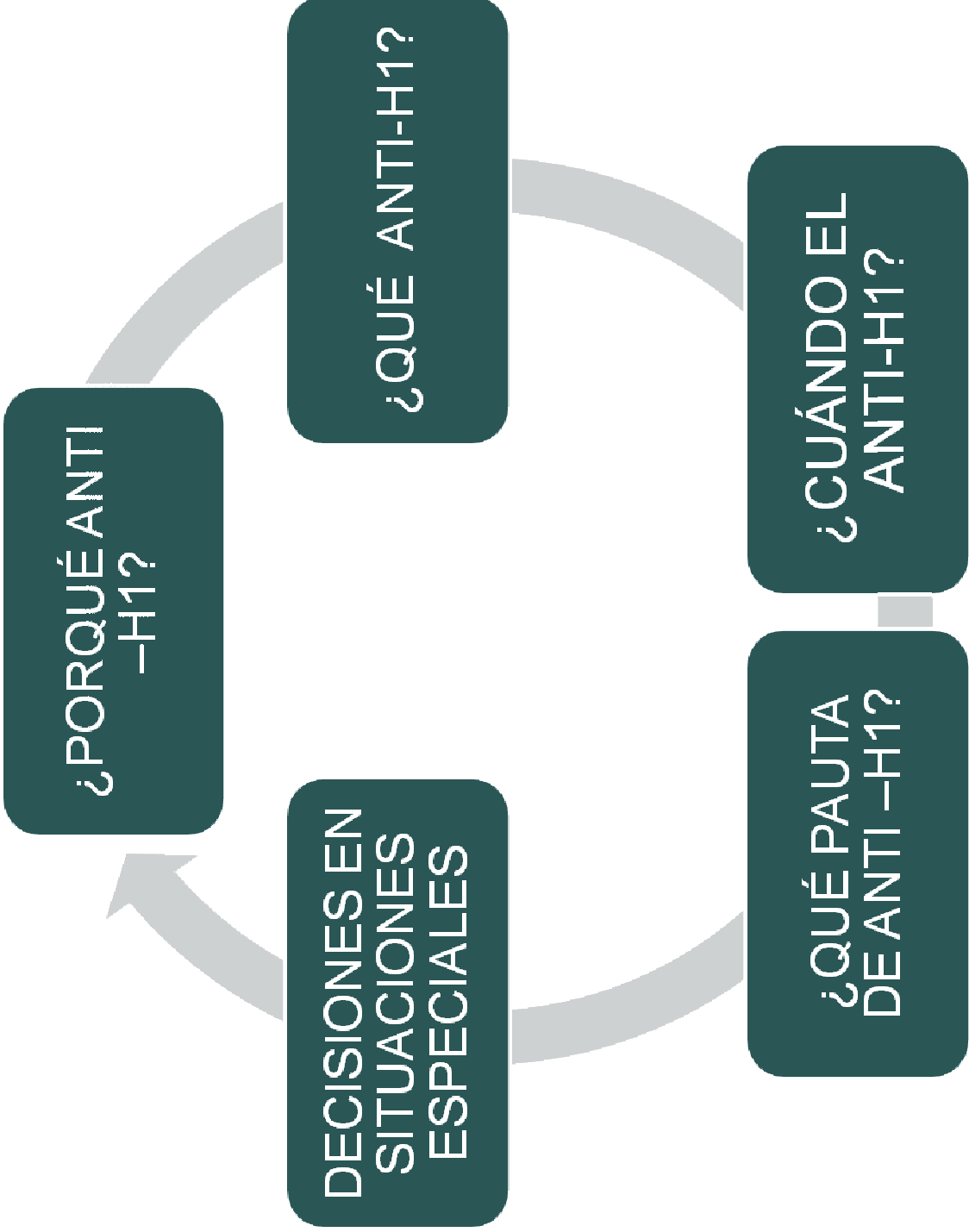


If symptoms persist
after 1-4 weeks

Add Ciclosporin A, H₂-antihistamine, Dapsone, Omalizumab

Exacerbation: Systemic Steroid (for 3 – 7 days)





