I'm not a robot

Hives, or urticaria, are raised, often itchy welts or bumps. They appear when a trigger in the body (sometimes known and other times unknown) causes mast cells in the skin to release high levels of histamine, serotonin, or some other chemicals. When hives are present for more than six weeks without a known cause, the condition is called chronic idiopathic urticaria (CIU). This article will discuss chronic idiopathic urticaria, including its causes, diagnosis, treatment, and when to see a healthcare provider. Chronic idiopathic urticaria is characterized by the appearance of hives—skin-colored welts or raised patches (angioedema)—that last for six or more weeks for no known reason. This condition is also called chronic spontaneous urticaria. The exact cause of chronic idiopathic urticaria is unknown, which can make getting a diagnosis frustrating and difficult. Some research points to an altered gut microbiome (the balance of bacteria in your intestines) as a possible cause. This theory is based on the gut microbiome's important role in the function and regulation of the immune system. But more research needs to be done to determine the causal relationship between the two. Known causes of urticaria, like systemic conditions (diabetes, hyperthyroidism, cancer), viral infection (hepatitis and herpes zoster infection), and bacterial infection (Helicobacter pylori), among others, must be ruled out in order before a diagnosis of CIU can be made. CIU is a diagnosis of exclusion, meaning other causes must be ruled out before making this diagnosis. Therefore, the diagnosis of CIU may involve an extensive workup to look for the underlying conditions that serve as a potential trigger of the disease. Chronic idiopathic urticaria is a clinical diagnosis based on your symptoms using the following five criteria: Symptoms: These include the presence of intensely itchy hives, with well-circumscribed, raised weals. Associated symptoms such as pain and burning may also be present. Medical history: A medical history specifically focuses on your allergies, contact with foreign substances and occupational hazards, past medical conditions, and the medications you are taking.Physical examinationDuration: Symptoms have been experienced for six or more weeks.No specific or identifiable cause No particular labs or tests need to be performed unless your medical history or physical examination detects specific underlying conditions as the cause of your symptoms. The healthcare providers most commonly making this diagnosis are primary care physicians or dermatologists (specialists in diseases of the skin, hair, and nails). Chronic urticaria is usually benign and, in some cases, may resolve on its own without the need for treatment. If there are triggers that you and your healthcare provider identify as potential causes, such as contact with a foreign substance or occupational exposure, these should be avoided. Symptom management with medication is the mainstay of treatment. Chronic hives can cause significant discomfort, greatly affecting your quality of life. Medication may be considered to lessen the severity and duration of symptoms. Histamine receptor blockers, namely second-generation H1 antihistamines such as Zyrtec (cetirizine), Xyzal (levocetirizine), and Claritin (loratadine) are first-line drugs for the condition. You can purchase these over-the-counter (OTC) at your local pharmacy, although your healthcare provider often prescribes these medications with specific instructions on how to take them. They are also usually covered by your insurance. Generally, your healthcare provider will prescribe the lowest, most effective dose possible. Over time, higher doses of the same or new medications may be prescribed if your symptoms have not improved. If second-generation H1 antihistamines are not effective, one or more drugs from the following drug classes may be prescribed instead: First-generation H1 antihistamines such as Benadryl (diphenhydramine) H2 blockers such as Pepcid (famotidine) and Tagamet (cimetidine) Leukotriene receptor antagonists like Accolate (zafirlukast) and Singulair (montelukast) Xolair (omalizumab) or cyclosporine (may be used in cases that don't respond to antihistamines) If your itching is accompanied by any of the following symptoms, you should seek immediate medical attention. These may be signs of early anaphylactic shock (a life-threatening allergic reaction) or the presence of an underlying medical condition: FeverChillsShortness of breathSwelling of the tongue, mouth, lips, or throat Generalized pain or body achesGastrointestinal symptoms such as nausea, vomiting, stomach cramps, or diarrhea Chronic idiopathic urticaria is the appearance of persistent hives that lasts for six or more weeks for no known reason. CIU is a diagnosis of