

Take Control

flow SPACE

CSU Resource Guide

Visit www.theflowspace.com/p/take-control-csu/ and learn about the signs and symptoms of Chronic Spontaneous Urticaria (CSU) and how to effectively communicate with your doctor

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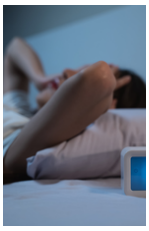
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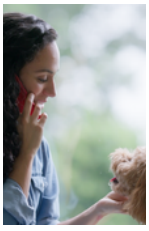
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How Chronic Hives Impact Mental Health—And How to Cope

Don't suffer in silence; help is available.

BY KORIN MILLER



Photo credit: Adobe Stock

Dealing with six weeks or more of itchy, uncomfortable hives isn't exactly a recipe for good mental health. Unfortunately, it's the reality for people with chronic hives. Also known as chronic spontaneous urticaria (CSU), people with the condition regularly face these flares and don't even know what's causing them in the first place.

Chronic hives can also be difficult to treat, adding to the mental burden of patients.
With that, there's a documented risk of mental health complications in people with chronic hives. Research published in the Annals of Allergy, Asthma and Immunology in March found that people who had moderate to severe forms of chronic hives had a higher risk of struggling with life, sleep and being able to work—risk factors for depression and anxiety—than those who had more mild forms of the disease. A study on teens published in Frontiers in Psychiatry in 2021 also found that having chronic hives was "significantly associated" with anxiety and depression, especially when patients struggled with sleep and itchiness.

"Having a chronic condition can impact all areas of your life, including your mental health," says Thea Gallagher, PsyD, a clinical associate professor at NYU Langone Health and cohost of the Mind in View podcast.

Here's why chronic hives can have such a major effect on mental health, plus what doctors recommend might help cope while living with this chronic condition.

Why Is There a Link Between Chronic Hives and Mental Health Conditions?

There are a few factors that can influence why people with chronic hives may develop anxiety and depression. Lack of sleep is a big component, says Dr. Catherine Monteleone, an allergist-immunologist at Rutgers Robert Wood Johnson Medical School. "There are significant relationships between lack of sleep, stress and quality of life."

Dr. Bruce Brod, a clinical professor of dermatology at the Perelman School of Medicine at the University of Pennsylvania, says that sleep is a "big part of the equation" when it comes to mental health complications with chronic hives. "The itching often gets worse at night, making it hard to fall asleep or stay asleep," he says.

Lack of sleep can lead to anxiety and depression. A scientific review published by the American Psychological Association in 2023 found that lack of sleep for any reason caused people to have less positive emotions like joy, happiness and contentment, as well as more symptoms of anxiety.

But lack of sleep is only one part of the equation, according to Hillary Ammon, PsyD, a clinical psychologist at the Center for Anxiety & Women's Emotional Wellness. For people with chronic spontaneous urticaria, which is when patients have flares for unknown reasons, uncertainty about what will happen next is common, she points out.

"Anxiety can go hand-in-hand with uncertainty," Ammon says. "For those that struggle with the flare-ups, there is often a sense of uncertainty of when they will flare next. As such, people may find it hard to commit to future plans for fear of having a flare-up."

Some people may also feel embarrassed about their rash, Gallagher says. "You can worry that people are looking at you, which may make you feel bad about yourself. At the same time, you're uncomfortable, which can make you feel bad overall."

This can also impact mental health, Ammon says.
"When feeling like your life is dictated by these flare-ups, you may not be engaging in meaningful actions, which in turn, can often lead to feelings of hopelessness, helplessness and dissatisfaction—all factors that can contribute to depression," she explains.

How to Support Your Mental Health When You Have Chronic Hives

Experts say there are a few things you can do to support your mental health while living with chronic hives.

To start, Gallagher says it's important to acknowledge your feelings around your condition. "It's OK to be mad, upset and frustrated with what you're dealing with," she says. "But it's also important to remind yourself that these flares don't last forever and that it will get better."

If you find yourself fixating on your discomfort, Gallagher recommends trying to do what you can to redirect your focus. "The more we focus on discomfort and pain, the worse it tends to get," she says. She recommends taking steps like progressive relaxation and diaphragmatic breathing to try to divert your attention to other things.

If anxiety around your condition is hard to shake, Ammon suggests thinking about why you're feeling so anxious.
"Is it the uncertainty of the rashes? Is it how these rashes impact plans or socializing? Is it how others may perceive the rashes? Something else? By getting to the core fear driving the worries, you can better work through the anxiety," she says. If you feel comfortable with it, Ammon says that openly talking about your condition with people in your life may help you "take back" control.

"It could also be beneficial to do 'mini exposures' of engaging in plans you may not have previously engaged in with the rashes," she says. "You may realize your worries did not come to fruition."

Ammon suggests starting with easier outings, like spending time with close friends and family, before working your way up to larger gatherings. "Begin with more coverage of the rashes and work your way up to wearing clothing that suits you, even if your rashes are visible," she says. "You can become more competent and confident in these situations as you continue to engage in them."

On the physical side, Monteleone stresses the importance of doing what you can to communicate with your healthcare provider to make sure your symptoms are under control. If you feel like things could be better or if your symptoms are getting worse and/or impacting your quality of life, it's time to talk about other treatment plans.

Of course, if you've tried all of that and you still feel like you're struggling mentally, it's a good idea to check in with a mental health provider.
"A therapist could help you realize what core fears or beliefs are driving your daily thoughts and emotions," Ammon says. "They can also provide guidance on how to work through these challenges. It can be a safe space to talk about this medical condition with zero judgment."

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3 Celebs Who Have Been Diagnosed with CSU

Even the rich and famous aren't immune from chronic spontaneous urticaria (CSU), a skin condition also known as chronic hives.

BY CHLOE CASTLEBERRY

Chronic spontaneous urticaria (CSU), often referred to as hives, is a puzzling and often debilitating condition that affects millions of people worldwide. Characterized by the sudden and persistent appearance of itchy, inflamed welts on the skin without a clear trigger, CSU can disrupt a person's daily life and emotional well-being. While this condition might seem rare or obscure, it will affect about 20% of people from all walks of life at some point during their lives, including celebrities such as Kris Aquino, Vanessa Lachey and Vicki Lawrence.

These high-profile figures have opened up about their struggles with the condition, offering insight into how it impacts them physically, emotionally and professionally. By sharing their stories, these celebrities are raising awareness about CSU and helping others who live with the condition feel less alone.

Below, we dive into the journeys of three celebrities who have faced chronic spontaneous urticaria, shedding light on their experiences and how they manage to live their best lives despite the unpredictability of CSU. Their stories serve as a reminder of the importance of resilience, awareness and self-advocacy when it comes to managing chronic illnesses.

Kris Aquino



Photo credit: Getty Images

In October of 2018, the Crazy Rich Asians actress shared her struggles with CSU in an Instagram post, writing: "My Chronic Spontaneous Urticaria afflicts less than 1% of the world's population. Most suffer through it for 1-5 years. Some suffer through it for decades – I fall under that category."