1^a
GENERACION

2^a
GENERACION

CORTA DURACION

EFFECTOS 2OS

INTERACCION

MEJORES RESULTADOS TEST
IN VIVO INHIBICION DE LA
RESPUESTA CUTANEA A
HISTAMINA

MEJOR PERFIL DE
SEGURIDAD

MAYOR CONCENTRACION EN
EN PIEL

EFFECTO ANTIINFLAMATORIO

2^a
GENERACION

DESLORATADINA

LORATADINA

LEVOCETRIZINA

CETIRIZINA

2^a
GENERACION

BILASTINA

MIZOLASTINA

EBASTINA

FEXOFENADINA
RUPATADINA

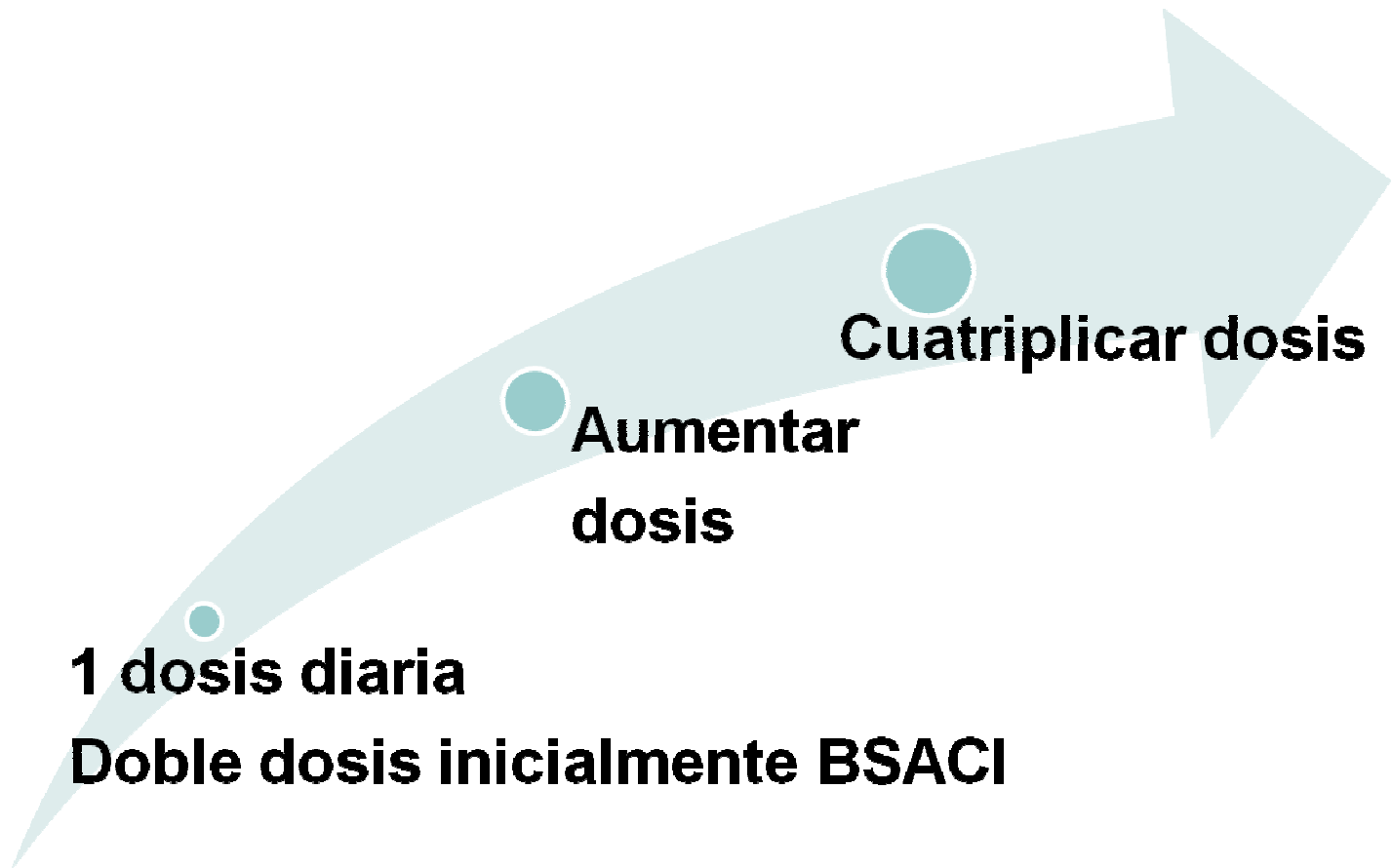


ANTI-HISTAMINICOS
DE 2ª GENERACION

- ANTI-HISTAMINICO DE ELECCION
- PRIMER ESCALON TERAPEUTICO

DUDAS EN LA
POSOLOGIA

- ¿EL INCREMENTO DE DOSIS MEJORA EL CONTROL DE LA URTICARIA CRONICA?