exclusion, which means other causes must be ruled out before this diagnosis is made. Therefore, the diagnosis of CIU may involve an extensive workup looking for potential triggers of the disease. Hives usually go away on their own. When they last for six or more weeks, however, they may indicate an underlying medical condition requiring further medical evaluation. If your symptoms do not change with conventional first-line treatments over the course of two weeks, follow up with your healthcare provider. They can evaluate you and direct you to the proper subspecialist who can look for the potential causes behind your hives. Frequently Asked Questions Hives that don’t go away may indicate CIU or the presence of a number of underlying conditions, but a full workup is needed to uncover the possible causes of your hives. The following conditions may have a similar appearance to hives and may be mistaken for urticaria: contact dermatitis, eczema (atopic dermatitis), psoriasis, rosacea, and pityriasis rosea. CIU often resolves on its own, although symptomatic treatment may be helpful. There are no medications or lifestyle modifications that cure CIU. Hives typically last for less than two weeks. A diagnosis of CIU can only be made if your hives are present for six or more weeks. Hives are raised red bumps (welts) or splotches on the skin. They’re a type of swelling on the surface of your skin and happen when your body has an allergic reaction. Allergic reactions happen when your immune system comes in contact with an allergen. Allergens are proteins that are harmless to many people but cause an allergic reaction in sensitive people.Hives are often very itchy, but you might also feel burning or stinging. They can be as small as a fingertip or as big as a dinner plate. The medical name for hives is urticaria.Sometimes, the welts from hives join together to form larger areas called plaques. Hives tend to fade within 24 hours, although they may be noticeable for several days or longer.Types of hivesAcute urticaria refers to hives that don’t last very long (less than six weeks). Chronic urticaria refers to hives that happen at least twice a week for more than six weeks.Chronic, spontaneous urticaria is the name for chronic hives that don’t have an obvious cause. An older name for this condition is chronic idiopathic urticaria.There’s also a condition called physical urticaria, or inducible urticaria. These hives might pop up when you’re in the cold, heat or sun. Some people react to vibrations or pressure, exercising or sweating. Physical hives usually appear within an hour after exposure. This type of hives can also be chronic.What’s the difference between hives and a rash?A rash is a skin condition that involves something out of the ordinary, like spots, swelling, itchiness or redness. Hives is an example of a rash, but not all rashes are hives.Who is affected by hives?Anyone can get hives. If you’re someone who reacts to many types of allergens, you may get hives frequently. Other people who don’t react to allergens may get hives once or a few times in their lives.There seems to be a relationship between acute hives and conditions like asthma, allergic rhinitis and atopic dermatitis, especially in children. You might also be affected by hives during periods of extreme stress.How common are hives?Around 20% of the population will get hives at least one time. About 1% to 3% of the population has chronic hives. Medication class that inhibits leukotriene synthesis and/or activity AntileukotrienesDrug classClass identifiersSynonymsLeukotriene modifier; Leukotriene receptor antagonistMechanism of action • Enzyme inhibition • Receptor antagonismBiological target • Enzymes: 5-LOX; FLAP • Receptors: CysLTRsLegal statusIn Wikidata An antileukotriene, also known as leukotriene modifier and leukotriene receptor antagonist, is a medication which functions as a leukotriene-related enzyme inhibitor (arachidonate 5-lipoxygenase) or leukotriene receptor antagonist (cysteinyl leukotriene receptors) and consequently opposes the function of these inflammatory mediators; leukotrienes are produced by the immune system and serve to promote bronchoconstriction, inflammation, microvascular permeability, and mucus secretion in asthma and COPD.[1] Leukotriene receptor antagonists are sometimes colloquially referred to as leukasts. Leukotriene receptor antagonists, such as montelukast, zafirlukast, and pranlukast,[2] and 5-lipoxygenase inhibitors, like zileuton and Hypericum perforatum,[3][4][5][6] can be used to treat these diseases.[1] They are less effective than corticosteroids for treating asthma,[7] but more effective for treating certain mast cell disorders.[8] There are two main approaches to block the actions of leukotrienes.