She further shared that her flare-ups started in 2013 and she initially thought they were allergic reactions, before discovering that it was actually an autoimmune condition. "Women get autoimmune diseases at a rate of about 2 to 1 compared to men — 6.4 percent of women vs. 2.7 percent of men," she continued within the caption of her post. "Often the disease starts during a woman's childbearing years (ages 14 to 44)."

She also noted two lifestyle changes that have helped her with managing her CSU: eating healthy, fiber-rich foods and making sure to get plenty of sleep.

Vanessa Lachey



Photo credit: Getty Images

In a 2022 interview with Healthline, Lachey shared how she was eight years old when she had her first experience with chronic hives.

"I woke my dad up, and we didn't know what was going on," she told the outlet. "He put me in an ice bath. I think back in the day, they thought, 'Oh, this will help relieve her skin.' But let me tell you, I was screaming."

Today, she's able to manage it properly, understanding some of her triggers as she's gotten older, but because of her line of work, she admitted she's not always able to avoid them. Everyone is different, so it's important to know your triggers (try to wear loose clothing and stay in cold climates when possible to help find relief) and consult a healthcare provider for guidance.

Vicki Lawrence

Best known for the hilarious skits on The Carol Burnett Show, Emmy-winning actress Vicki Lawrence was diagnosed with chronic idiopathic urticaria (now known as chronic spontaneous urticaria, or CSU) in 2012. The first sign was bumps that quickly puffed up and took over her skin.

"Little islands would turn into continents," she told Allergic Living in 2015. "You look at your own skin and you think, there's no way it's ever going to look normal again because you look like an alligator."

At first, she feared she had done something to cause it. But after two unsuccessful rounds of high-dose steroids and antihistamines, her allergist finally diagnosed her with CSU, according to People magazine.

Lawrence has only experienced one other outbreak since that 2012 episode. But she's aware that another attack is possible. "CSU comes out of nowhere," she told People. "You're always in a wait-and-see holding pattern."

With her condition now under control, she hopes to reassure others facing similar struggles.

"I want to let people know, they're not alone," she explained. "You can control it, and there is an answer. Keep digging, and don't give up; you're not the only one going through this."

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Are Hives Contagious? Plus, Other Common Hives Questions Answered

Hives, medically known as urticaria, can appear in varying shapes and sizes on the skin.

BY CHLOE CASTLEBERRY



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Hives, medically known as urticaria, or acute hives, are a fairly common skin condition, characterized by raised, itchy welts that appear in varying shapes and sizes on the skin.

Chronic spontaneous urticaria (CSU) on the other hand, is a specific type of chronic hives with no known cause.

While encountering hives can be distressing and uncomfortable, many people are equally concerned about how they spread and whether or not they're contagious.

Are hives always linked to an allergy, or can other factors trigger them? Are they more likely to develop in certain seasons, age groups or genders?

For anyone suffering from acute hives, or living or working closely with someone who has them, these are crucial questions that can help in understanding and managing the condition. Misunderstandings about both types of hives are widespread, fueled by speculation and myths, which often lead to unnecessary worry or a lack of proper attention when needed. Below, we address some of the most common questions about hives.

What Causes Acute Hives?

Acute hives are usually raised, itchy welts that come and go pretty quickly. Acute hives might pop up in one spot and disappear within a few hours, only to show up somewhere else. They happen when the body releases certain chemicals like histamine into the skin, which leads to those red, itchy welts, Dr. Pinchieh Chiang, a board-certified family physician at Circle Medical, tells Flow Space.

"For some people, this is triggered by allergies to things like certain foods, medications, insect bites or even pollen," she explains. "Others might get hives from heat, cold, pressure on the skin or stress."

If you're someone who tends to get hives often, she recommends keeping track of when they happen and what you were doing or eating at the time. "That can offer clues about potential triggers," she says.

What Causes CSU?

CSU lasts for six weeks or longer with no identifiable cause. If you think you may have CSU, you should consult a healthcare provider as it's believed to be an autoimmune condition.

According to the National Library of Medicine, a significant portion of cases are believed to be autoimmune in nature, with up to 50% of patients potentially having an autoimmune component.

Are Hives Contagious?

The short answer? No, hives are not contagious.

"Some people think hives are contagious, but they're not," says Chiang. "You can't catch hives from someone else, even if someone's hives are triggered by a virus. It's the virus that's contagious, not the hives themselves."

She adds, "It's also a myth that you should only take antihistamines after hives appear. In many cases, especially with ongoing hives, regular use can help prevent them from showing up in the first place."

Are Hives Always Caused by an Allergy?

Another common myth? That hives are always caused by an allergy.

"While allergies are one possible trigger, acute hives can also be brought on by things like stress, temperature changes or even exercise," says Chiang. "Some people are surprised to learn that hives can show up for no clear reason at all, especially when they're chronic."
Again, in cases such as these, you'll want to see a doctor as chronic hives could be CSU, which can significantly impact your quality of life.

Who Is Most Affected by Acute Hives and How Can It Be Managed?

Acute hives can affect anyone, but there are some trends we see, notes Chiang.

"Kids often get acute hives after viral infections or from food allergies, whereas adults are more likely to experience chronic hives, with women, in particular, seeming to be affected more often than men. Hormones and immune system factors may play a role in that."

Pollen, insect bites and sun exposure can also cause acute hives to show up more in warmer months, while cold temperatures might trigger acute hives in the winter for some people.

"If you notice a pattern, like flare-ups during a specific season, that can be a helpful clue in figuring out what's behind them." says Chiang.

Acute hives aren't dangerous in most cases, but they can take an emotional toll. Constant itching, disrupted sleep and the unpredictability of flare-ups can be really frustrating.
But there is good news.

"Most people eventually outgrow hives," explains Chiang. "It might take a few months or even a couple of years, but they often go away with time." In the meantime, focus on managing symptoms with the right medications and talk with a doctor if your hives last longer than a few days, keep coming back or are very uncomfortable as you may have CSU.

"With the right care, most people are able to get their symptoms under control and live comfortably," Chiang says.

Who Is Most Affected by CSU and How Can It Be Managed?

CSU is most common in women aged 30 to 50 years. While it can affect anyone, women are affected twice as often as men. While lifestyle adjustments, such as using fragrance-free skincare and wearing loose-fitting clothing, can help manage symptoms, it's best to consult a healthcare provider about available treatment options.

"We want to see you if your hives are showing up often and you're not sure why," Chiang says. "Chronic hives can sometimes be linked to underlying conditions that are worth looking into."

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‘What I Wish People Understood About Living with Chronic Hives’

"Chronic spontaneous urticaria has affected not only my work, but my relationships with my children and even simple daily tasks like driving," nurse Sarah Lepsy shares.

BY SARAH LEPSY, AS TOLD TO MARA SANTILLI

Even though it happened about 15 years ago, I’ll never forget when the hives started to develop. I was working the midnight shift as a nurse, and sleeping during the day. It didn’t seem like a big deal at first.

