INTRODUCTION:
Hives occur when histamine is released from mast cells in the upper layer of skin. People who have hives release too much histamine.

EVALUATION:
History and Physical Examination
Some hives only occur when the person is exposed to a trigger such as a medication or food. Usually a detailed history will reveal these triggers. Some patients have chronic hives which can be daily or episodic hives that occur without an identifiable trigger.
Blood tests
Usually screening blood tests are performed but rarely are helpful in determining the cause of the hives

PROGNOSIS:
Most chronic hives go away with or without treatment
50% of patients resolve in 3-12 months
20% of patients resolve in 12-36 months
20% of patients resolve in 36-60 months
1.5% of patients can have hives for up to 25 years
60% of people will have a recurrence of chronic hives

AVOID THE FOLLOWING NONSPECIFIC TRIGGERS OF HIVES:
1. berries (especially strawberries)
2. aspirin
3. nonsteroidal anti-inflammatory agents (NSAIDs) in OTC and prescription pain relievers
4. physical stimuli such as heat, vibration and ultraviolet light
5. alcoholic beverages

MANAGEMENT:
Goal of therapy: keeping comfortable with/without some hives
Medications: maximal antihistamine therapy
Allegra 180 mg every morning
Zyrtec 10 mg every night
Other medications sometimes used:
Atarax (hydroxyzine) 25 mg. every 6 hours as needed
Doxepin (sinequan) 25 mg. every night
Prednisone (steroids) should be avoided
Caution these medications cause sedation
Discuss all medication changes with your physician