1 dosis diaria

Doble dosis inicialmente BSACI

**Aumentar
dosis**

Cuatriplicar dosis

Trabajo	Estudio	Duración	Antihistamínico	N pacientes	Dosis (mg)	Diferencia con altas dosis
Finn AF et al ²¹	Placebo-control, aleatorizado, doble ciego	4 semanas	Fexofenadina	439	20, 60, 120, 240	No
Nelson HS ²²	Placebo-control, aleatorizado, doble ciego	4 semanas	Fexofenadina	418	20, 60, 120, 240	No
Asero R ²³	Abierto, observacional	2 semanas	Levocetiricina	22	10, 30	No
Sologuren A ²⁴			Bilastina			No
Audicana M ²⁵						No
Dubertret L ²⁹	Fase II, dosis respuesta, aleatorizado, doble ciego, placebo control, paralelo	4 semanas	Rupatadina	277	5, 10, 20	Si entre 5 y 10, no entre 10 y 20
Gimenez-Arnau ³⁰	aleatorizado, doble ciego, placebo control, paralelo	4 semanas	Rupatadina	283	10, 20	SI
Staevska M ²⁶	Doble ciego, aleatorizado, en paralelo		Levocetiricina y Desloratadina	88	5, 10, 20	Mejoría en 2/3 de los pacientes

NIÑOS

- EDAD POR FICHA TECNICA
- MISMO CRITERIO QUE ADULTOS

EMBARAZO

- LORATADINA
- DESLORATADINA
 - EaacI
- CLORFENAMINA
- LORATADIMA
 - BSACI

LACTANCIA

- LORATADINA
- CETIRIZINA
 - BSACI

Chronic urticaria: do urticaria nonexperts implement treatment guidelines? A survey of adherence to published guidelines by nonexperts

M. Ferrer, I. Jáuregui,* J. Bartra,† I. Dávila,‡ A. del Cuervo,§ J. M. and J. Sastre¶¶

Table 3 Antihistamine prescribed

	Regularly	As needed
Levocetirizine	192	65
Hydroxyzine	85	61
Ebastine	66	59
Desloratadine	42	27
Cetirizine	34	20
Dexchlorfeniramine	18	26
Loratadine	13	21
Rupatadine	13	9
Fexofenadine	6	3
Ketotifen	2	2
Ciproheptadine	2	1
Clemastine	2	0
Mizolastine	2	0
Terfenadine	2	0
Diphenhydramine	1	1
Mirtazapine	1	0

Antihistamine	Labelled dose (24 h), mg	Dose prescribed	
		Median	IQR
Cetirizine	10	10	10–10
Ciproheptadine	20	13	10–16
Clemastine	2	2	2–2
Desloratadine	5	5	5–8
Dexchlorfeniramine	Up to 12	6	5–6
Diphenhydramine	Up to 200	6	6–6
Ebastine	Up to 20	20	10–20
Fexofenadine	Up to 180	180	140–180
Hydroxyzine	Up to 300	25	25–50
Ketotifen	2–3	3	1–7.5
Levocetirizine	5	5	5–5
Loratadine	10	10	10–10
Mirtazapine	15–30	5	5–5
Mizolastine	10	NA	NA
Rupatadine	10	10	10–15
Terfenadine	Up to 120	150	120–180

IQR, interquartile range; NA, not applicable.