One night, it was just a little itch on my stomach. And for the first couple of nights, it was a couple of hives here and there. But from there, it progressed pretty quickly into full-body hives: red, itchy, inflamed bumps all over my skin.

At the beginning, I went through a checklist: Could it be flea bites or some other type of bug bites? Did I change my laundry detergent in a way that might irritate my skin? I couldn’t really identify a trigger or anything that had changed in my routine or diet.

Growing up, I had some skin and health concerns, like patches of eczema that popped up every once in a while and exercise-induced asthma. I had dealt with IBS for most of my adult life, but I had never encountered these full-body hives.

After that first flare, I visited my primary care doctor about my symptoms. I told him I was taking an antihistamine every night, when the hives were the worst, to help me sleep, but taking it wasn’t actually giving me any relief from the hives. He told me that the hives would likely go away on their own in time, and I could try changing my laundry detergent or soap to see if those could be irritating my skin.

The hives only persisted, and I went back to the same doctor a few weeks later. I was expecting him to do some tests to figure out why I was still breaking out, but he was very dismissive and blamed the whole reaction on stress (which, yes, stress is a factor, but my condition isn’t solely caused by stress).

Instead of even discussing anti-histamines, he prescribed me an antidepressant. This made me question: *Is this something I’m doing to myself? Is it psychosomatic?*

Tired of my symptoms being dismissed, I didn’t go back to the doctor for a couple of years and just kind of lived with the chronic hives.

At their worst, the hives manifest mostly on my legs, feet and ankles. I have a lot of scarring on my skin from prior breakouts. It can be unpredictable when and where they increase and recede. During my last flare-up, the worst patch of the itchiest, most severe hives was on my back.

When I have flare-ups, I have difficulty with my asthma, which I struggled with as a child. I also started developing migraines with my flares, something I had never had before.



Photo credit: Adobe Stock

I eventually got exhausted of dealing with chronic daily hives. They never really stopped but would "flare" and cause a massive increase in the hives and some of the other accompanying symptoms. I needed to go back to the doctor.

This time, I searched for a female doctor, hoping that a woman might listen to me better and have more empathy. I brought pictures to show the doctor the extent of the hives, because they were always itchiest and most prominent at night. She referred me to an allergist for further testing.

The allergist said that he didn't even really have to do any tests: He could tell it was an autoimmune condition called chronic spontaneous urticaria (CSU), which causes itchy red hives to appear all over the body out of nowhere. I still insisted on allergy testing because I hoped that I could avoid a specific trigger, but the test didn't come back with anything. It turned out his diagnosis was correct.

It was somewhat of a relief to at least know that I had a specific condition that was causing the hives, to put a name to it.

CSU takes a mental toll, though. Some days it's more of an inconvenience, but other days, it's excruciating. I only reached a period of remission a couple of years ago, but in between periods of remission my flare-ups were worse. My most recent flare of full-body hives lasted for about six months.

During times like that it's impossible to sleep. I'd be up all night scratching and would get maybe two hours of sleep. I couldn't function the next day, which just exacerbated my stress, in turn worsening the hives.

Mentally, I was at my lowest point. I felt misunderstood and isolated, because I didn't "look sick" and my hives were always worse at night and less prominent during the day. My medical coworkers all meant well but gave me advice that didn't quite fit my needs, like switching to a fragrance-free detergent.

Getting such little sleep and feeling chronically unwell affects not only your work and your social life, but your personal life too.

It's a barrier to having physical touch with the people you love. Intimacy with a partner is a huge problem, because any friction on your skin, even from clothing on a hot day, can further irritate the hives. Even the heat from holding my baby on me would cause my chest to turn into one big hive. It's uncomfortable to just sit in the car to drive my kids somewhere, let alone holding the steering wheel, which would make my hands break out in hives.

It really affected every area of my life.

Six years ago, I started a Facebook group for women with CSU, so that I'd feel less alone living with this condition. It now has 15,000 members, all people who are going through similar challenges with their skin.

There were a lot of ups and downs even within that community. For example, every time you see someone talk about a certain supplement, you buy that, and you're full of hope that it'll work. But the supplements didn't necessarily make my hives better. I have a supplement graveyard now—bottles of vitamins I can't bring myself to throw out because of all the money I've spent.

I learned over time that it's really a balance of taking care of your nutrition, sleep quality (which is easier said than done when you're flaring) and avoiding triggers like fragrances in products and certain fabrics that irritate my skin more than others. I've tried to stick to an autoimmune protocol, that cuts back on high-histamine foods, like fermented foods (kimchi, pickles, some cheeses, yogurt and more), which can contribute to flares in the hives because of their immune response-provoking histamine content.

I don't have everything perfectly figured out, but I know that I'm a more patient person and a better mom when I'm in remission.

If I'm flaring, I'm likely not sleeping well, and I have a short temper with my kids from the exhaustion. I wanted to help other people manage their stress and inflammation, navigate the autoimmune protocol and give them some hope, so I've started doing functional medicine coaching for people with CSU.

People overlook this condition, thinking it's just a skin condition, but it's so much more, and people deserve support and grace as they cope with it.

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What Is Chronic Spontaneous Urticaria? Experts Break Down What You Need to Know

If your hives come and go but never really leave, CSU could be the hidden culprit. Learn why it's often missed—and what can help.

BY ELIZABETH YUKO

If you've ever had an allergic reaction that includes hives—a rash with itchy, raised bumps or welts—then you know how uncomfortable they are. In addition to the intense, sometimes uncontrollable itching, hives can also burn, sting and swell.

The good news is that hives are typically short-lived and go away on their own once you take allergy medication—that is, unless you have chronic spontaneous urticaria (CSU). In that case, your hives may last for long periods of time.

CSU, also known as chronic hives, affects 1.4% of the population, and women are twice as likely to be diagnosed with the condition than men, according to the American College of Allergy, Asthma & Immunology (ACAAI). Not only that, but CSU is most common in adults aged 30 to 50 and most prevalent in women in their 40s, a 2019 study in the *Journal of the American Academy of Dermatology* found.

But if you've never heard of it, you're not alone. Here's what to know about CSU including the symptoms and treatment options.

What Is Chronic Spontaneous Urticaria?

Chronic Spontaneous Urticaria, or CSU, is a condition where hives and sometimes deeper swelling—called angioedema—appear on the skin without any clear external trigger, says Dr. Hannah Kopelman, a dermatologist at teledermatology platform DermOnDemand.

"The keyword here is 'chronic,'" she explains. "These outbreaks last for six weeks or more and often seem to occur randomly."

The random nature of CSU is another hallmark of the condition.

"The term 'spontaneous' indicates that it occurs without an identifiable external trigger such as food, medication or physical stimuli—like pressure, cold or heat," says Dr. Helen A Brough, a professor of pediatric allergy at King's College London.

Unlike allergic reactions, which usually have a clear cause, CSU often persists despite eliminating potential allergens, which Kopelman says makes it more challenging for patients to understand.

