## Treatment of Recalcitrant Chronic Urticaria With Nonsedating Antihistamines: Is There Evidence for Updosing?

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## **CME Items**

- 1. The proportion of patients with chronic urticaria who respond to conventional doses of antihistamines is
  - a) About 10 %
  - b) About 100 %
  - c) About 44 %
  - d) Less than 5 %
- 2. The preferred first-line pharmacological treatment for chronic urticaria is
  - a) First-generation antihistamines
  - b) Dapsone
  - c) Intravenous gammaglobulin
  - d) Nonsedating antihistamines
- 3. Second-generation antihistamines frequently induce the following adverse effects
  - a) Urinary retention
  - b) Sedation
  - c) Cardiac arrhythmias
  - d) None of the above
- The second-line of therapy for chronic spontaneous urticaria is
  - a) First-generation antihistamines
  - b) Increased doses of nonsedating antihistamines
  - c) Ciclosporin A
  - d) Methotrexate
- 5. Antihistamines that have been shown in controlled studies to induce improved responses in patients with urticaria when administered in higher doses include
  - a) Cetirizine and fexofenadine
  - b) Levocetirizine, cetirizine, and desloratadine
  - c) Ebastine and rupatadine
  - d) Desloratadine and bilastine

- Increased doses of second-generation antihistamines are associated with
  - a) Cardiotoxicity
  - b) Cholinergic side effects
  - c) Increased rates of sedation
  - d) None of the above
- 7. First-generation antihistamines are not currently recommended for patients with urticaria due to
  - a) High rates of sedation
  - b) Lower rates of clinical responses
  - c) Lower efficacy than other therapies
  - d) High costs
- 8. Oral corticosteroids
  - a) Are recommended as a long-term treatment for nonresponsive chronic urticaria
  - b) Are very safe when used for long periods of time
  - c) Are the most efficacious and safe alternative therapy for patients with chronic urticaria
  - d) Are only recommended for short periods of time as rescue medication in patients with chronic urticaria
- Alternative drugs recommended by current guidelines for the treatment of chronic urticaria include all of the following, with the exception of
  - a) Theophylline
  - b) Leukotriene receptor antagonists
  - c) Omalizumab
  - d) Anti-H<sub>2</sub> antihistamines
- 10. In patients who do not respond to conventional doses of nonsedating antihistamines present recommendations include the following, with the exception of
  - a) Increased doses of nonsedating antihistamines
  - b) Addition of anti-H<sub>2</sub> antihistamine
  - c) Addition of long-term oral corticosteroids
  - d) Addition of montelukast