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Exacerbation: Systemic Steroid (for 3-7 days)



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after 1-4 weeks

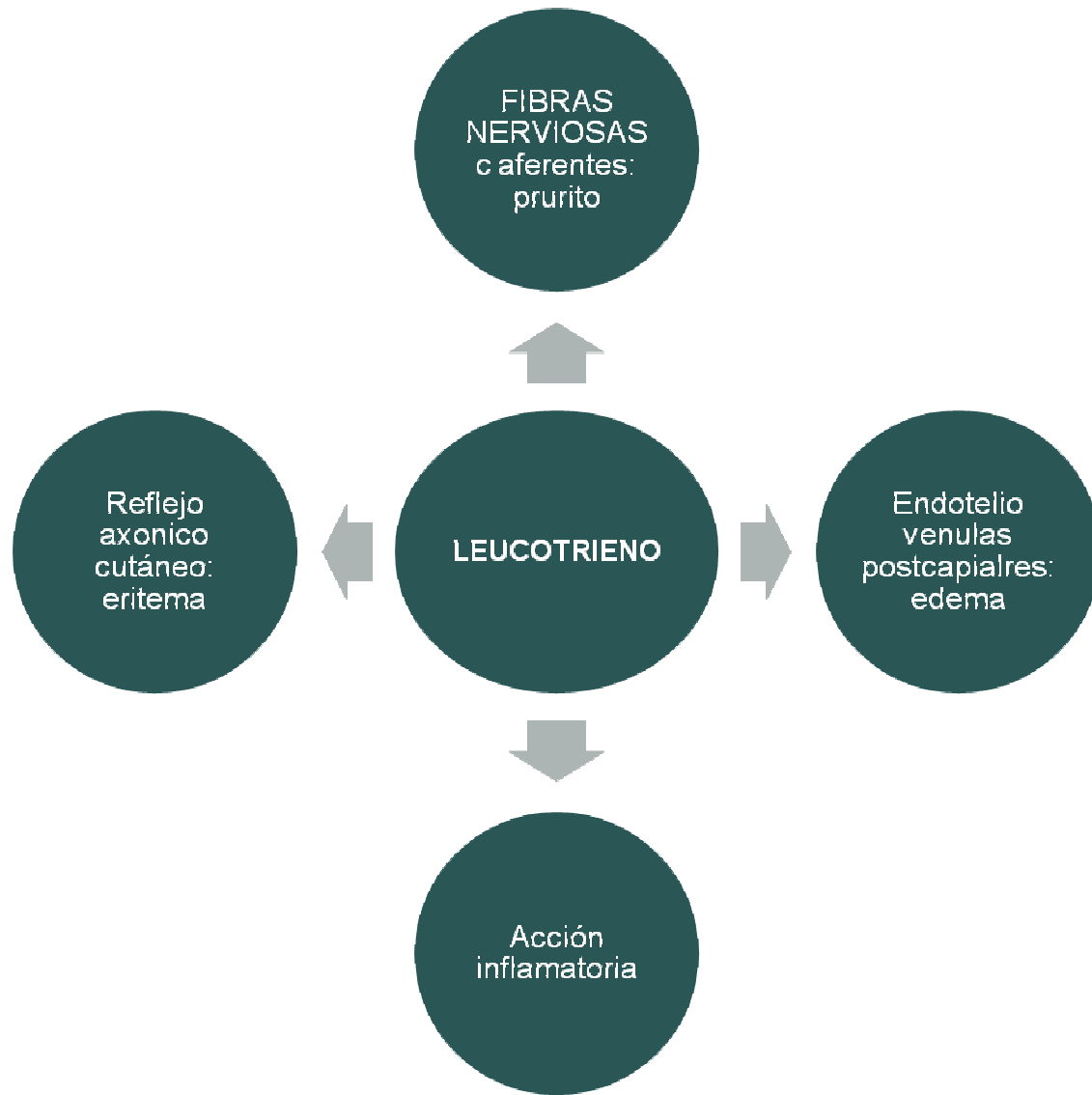
Add Ciclosporin A, H₂-antihistamine, Dapsone, Omalizumab

Exacerbation: Systemic Steroid (for 3-7 days)