What Are the Symptoms of Chronic Spontaneous Urticaria?

Unsurprisingly, the most common symptom of CSU is itchy, raised hives: red or skin-colored welts that vary in size, says Dr. Shamsa Kanwal, a consultant dermatologist. The other hallmark symptoms include swelling—especially around the lips, eyelids or extremities—and a burning or stinging sensation in affected areas.

You may also get hives that change location and resolve within 24 hours, Kopelman says, as well as skin lesions that reappear daily or almost daily for weeks.

"Additional symptoms can include fatigue, sleep disturbance or anxiety—mostly related to the chronic discomfort," she says. "If you notice recurring hives without a clear cause, or if they're lasting more than six weeks, that's a strong sign to get evaluated for CSU."

According to Brough, other key signs that you're dealing with CSU include:

- Hives occurring most days of the week for more than 6 weeks
- Hives not responding to common antihistamines
- Lack of identifiable allergenic triggers
- Swelling without hives
- Interference with daily life, sleep or mood

To ensure that you're prepared when you see a doctor, Kanwal recommends keeping a record of your symptoms: when they started, how long they last and any patterns you notice.

According to Brough, you should also keep track of:

- Whether your hives move around or resolve within 24 hours
- Any potential triggers or patterns (even if none are obvious)
- Medications, supplements and/or lifestyle factors
- Family history of autoimmune or allergic conditions
- Response to over-the-counter antihistamines or other therapies

"A dermatologist, allergist or general practitioner can start the evaluation, but dermatologists are often the first step for skin-related symptoms," Kanwal says.

What Causes Chronic Spontaneous Urticaria?

The exact cause of CSU isn't fully understood, which Kopelman says makes it difficult to manage.

"Most evidence points to autoimmune activity—meaning the body's immune system is mistakenly triggering mast cells in the skin to release histamine, which causes hives and swelling," she says.

According to Brough, up to 40% of CSU cases involve immunoglobulin E (IgE) autoantibodies, or IgE itself.

Additionally, CSU is associated with a number of other autoimmune conditions, including type I diabetes, rheumatoid arthritis, celiac disease, systemic lupus erythematosus (SLE), polymyositis, dermatomyositis and Sjögren's syndrome, per a 2019 study in the journal *Frontiers in Immunology*.

There are also some exacerbating factors that can act as potential triggers for CSU but aren't root causes in the traditional sense, Kopelman explains.

For example, some cases of CSU may follow a viral or bacterial infection, Brough says. In other instances, emotional stress can trigger or exacerbate CSU, she notes. Hormonal changes—especially perimenopause and menopause—are also believed to play a role.

"Shifts in estrogen and progesterone may influence immune reactivity and mast cell stability," Brough explains. However, despite these theories, the majority of CSU cases remain idiopathic—meaning no known cause can be identified, she clarifies.

How Does Chronic Spontaneous Urticaria Impact Midlife Women?

Midlife women are more likely to experience CSU than any other group. "In my practice, I've seen CSU disproportionately affect women in their 40s and 50s—especially during perimenopause and menopause," Kopelman says. "Hormonal fluctuations, particularly changes in estrogen, may destabilize mast cells and make the skin more reactive."

Additionally, there's also a higher prevalence of autoimmune conditions in women during this life stage, which might be part of the link, Kopelman says. This includes conditions like Hashimoto's thyroiditis, lupus and rheumatoid arthritis.

"On top of that, stress and sleep disruption—both common in midlife—can make flare-ups worse," she says.

Stress from multitasking roles, like caregiving and attempting to have some kind of work-life balance, may exacerbate symptoms or lower tolerance thresholds, Brough adds. Sleep can be a vicious cycle: a lack of sleep can trigger symptoms, but having itchy, uncomfortable hives also makes it much harder to get restful sleep.

The effects of CSU go beyond the physical symptoms, Brough points out, including causing a decreased quality of life. CSU may also take an emotional toll, she says, and, as a result, are often mistaken for anxiety or stress-related hives—and in some cases, dismissed.

Finally, CSU may be misdiagnosed or underdiagnosed in midlife women because of gender bias or attributing symptoms to "hormonal issues," she notes.

How Do You Treat Chronic Spontaneous Urticaria?

Treatment for CSU usually starts with high-dose, non-sedating antihistamines—often more than the typical over-the-counter dose, Kopelman says.

If that's not enough, doctors may add leukotriene receptor antagonists, short courses of corticosteroids, or try an injectable biologic," she explains. "In more stubborn cases, immunosuppressants like cyclosporine may be used under specialist supervision," she adds.

While being treated for CSU, it's also important to avoid known aggravators, like tight clothing, NSAIDs, alcohol and heat, and to manage your stress, Brough says.

Is There a Cure for CSU?

While there is no guaranteed cure, the good news is that CSU can go into remission, Kanwal explains.

According to Brough, many cases of CSU resolve spontaneously—around 50% within one to five years.

"Some people experience symptoms for a few months; others for a few years," Kopelman says. "The key is finding a treatment plan that controls your symptoms and reduces flare-ups while minimizing medication side effects. With the right approach, most people can live comfortably with CSU." So, if you're experiencing any CSU-related symptoms its important to talk to your healthcare provider to discuss the right course of treatment.

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Building Your Chronic Hives Care Team: The Doctors and Specialists to Have on Speed Dial

Regardless of how long you've been dealing with CSU, it's important to have a team of specialists you can turn to for help.

BY TAYLOR LANE

Whether you've had chronic hives, also known as chronic spontaneous urticaria (CSU) for months or years, it's important to have a team of specialists you can turn to for help.

"CSU is a chronic condition that goes beyond cosmetic concerns," Dr. Nana Mireku, a board-certified allergist-immunologist, explains. "It significantly impacts patients' daily lives, sleep, mental health and overall quality of life, requiring comprehensive medical management."

Ahead, Flow Space spoke to experts who explained the condition in detail and recommended a team to have on speed dial.

What Is Chronic Spontaneous Urticaria?

According to Dr. Kara Wada, a quadruple board-certified physician in allergy/immunology, lifestyle and functional medicine, chronic spontaneous urticaria (CSU) is a diagnosis affecting around 1 in 100 people. "It is characterized by itchy raised skin rashes and swelling—termed angioedema—that last six weeks or longer."

The symptoms have no easily identifiable triggers, such as an insect sting, food or medication.

"Often patients will attribute them to foods they eat, but this is less often a cause," Wada adds. Most commonly, symptoms are driven by the activation of immune system cells called mast cells, which call the body's immune system. That's when people notice chronic hives that appear without an identifiable reason.

"Sometimes there's deeper swelling, especially around the eyes and lip," explains Dr. Blakely Richardson, a board-certified dermatologist. "The itching is often worst at night. If it's been going on for more than 6 weeks, that's when we call it chronic."

Aside from physical symptoms, Mireku says that CSU can affect your overall well-being through sleep disturbances and fatigue, difficulty concentrating, anxiety, depression and social embarrassment. It can also prompt potential breathing difficulties when throat swelling occurs.

