Background Non-allergic Chronic Urticaria (CU), which includes both Chronic Spontaneous Urticaria (CSU) and Chronic Inducible Urticaria (CIU), is a condition characterized by wheals, erythema and pruritus. It is often associated with angioedema. CSU/CIU are often misinterpreted as an allergic condition by both families and healthcare professionals leading to unnecessary investigations, unwarranted therapies, and a high referral burden on paediatric allergy specialists. The aim of this study was to define the demographics of cases of chronic urticaria referred to an Irish allergy clinic and to explore diagnostic and treatment patterns at a primary care level. Finally, this study aimed to determine the specialist management strategy as compared to the current British Society for Allergy and Clinical Immunology (BSACI) guidelines.

Methods A retrospective audit of medical records of all children seen by the Allergy service at Our Lady’s Children’s Hospital Crumlin (OLCHC) with a diagnosis of Chronic Spontaneous Urticaria or Chronic Inducible Urticaria between January 2014 - December 2017 was conducted.

Results A total of 97 children were included. Both genders were equally affected (Males n=48) and the most common age of onset of CU was 5 years (n=44). Of the 97 children reviewed, the majority (71%) presented through primary care referral (n=69). At the primary care level, only 10% of children (n=10) were appropriately diagnosed with CU. The most common pre-referral misdiagnosis was allergy (n=32), followed by no diagnosis (n=12). While 65% of children (n=63) were started on an antihistamine, only 32% (n=28) received a second-generation H1 antihistamine by the primary care provider. Five cases inappropriately were prescribed oral corticosteroids. Following the first allergy consult, 70% of children saw resolution of symptoms and were discharged from the allergy clinic and to explore diagnostic and treatment patterns at a primary care level. Finally, this study aimed to determine the specialist management strategy as compared to the current British Society for Allergy and Clinical Immunology (BSACI) guidelines.

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Conclusion This audit demonstrates that recognition and appropriate treatment of Chronic Spontaneous and Chronic Inducible Urticaria are key targets for primary care education in order to achieve prompt resolution of symptoms and reduced referral burden on specialist services.