Allergy 2009; 64: 1427-1443

Position paper

EAACI/GA²LEN



EFICACIA
DEMOSTRADA

FALTA DE
EFICACIA

ERBAGZI Z. JACI 2002

PACOR ML ET AL. CLIN
EXP ALLERGY 2001

BAGENSTOSE SE.
JACI 2004

EXPERIENCIA CLINICA

GODSE ET AL. J
DERMATOL VENEREOL
2006

DI LORENZO ET AL.
JACI 2004

REIMERS ET A. CLN
EXP ALLERGY 2002



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Position paper

EAACI/GA²LEN

EFICACIA
DEMOSTRADA

EFEITOS
SECUNDARIOS

GRATTAN CE, ET AL.
BR J DERMATOL 2000

VENA ET AL. J AM ACAD
DERMATOL 2006

ESTUDIOS
OBSERVACIONALES
PROSPECTIVOS

HIPERTENSION
ARTERIAL

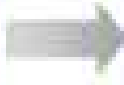
NEOPLASIAS

INFECCIONES

NEFROTOXICIDAD



Non sedating H₁-antihistamine (nsAH)



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after 2 weeks

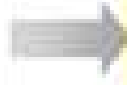
nsAH up dosing (up to 4x)



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Allergy 2009; 66: 1427–1443

Position paper

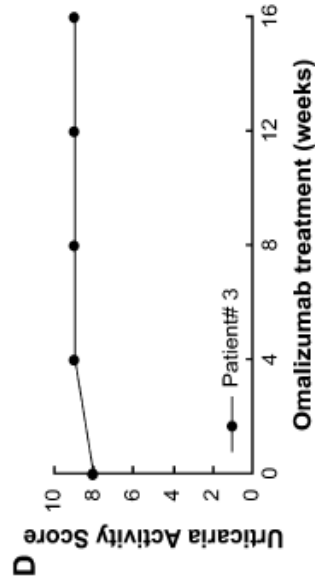
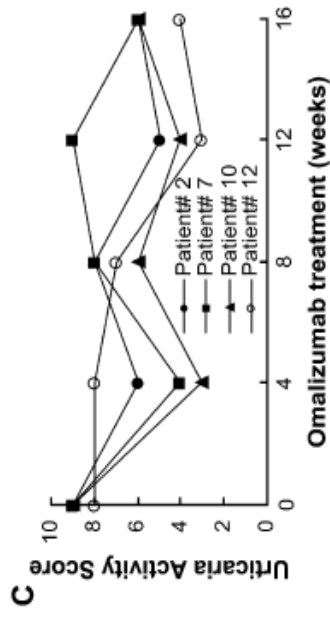
EAACI/GA²LEN

Treatment of chronic autoimmune urticaria with omalizumab

Allen P. Kaplan, MD,^{a,b} Kusumam Joseph, PhD,^b Robert J. Maykut, MD,^c Gregory P. Geba, MD, MPH,^c and Robert K. Zeldin, MD^c *Charleston, SC, and East Hanover, NJ*

TABLE II. Patient characteristics

Patient no.	Age (y)	Sex	Duration of symptoms (continuous)	Total serum IgE (IU/mL)	Thyroid antibodies	Baseline UAS (0-9)
1	34	F	11 mo	102	Negative	8
2	53	F	30 y	81	(*) Negative	9
3	62	M	2.5 y	39	(+) Antiperoxidase (824)	9
4	39	M	3 y	59	Negative	8
5	38	M	12 y	10	Negative	8
6	59	M	1 y	18	(+) Antiperoxidase (54)	9
7	41	F	6 mo	2	Negative	9
8	34	F	7 wk	22	(+) Antiperoxidase (250)	9
9	64	F	18 y	44	(+) Antiperoxidase (50)	9
10	32	F	7.5 y	69	(+) Antithyroglobulin (41)	9
11	52	F	3 mo	26	Negative	9
12	59	F	4 mo	4	Negative	9



Urticaria symptoms (after treatment)

Complete resolution
Improved
Nonresponder
Complete resolution
Complete resolution
Complete resolution
Improved
Complete resolution
Complete resolution
Improved
Complete resolution
Improved

TABLE I. Scoring system for urticaria severity

Score	Pruritus severity	No. of hives	Size of largest hive (cm)	Interference with sleep	Interference with daily activities	Erythema severity
0	None	None	None	None	None	None
1	Mild, minimal awareness, easily tolerated	1-6	<1.25	Mild, not troublesome, adequate sleep	Mild, not troublesome, little effect on activity	Slight
2	Moderate, definite awareness, bothersome but tolerable	7-12	1.25-2.5	Moderate, awoke occasionally, average sleep	Moderate, some interference with activity	Moderate
3	Severe, difficult to tolerate	>12	>2.5	Severe, substantial interference with sleep, poor sleep	Severe, daily activities substantially or completely curtailed	Significant