Best Treatments for Chronic Hives

Wada explains that treatments vary, but the first line of achieving relief is with non-sedating, long-acting H1 and H2 antihistamines that are typically "dosed at two to four times higher than a typical allergic rhinitis dosing."

Next, experts say that if patients fail these treatments, doctors will typically turn to an injectable biologic.

"I often will [see] people try various elimination diets that can add to the stress and anxiety, lead to nutrient deficiencies, malnutrition and impact the microbiome negatively," Wanda warns.

Richardson chooses the same treatment option and adds that patients can also try other antihistamines or injections, "which work really well for resistant cases. Avoid steroids long-term. Most patients get better with the right antihistamine dose."

Building Your Chronic Hives Care Team

Most who experience chronic hives opt to see a dermatologist or allergist to help manage symptoms, but often, other professionals are needed.

"Richardson notes that he will send patients to rheumatology "if I'm concerned about autoimmune issues, or endocrinology for thyroid problems." She also explains that many will benefit from counseling since this condition really impacts the quality of life. Plus, your primary care physician should also remain involved.

"Often primary care physicians, including pediatricians, urgent care and emergency room physicians are seeing these patients when they are acutely affected," Wada adds.

If you're experiencing chronic hives, make sure you have a trusted team to support you. Remember, specialists are there to help identify the root causes of the breakouts and are knowledgeable about creating a comprehensive treatment plan.

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‘How I Finally Took Control of My Chronic Spontaneous Urticaria Symptoms’

CSU, or chronic hives, has a variety of potential treatments, but one of the most important pieces of the puzzle with this mysterious condition is advocating for yourself.

BY MEGAN PREGMON, AS TOLD TO MARA SANTILLI

When I first got a diagnosis for my chronic hives, it was a tough pill to swallow.

Based on my symptoms of dermatographism—something like the weight of grocery bags on my arms could cause redness, itching and hives where the pressure was applied—and my slight deficiency of an immune-regulating protein called C1-esterase inhibitor, my primary care doctor thought I had hereditary angioedema, a genetic condition characterized by low C1-esterase inhibitor. It can cause swelling, even in the airways, which can inhibit breathing.

As a nurse, this scared me; I started experiencing panic attacks that my toddlers at the time (they’re now 10 and 11) would inherit this from me.

However, when we looked further into it and both of my parents tested negative for the hereditary angioedema gene, it was clear that the math wasn’t adding up. It turned out to be a misdiagnosis.

Even though I had brought clear photos of my skin displaying my most prominent hives for the doctor to see, they were still misinterpreted. My primary care doctor had sent me to an allergy specialist, who was able to give me the correct diagnosis of chronic spontaneous urticaria, or CSU.

Some of the confusion was that I had tons of chronic environmental allergies to most trees in my home state of Pennsylvania, and I was taking over-the-counter antihistamines for many seasons of the year to combat them. Sometimes, the antihistamines would mask the symptoms of CSU, but other times, the hives, redness and itching all over would be more prominent (particularly during periods when I was not taking antihistamines).

For the most part, staying on the over-the-counter antihistamine can keep my CSU symptoms under control—



Photo credit: Stockmaster

so much so that I notice when I stop taking the antihistamine, the itchy feeling and dermatographism start to return. I recognize how fortunate I am to be able to mainly manage CSU with an over-the-counter medication. Many people need to experiment with different options.

There is such a spectrum of CSU in terms of severity, triggers and multiple other factors.

In my nursing career, I've treated patients in the past who have had much more severe cases. For example, there was a young patient whose skin was so uncomfortable going out in the sun that they were borderline reclusive and, when they did go out, had to wear a cooling vest that looked like a post-op wrap to soothe their hives and inflammation.

About 50% of people with CSU don't respond to antihistamine treatments and need something else, especially because CSU manifests as an autoimmune condition. Treatment options include certain biologics, corticosteroids and immunosuppressant drugs.

In my case, I notice that hot temperatures in the summer and being in the sun exacerbate my hives even more, especially because the blood vessels are dilated more with the warmer temperatures, and that can correlate with more inflammation. Or if my skin endures extra pressure or scratching, I often break out into hives in that particular area. For me, the mental health aspect of having a skin condition is just as important.

When I first got the hereditary angioedema misdiagnosis, I experienced a sense of distrust in my body to do what it's supposed to do, because I was otherwise young and healthy. That stress, in turn, can contribute to a vicious cycle of skin conditions worsening.

I started working on that and coping with the panic attacks in therapy, and I also turned to yoga. I'm a yoga instructor, and doing yoga in a mindful way helps me rebuild a sense of trust in my body, and the syncing of my breathing to the motion keeps my anxiety in a calmer place.

Advocating for myself to get the right diagnosis and treatment has been a major piece of that puzzle.

For better or worse, CSU is a visible condition, so it's so important to document it with pictures. The documentation can be even stronger by keeping a symptom diary. You can even use your phone's notes app to keep tabs of what day it was, what you were doing when you started noticing the reaction and what the other precipitating factors were. It may not be possible to avoid a misdiagnosis, but the more details you have, the better, including the temperature outside, or whether or not you exercised that day, to be as comprehensive as possible.

This can be especially challenging for women, who are disproportionately affected by autoimmune conditions. If you don't have something visible to share, like photos and documentation, it might easily be dismissed as "stress" and not identified as a correct condition.

Our bodies all show up so differently, so being your own advocate can be the key to not only properly diagnosing but treating and managing an often mysterious condition like CSU.

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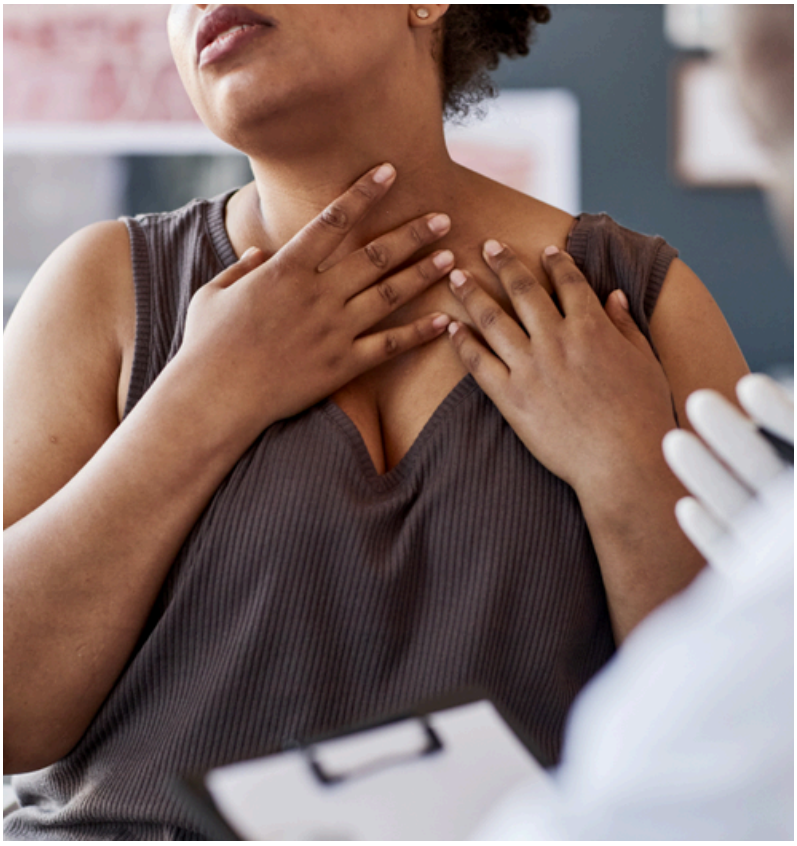


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5 Most Common Symptoms of Chronic Spontaneous Urticaria and How to Talk to Your Doctor About Them

"Estimates vary, but I would say more than 50% of the women I've treated for CSU were initially misdiagnosed with something else," dermatologist Dr. Hannah Kopelman tells us.

