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Urticaria among Danish Children in General Practice

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During a three month period 186 Danish general practitioners recorded 97 children with urticaria. No significant difference in frequency relating to sex was found. In 88 per cent of the cases the reason for contact was pruritus and exanthema. Patients did not appear to attend the practitioner on account of fear of serious disease. In 15 out of 21 children the disease had persisted for less than 24 months. Ninety-four per cent were questioned about provoking factors, but in only 17 % was the aetiology elucidated. Only five patients revisited their general practitioner during a 14 day follow-up period. This confirms that most cases in general practice belong to the acute urticaria type in contrast to cases of urticaria in dermatology out-patient clinics. Seventy-five per cent were treated with drugs, in most cases with antihistamines. *Key words: children, general practice, urticaria.*

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Urticaria with or without angioedema is a frequent disease which sooner or later will occur in 10-20% of the population (1, 2). Urticaria is the most frequent diagnosis of patients with allergic skin disease in dermatology hospital departments and dermatology out-patient clinics in Denmark (3, 4). It usually starts before the age of 20 with about 30% of the patients with urticaria presenting in general practice below that age (5). The aim of this prospective study is to describe children with urticaria in general practice.

MATERIAL AND METHODS

This investigation was done as a multi-practice study during a three month period in 1982. Five hundred randomly chosen general practitioners were invited and 186 agreed to participate. This corresponds to 6.5% of the general practitioners in Denmark.

The participating doctors completed a questionnaire about all children below the age of 16 who attended because of urticaria. Patients with isolated angioedema were not included. Information about the child's age, sex and the age at first attack, reasons for contact, course of consultation and

treatment were registered. Two weeks after the first contact the doctors filled out another questionnaire about the course of the disease.

RESULTS

Ninety-seven children with urticaria were recorded. Table I shows the distribution by age and sex. Urticaria was seen equally frequently in males and females. Seventy-four of these children (76%) had their first attack of urticaria during the period of registration (Table II). Table III states the duration of the disease defined as age minus age at first attack among the 21 children with previous attacks. Information about two children was insufficient.

Table I. Age and sex of 97 children with urticaria

Age (years)	Male		Female		Total	
	N	%	N	%	N	%
0-5	24	49	21	44	45	46
6-10	18	37	14	29	32	33
11-15	7	14	13	27	20	21
Total	49	51	48	49	97	100

Table II. Age and sex of children, who had the first attack of urticaria

Age (years)	Male		Female		Total	
	N	%	N	%	N	%
0-5	21	52	17	50	38	51
6-10	13	32	7	21	20	27
11-15	6	16	10	29	16	22
Total	40	54	34	46	74	100

In 71% of the children with recurrent attacks the duration of the disease was less than 24 months. In five girls the disease had lasted for more than 48 months. Eighty-eight per cent contacted their general practitioner because of urticaria, 12% for other reasons. The content of the consultation appears in Table IV. Ninety-seven per cent were informed about the disease in general. Ninety-four per cent were questioned about provoking factors, while the cause of the disease could be stated in only 17%. Seventy-five had pharmaceutical treatment and of those the majority were treated with oral drugs. In all cases antihistamines of the H₁ type were used. Only one child received parenteral treatment. Five patients contacted general practice more than once in connection with actual disease.

DISCUSSION

Urticaria in children often has an aetiology different from that of adults (6). Clinically urticaria in children differs considerably from the cases in out-patient clinics which dominate the present litera-

Table III. The duration of urticaria among 21 children with recurrent attacks

Duration (months)	Male		Female		Total	
	N	%	N	%	N	%
0-12	6	75	7	54	13	62
13-24	1	13	1	8	2	10
25-36	0	-	1	8	1	5
37-48	1	13	0	-	1	5
49+	0	-	4	31	4	19
Total	8	38	13	62	21	100

Table IV. 97 children with urticaria in general practice. Contents of consultation

	%
General information	97
Questioning about provoking factors	94
Aetiology clarified	17
Advice about elimination	47
Local treatment	7
Oral treatment	50
Parenteral treatment	-
Combined local/parenteral treatment	15
Combined oral/parenteral treatment	1

ture. Nizami et al. found a majority of girls among children with urticaria (7). In our study boys and girls were equally distributed. Whether this is due to difference in aetiology or contact pattern of Danish children with urticaria, cannot be stated.

Urticaria in adults rarely persists for more than two years (8, 9). In a follow-up study Harris et al. found that 37% had symptoms for more than 12 months, 21% between 6-12 months and 47% had recurrent symptoms at the end of the period of observation which was 16 months (10). The investigation by Harris et al. cannot confirm a time limit to urticaria in children. Our study however, indicates that only a minority of children with urticaria in general practice have recurrent or chronic urticaria. Contrary to cases of urticaria in out-patient clinics urticaria in general practice is often of the acute type (11, 12). Thus only five patients returned to their practices within 14 days.

Clinically urticaria can be misinterpreted as scabies or exanthematic infectious diseases (13, 14). Surprisingly no patients consulted because of fear of some other disease. It may be assumed that urticaria is a relatively well known disease in the population.

As in other studies the aetiology could be clarified in only 17% despite careful questioning. Three quarters received drug treatment, the majority antihistamines. As most cases of acute urticaria are limited to a few hours the proportion treated may seem high. But persisting attacks represent the majority of contacts in general practice. Only a minority had local treatment which is in accordance with the general conception that this treatment is indicated only in connection with special types of urticaria (15).

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