Efficacy of omalizumab in chronic spontaneous urticaria refractory to conventional therapy: analysis of 110 patients in real-life practice

Moises Labrador-Horrillo[†], Antonio Valero, Manuel Velasco, Ignacio Jáuregui, Joaquín Sastre, Joan Bartra, Juan Francisco Silvestre, Javier Ortiz de Frutos, Ana Gimenez-Arnau & Marta Ferrer

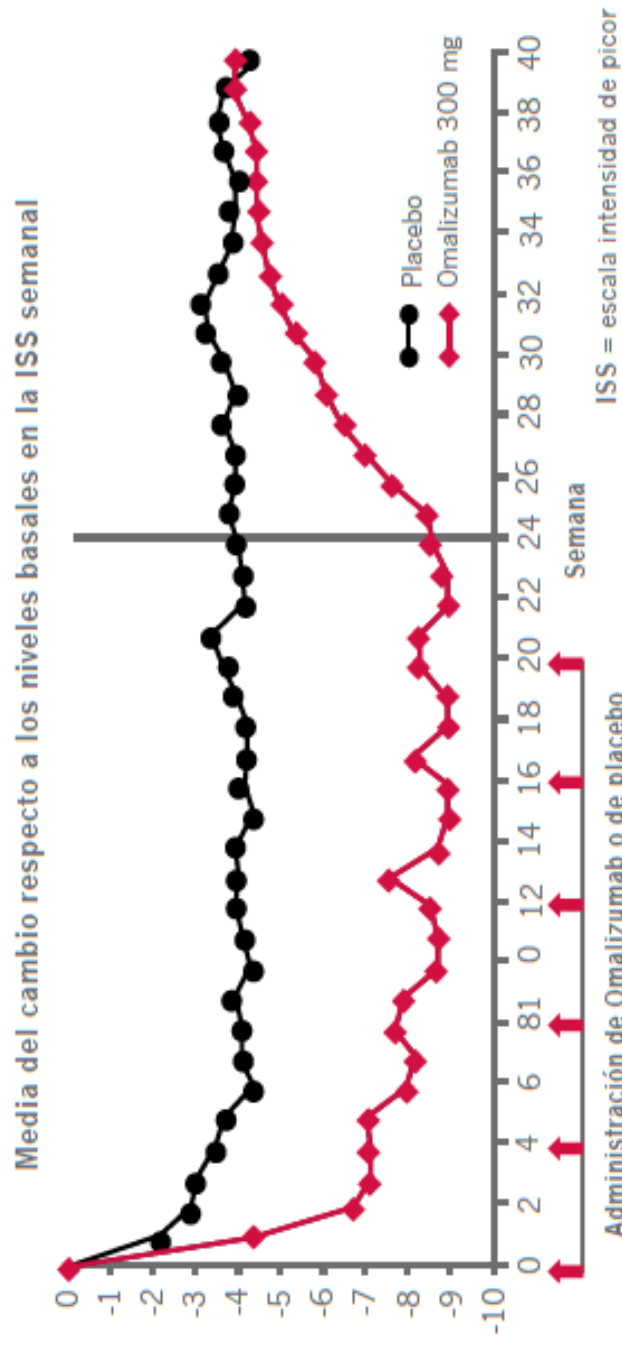
[†]*Allergy Section, Internal Medicine Department, Hospital Vall d'Hebron, Universitat Autònoma de Barcelona, Barcelona, Spain*

Expert Opin. Biol Ther. (2013) **13**(9)

Urticaria symptoms (after treatment)
Complete resolution
Improved
Nonresponder
Complete resolution
Complete resolution
Complete resolution
Improved
Complete resolution
Complete resolution
Improved
Complete resolution
Improved

Omalizumab 300 mg presenta una rápida mejoría del picor (ISS) que se mantiene en el tiempo

Escala ISS: 0-21



ANTIHISTAMINICO 2ª GENERACION A DOSIS LICENCIADA



ANTI H1 2ª GENERACION AUMENTANDO DOSIS



OMALIZUMAB

Ciclosporina*

Corticoides orales (pauta corta)

ibartra@clinic.ub.es