BY TAYLOR LANE

Chronic spontaneous urticaria, also known as CSU or chronic hives, is a recurring skin condition characterized by itchy, raised, red welts or deep tissue swelling that persists for six weeks or longer, often without a discernible trigger. And although CSU can affect those of all ages, it seems to affecting an increasing number of women in menopause.

The exact statistics are unknown; however, Dr. Kara Wada, a board-certified allergist, immunologist and lifestyle and functional medicine physician, says that women's health concerns are often under-investigated—and CSU is a prime example of this.

"We lack a hard statistic for CSU misdiagnosis specifically, but we know women are significantly more likely to experience a diagnostic delay for complex conditions," Wada says. She also explains that for many autoimmune and immune-mediated conditions, such as CSU, the diagnostic odyssey typically takes an average of four years and involves consulting with five physicians to obtain a diagnosis.

The Top 5 Symptoms of CSU to Watch For

1. **Wheals**: These are the standard itchy, raised, red welts—commonly referred to simply as "hives"—that appear without warning and move around the body.
2. **Angioedema**: "Affecting approximately 50% of patients, this is a deep, often uncomfortable or painful swelling, typically of the lips, eyes, hands, feet or even genital tissues, that can last longer than the hives, at times for several days," Wada explains.
3. **Physical Triggers**: Wada says the skin becomes hyper-reactive when suffering from CSU. "This can manifest as dermatographism, where a simple scratch raises into a welt, or hives triggered by changes in temperature or pressure from clothing, especially around the bra, waistband and socks."
4. **Systemic Inflammation & Fatigue**: Itching often wakes patients from sleep, which is exhausting in its own right and also contributes to increased systemic inflammation. "We also know CSU is associated with an imbalanced gut microbiome (dysbiosis), which can act as another engine for that inflammation," Wada adds.
5. **Quality of Life Impact**: The constant itching, unpredictability and visible (at times, disfiguring) nature of CSU take a significant toll, frequently leading to anxiety, depression and social isolation.

"Patients may go on a long goose chase trying to find the source of the allergy, and even mistakenly think they are allergic to certain foods or medicines, when they have no such allergy," Dr. Austin Shuxiao, a board-certified internal medicine physician, tells Flow Space.

Eczema resembles CSU, as both can present with patches of itchy rash on the skin; however, eczema is usually not raised. Experts note that eczema tends to be more persistent in the same areas, whereas CSU tends to move and fade to different parts of the body.

"Contact dermatitis is one of the first things I look for when I see a new allergic welt or rash," Shuxiao says. "I wouldn't be surprised if patients were told to change their sheets, use a new detergent, stop wearing certain clothes, etc."

Why Are So Many Women Misdiagnosed?

According to Dr. Hannah Kopelman, a dermatologist at DermOnDemand and hair loss expert, a significant number of women—particularly those in their 30s to 50s—get misdiagnosed or have their symptoms dismissed early on. "Estimates vary, but I would say more than 50% of the women I've treated for chronic spontaneous urticaria (CSU) were initially misdiagnosed with something else, like stress, perimenopausal changes or allergic reactions," she notes. Kopelman says that this is partly because CSU doesn't show up on standard allergy tests and the symptoms can mimic those of several other conditions.

Another factor that plays into misdiagnoses is the number of providers that women see before actually receiving the correct diagnosis for their symptoms.

"Most women I see have already seen at least two or three providers before getting a correct diagnosis," Kopelman adds. "I've had patients tell me they've bounced between dermatologists, allergists and even rheumatologists. It's frustrating for them, especially when symptoms are persistent and interfere with sleep, work or quality of life. Many times, it's not until they see someone who's familiar with CSU specifically that they finally get answers."

How to Talk to Your Doctor About Your Symptoms

There are multiple steps in effectively speaking with your doctor about your symptoms. The first step is to track your symptoms accurately. "Note when hives occur, how long they last, what makes them worse or better, and any accompanying swelling or fatigue," Kopelman shares. Next, bring photos.

"Hives are notorious for disappearing right before a doctor's appointment—maybe it's the fight-or-flight response kicking in!" Wada notes. "A photo album on your phone is your best evidence and is incredibly helpful for me as an allergist." Then, detail all of your symptoms, don't just point to the rash —talk about the itch, any swelling, your fatigue and the impact on your mental health.

Wada also says to mention any physical triggers. "Be specific. Say: 'When I get out of a hot shower, I get hives,' or 'My bra strap leaves a welt that lasts for an hour.'"

But the most important step is actually visiting a healthcare provider. Know that there treatment options out there; CSU is not something anyone has to needlessly suffer through.

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What Doctor Should You See for Hives Symptoms Relief?

What Doctor Should You See for Hives Symptoms Relief?

BY TAYLOR LANE

If you've been living with chronic spontaneous urticaria (CSU), you know how hard it can be to get the tiniest bit of relief, let alone figure out the right doctor to see for actual, effective treatment. According to experts, chronic hives affect approximately 0.5% to 1% of the population and can occur in anyone, though women aged 30 to 50 are disproportionately more affected than men.

And when it comes to seeking help, CSU has been addressed by allergists and dermatologists—and while they still play a role in diagnosis for many patients—as researchers continue to learn more and more about the condition, experts are finding that CSU most likely belongs under the label of an autoimmune condition.



Photo credit: Adobe Stock

"CSU has no identifiable cause (idiopathic)," shares Dr. Patrick DeMarco at the Allergy & Asthma Specialists of North Florida.

Flow Space spoke with top doctors and experts who shared more about where to turn to when you need relief.

Types of Doctors Involved in CSU

Experts suggest that you will likely need to consult with multiple professionals to help diagnose and manage your CSU symptoms, which is why a care team is necessary.

General Physicians

Your primary physician should also be the first line of defense when your CSU symptoms appear. They will take note of your symptoms and then decide whether to prescribe a medication or issue a referral to another medical expert for longer care management.

Dr. Ramit Singh Sambhyal, a general physician with a strong interest in autoimmune disorders, explains that while allergists and dermatologists are critical, general physicians often make the initial diagnosis and manage early care. "For complex or autoimmune-related CSU, I'll collaborate with rheumatologists or endocrinologists, especially when thyroid antibodies are involved," he explains.

Here's what to describe to your general physician:

- **Itchy, raised hives (wheals)**: Appear anywhere and generally resolve within 24 hours.
- **Angioedema**: "Swelling of lips, eyelids or hands appear in about 40% of cases," Sambhyal says.
- **Severe itch**: It worsens at night or with heat, pressure or stress.
- **Emotional symptoms**: Such as anxiety, insomnia and hyper-vigilance, especially in long-term cases.

Allergists

Your primary care provider might also refer you to an allergist. These physicians are skilled at identifying the type of hives you're experiencing and seeking practical solutions. They will conduct tests to investigate if allergens are the

cause of the hives, or if your hives are CSU.Depending on the diagnosis, the allergist will suggest management treatments—such as a combination of antihistamines, corticosteroids or, in some cases, immunotherapy—or potentially refer you to another specialist in more complex, autoimmune-related cases.

Dermatologists
When hives appear, it's also a good idea to schedule an appointment with your dermatologist. A dermatologist will help by assessing the hives and asking about their duration and frequency of outbreaks. They can also conduct blood tests to discover if there is an obvious cause. In addition, your provider can prescribe soothing treatments—such as, oral and topical corticosteroids, epinephrine injections and light therapy, among others—to relieve the itching and pain on the skin.

Rheumatologists
Rheumatologists treat diseases that affect the joints, muscles, bones and sometimes the immune system, which may be the underlying cause of CSU.

Dr. Elena Salagean, a consultant allergist working at Holistic Allergy, explains that an an immunologist may also help with diagnosing certain more rare disorders and establish the diagnosis.

"In some cases there is overlap with autoimmune disorders such as systemic lupus erythematous or rheumatoid arthritis," she says, "and if these are suspected, then a rheumatologist can help with diagnosis."

Endocrinologists
Although endocrinologists specialize in the diagnosis and treatment of conditions related to the endocrine system, they can also help treat other disorders, including CSU, when the condition is linked to an autoimmune thyroid disorder or another endocrine disorder.

"CSU can sometimes be associated with autoimmune thyroid conditions like Hashimoto's disease or Graves' disease," according to the Journal of Allergy and Clinical Immunology. "If there's a suspicion of an autoimmune connection, or if the patient has a known autoimmune condition, an endocrinologist may be brought in to help manage the overall condition and address any related endocrine issues."

Immunologists
"An immunologist may also help with diagnosing certain more rare disorders and establish the diagnosis," Salagean adds.

Mental Health Providers
If stress or anxiety is a major trigger, collaborating with a mental health provider may be helpful as part of a comprehensive approach, as well, experts explain.

When Should You See a Doctor About Chronic Spontaneous Urticaria?

Salagean tells patients if their hives last longer than six weeks despite regular daily use of antihistamines, then it's time to seek medical help. Sometimes patients should make an appointment sooner if it is impacting their daily lives. Don't wait for it to become unbearable; early intervention often shortens the overall disease duration.

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How to Get Better Sleep When You Have Chronic Hives

Research shows that poor sleep quality has wide-reaching effects on both physical and mental well-being.

BY LAURYN HIGGINS



Photo credit: AdobeStock

Chronic hives are more than a skin condition—they can disrupt nearly every part of daily life, including one of the most essential foundations of health: sleep. The sudden onset of itchy, raised welts can make it hard to wind down at night, and once the irritation starts, falling and staying asleep often feels impossible. Over time, this cycle of discomfort and restless nights doesn't just leave you fatigued; it can weaken immunity, heighten stress, and increase the likelihood of further flare-ups.

Research shows that poor sleep quality has wide-reaching effects on both physical and mental well-being, from reduced energy and focus to greater vulnerability to illness. For those managing chronic hives, the added layer of nighttime discomfort can amplify these consequences, creating a loop that's as frustrating as it is exhausting.

While the challenges are real, restful sleep is still within reach. With the right adjustments—both in your environment and your nightly routine—it's possible to calm irritation, support relaxation, and promote more restorative rest. The strategies ahead are designed to help reduce nighttime discomfort and create conditions that make falling asleep, and staying asleep, more achievable.

Understanding Chronic Hives and Sleep Disruption

Chronic hives aren't your typical allergic skin rash. By definition, they last more than six weeks and often come and go almost daily during that time. Unlike an acute allergic reaction, which usually has a clear trigger—like shellfish or pollen—chronic hives are often more mysterious.

"One of the main types of chronic hives," explains Dr. Kara Wada, Founder, CEO, and physician at Immune Confident Institute, "is chronic spontaneous urticaria (CSU), which has no identifiable triggers."

The culprit is mast cells, a type of white blood cell that releases histamine and other inflammatory chemicals, making skin red, itchy, and swollen. In about 40% of cases, hives are accompanied by angioedema—deeper swelling that can occur around the eyes, lips, or throat.

Dermatologist Dr. Hannah Kopelman says chronic hives can be triggered by autoimmune activity, thyroid disorders, infections, medications, or sometimes no clear cause at all. "Essentially, the immune system is releasing histamine inappropriately, causing ongoing inflammation and itch," she explains.

The timing of flare-ups also matters. Cortisol, the hormone that helps tamp down inflammation, naturally dips at night, which means itch tends to peak just when you're trying to get some rest.

"Chronic hives can significantly impact sleep because the itching tends to worsen at night," says Kopelman. Patients often find themselves stuck in a cycle of scratching, waking, and struggling to drift off again.

Creating a Chill Bedroom Environment & Developing a Soothing Bedtime Routine

The environment where you sleep can make a surprising difference in how hives feel at night.

Heat is a known trigger. "Hot showers and warm environments often exacerbate symptoms," says Wada. That's why experts recommend keeping your bedroom on the cool side, swapping heavy comforters for lightweight, breathable bedding, and sticking to loose cotton or linen pajamas. Even simple changes, like running a fan or cracking a window for airflow, can make skin less reactive.

Some patients also find that allergens in the bedroom worsen hives or general skin irritation. "A high-quality air purifier may help reduce potential allergens that can exacerbate hives," says Kopelman.

Dr. Christopher Brooks, an allergy and immunology physician at The Ohio State University Wexner Medical Center notes that optimizing ventilation, minimizing light and noise, and choosing a supportive mattress and bedding can all improve sleep onset and quality—important even if itching still lingers.

Equally important is what you do before you crawl into bed. A structured routine signals to the brain that it's time to wind down. "Maintaining a specific bedtime routine improves the ability to fall asleep in general, which can help make itching less disruptive," says Brooks. That might include a lukewarm shower followed by applying fragrance-free moisturizer, then ten minutes of gentle stretching or meditation. Deep breathing, journaling, or even listening to calming music can calm the nervous system before bed.

Managing Itching and Discomfort Before Bed

Of course, even with a cool, quiet bedroom and a soothing routine, the main hurdle remains: itch. Cooling strategies are often the first line of defense. Applying an ice pack or cold compress to especially irritated areas can bring quick, though temporary, relief. Keeping moisturizer in the fridge so it goes on cool can also be soothing.

Medication is another common tool. It's best to discuss options with a healthcare provider, who can best guide you on how pairing medications with behavioral strategies can be most effective.

For example, setting a "no screens" rule an hour before bed, or swapping scrolling for stretching. Over time, these practices can make nights less miserable and mornings far less groggy.

The Role of Diet and Hydration in Sleep Quality

While chronic hives often aren't tied to food in a straightforward way, what you eat and drink still influences symptoms and sleep. "I often see patients who are very concerned about the role of foods triggering their symptoms and at times will go to the extreme of narrowing their diets down to four to five safe foods," says Wada. "But eating a diverse diet rich in antioxidants and prebiotic fiber is associated with improved inflammation markers."

Certain nutrients may even directly stabilize mast cells, the immune cells that drive hives. Flavonoids like quercetin (found in apples, onions, and berries) and luteolin (in celery, parsley, and peppers) are known to have anti-inflammatory, antihistamine-like effects. Pairing these foods with gut-friendly fiber from whole grains, beans, and vegetables supports a healthier microbiome—another factor that may play a role in chronic hives.

"Limiting foods high in histamine—like aged cheeses, processed meats, and fermented products—can help if you notice flares," says Kopelman. Alcohol and caffeine, especially in the evening, can worsen both itch and sleep disruption. Brooks also emphasizes timing. "Heavy meals late in the day are associated with fragmented and poor-quality sleep," he says.

Hydration rounds out the picture. Even mild dehydration can make the skin more sensitive and sleep more fragmented. Aiming for steady water intake throughout the day, rather than guzzling right before bed, is best. The bottom line: balance matters. Instead of rigid food rules, think of diet as another tool for calming inflammation and setting yourself up for better rest.

When to Seek Help from a Healthcare Professional

Despite your best efforts at home, knowing when to seek medical help is crucial. "If you have been suffering from hives for more than a few days, they are interfering with

your sleep, and you are not getting relief from over-the-counter allergy medications, you should see a physician," says Wada.

In this case, people often ask about allergy testing, but it's not helpful in chronic hives, so make sure you undergo a thorough history and exam to point to the right next steps.

Kopelman urges patients to watch for signs of more severe reactions, like swelling of the lips, tongue, or throat, which require immediate care. Even if symptoms aren't life-threatening, if hives are spreading, persisting, or disrupting your ability to function, a dermatologist can provide prescription options that go beyond antihistamines.

Ultimately, you don't have to live with endless itching and sleepless nights. By pairing at-home strategies with medical guidance, most people with chronic hives can find relief—and finally get the deep, restorative rest they need.

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5 Chronic Urticaria Support Groups You Should Know If You Deal With Chronic Hives

Connecting with other chronic urticaria patients can make a huge difference.

BY MAGGIE RYAN

Dealing with chronic hives isn't easy. If you've ever experienced hives as an allergic reaction, you know that the physical symptoms are unpleasant enough, consisting of a rash with itchy, raised bumps or welts. For patients with chronic hives, also known as chronic urticaria or chronic spontaneous urticaria (more on the difference below), there's also a mental health aspect to manage — because when you're experiencing hives frequently or all the time, your mental health takes a hit too. Some patients experience anxiety, depression, or panic attacks as a result of this visible chronic condition.

Despite chronic hives being a visible condition, recognition and awareness of it remains low, which is why events like World Urticaria Day (celebrated on Oct. 1!) are so important. Another way to find support and recognition: joining a chronic urticaria support group. These support groups can provide tips and tricks for treating these conditions as well as a valuable reminder that you're not alone in your struggle. There are other people who know what you're going through and are there to help and empathize.

What Is Chronic Urticaria and Chronic Spontaneous Urticaria?

Chronic hives can manifest in one of two ways. Chronic urticaria occurs when hives are caused by certain environmental or physical factors, whereas chronic spontaneous urticaria (CSU) isn't triggered by external factors. "The term 'spontaneous' indicates that it occurs without an identifiable external trigger such as food, medication or physical stimuli—like pressure, cold or heat,"



Photo credit: Adobe Stock/suriya

Dr. Helen A Brough, a professor of pediatric allergy at King's College London, previously told Flow Space. CSU is thought to be an autoimmune issue.

Both types present as hives that occur most days of the week for more than six weeks. Treatments include long-lasting antihistamines, anti-itch creams, and topical or oral corticosteroids. For chronic urticaria, avoiding triggers can also help.

In-Person Chronic Urticaria Support Groups

If you're looking for an in-person chronic urticaria support group, start by talking to your doctor. Dermatologists, immunologists, and allergists are great resources to connect with others in your area who have CU or CSU. If online support groups are your preference, keep reading to learn about several you can join now for support whenever and wherever you need it.

Online Chronic Urticaria Support Groups

There are several online support groups for chronic urticaria. As you'll see, social media is a good place to start.

- **Women with Chronic Urticaria Thrive with Hives Support Group (Facebook)**: This private Facebook group of with over 16K offers support for women with chronic urticaria, who make up a disproportionate number of cases. "We believe in the power of both traditional medicine and functional/holistic practices to improve the quality of life for women living with chronic urticaria," the group's description reads.
- **Chronic Spontaneous Urticaria Support Group (Facebook)**: For a support group that caters specifically to CSU patients, try this Facebook group. It's private and advice-based, with over 11K members. (For another CSU Facebook support group, try the Chronic Idiopathic Urticaria group, which uses another term for CSU.)
- Daily Strength Hives Support Group: Daily Strength hosts many support groups for different health issues, including this one for hives, though it hasn't been as active in recent years.
- Chronic Hives Community: This informational site for chronic hives enables community comments on articles and features personal essays from other people with chronic hives. You can explore the site's homepage to get a feel for its content or skip to its community page to see the topics that are getting the most engagement.

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Videos



PAWS AND REFLECT
Hives don't have to stop you from doing the things you love. When you're feeling "bleh" and nothing seems to work, a dermatologist can help you find answers.
WATCH



FAMILY GETAWAY
Chronic hives are unpredictable, yet still manage to show up at the worst times – like during a family getaway. Watch how Jen takes control and decides that her hives aren't going ruin her family time.

WATCH



LUNCH BREAK
If your hives show up randomly with no apparent cause, it may be a sign of CSU. Don't worry, there is help available. But the first step is to take control and make an appointment with a specialist.

WATCH



DETECTED
When there's no rhyme or reason to your chronic hives, it can feel like a mystery. But the case doesn't have to go unsolved. See how Alyssa decides to stop investigating on her own and ask a doctor for help solving the case.

WATCH



THE ART OF LETTING GO
Chronic hives take an emotional toll, and can make you anxious and self-conscious. But they don't have to stop you from following your dreams. Watch how Sasha lets go of her anxiety and enjoys the fruits of her labor.

WATCH