[1] Main article: Arachidonate 5-lipoxygenase inhibitor Drugs that inhibit the enzyme 5-lipoxygenase will inhibit the synthetic pathway of leukotriene metabolism;[3][4] drugs such as MK-886 that block the 5-lipoxygenase activating protein (FLAP) inhibit functioning of 5-lipoxygenase and may help in treating atherosclerosis.[9] Examples of 5-LOX inhibitors include drugs, such as meclofenamate sodium[10] and zileuton.[10][3] Some chemicals found in trace amounts in food, and some dietary supplements, also have been shown to inhibit 5-LOX, such as baicalein,[10] caffeic acid,[10] curcumin,[10] hyperforin[4][5][6] and St John's wort.[4][5][6] Agents such as montelukast and zafirlukast block the actions of cysteinyl leukotrienes at the CysLT1 receptor on target cells such as bronchial smooth muscle via receptor antagonism.[citation needed] These modifiers have been shown to improve asthma symptoms, reduce asthma exacerbations and limit markers of inflammation such as eosinophil counts in the peripheral blood and bronchoalveolar lavage fluid. This demonstrates that they have anti-inflammatory properties.[citation needed] Antihistamine ^ a b c Scott JP, Peters-Golden M (September 2013). "Antileukotriene agents for the treatment of lung disease". Am. J. Respir. Crit. Care Med. 188 (5): 538–544. doi:10.1164/rccm.201301-0023PP. PMID 23822826. ^ Singh, Rakesh Kumar; Tandon, Ruchi; Dastidar, Sunanda Ghosh; Ray, Abhijit (2013). "A review on leukotrienes and their receptors with reference to asthma". Journal of Asthma. 50 (9): 922–931. doi:10.3109/02770903.2013.823447. ISSN 0277-0903. PMID 23859232. S2CID 11433313. ^ a b c "Zyflo (Zileuton tablets)" (PDF). United States Food and Drug Administration. Cornerstone Therapeutics Inc. June 2012. p. 1. Retrieved 12 December 2014. Zileuton is a specific inhibitor of 5-lipoxygenase and thus inhibits leukotriene (LTB4, LTC4, LTD4, and LTE4) formation. Both the R(+) and S(-) enantiomers are pharmacologically active as 5-lipoxygenase inhibitors in in vitro systems. Leukotrienes are substances that induce numerous biological effects including augmentation of neutrophil and eosinophil migration, neutrophil and monocyte aggregation, leukocyte adhesion, increased capillary permeability, and smooth muscle contraction. These effects contribute to inflammation, edema, mucus secretion, and bronchoconstriction in the airways of asthmatic patients. Sulfido-peptide leukotrienes (LTC4, LTD4, LTE4, also known as the slow-releasing substances of anaphylaxis) and LTB4, a chemoattractant for neutrophils and eosinophils, can be measured in a number of biological fluids including bronchoalveolar lavage fluid (BALF) from asthmatic patients. ^ a b c d "Enzymes". Hyperforin (HMDB0030463). Human Metabolome Database. 3.6. University of Alberta. 30 June 2013. Retrieved 12 December 2014. ^ a b c de Melo MS, Quintans Jde S, Araújo AA, Duarte MC, Bonjardim LR, Nogueira PC, Moraes VR, de Araújo-Júnior JX, Ribeiro EA, Quintans-Júnior LJ (2014). "A systematic review for anti-inflammatory property of Clusiaceae family: a preclinical approach". Evid Based Complement Alternat Med. 2014: 960258. doi:10.1155/2014/960258. PMC 4058220. PMID 24976853. These researches are according to an investigation of the effect of H. perforatum on the NF-κB inflammation factor, conducted by Bork et al. (1999), in which hyperforin provided a potent inhibition of TNFα-induced activation of NF-κB [58]. Another important activity for hyperforin is a dual inhibitor of cyclooxygenase-1 and 5-lipoxygenase [59]. Moreover, this species attenuated the expression of iNOS in periodontal tissue, which may contribute to the attenuation of the formation of nitrotyrosine, an indication of nitrosative stress [26]. In this context, a combination of several active constituents of Hypericum species is the carrier of their anti-inflammatory activity. ^ a b c Wölfle U, Seelinger G, Schempp CM (February 2014). "Topical application of St. John's wort (Hypericum perforatum)". Planta Med. 80 (2–3): 109–20. doi:10.1055/s-0033-1351019. PMID 24214835. Anti-inflammatory mechanisms of hyperforin have been described as inhibition of cyclooxygenase-1 (but not COX-2) and 5-lipoxygenase at low concentrations of 0.3 μmol/L and 1.2 μmol/L, respectively [52], and of PGE2 production in vitro [53] and in vivo with superior efficiency (ED50 = 1 mg/kg) compared to indomethacin (5 mg/kg) [54]. Hyperforin turned out to be a novel type of 5-lipoxygenase inhibitor with high effectivity in vivo [55] and suppressed oxidative bursts in polymorphonuclear cells at 1.8 μmol/L in vitro [56]. Inhibition of IFN-γ production, strong downregulation of CXCR3 expression on activated T cells, and downregulation of matrix metalloproteinase 9 expression caused Cabrelle et al. [57] to test the effectivity of hyperforin in a rat model of experimental allergic encephalomyelitis (EAE). Hyperforin attenuated the symptoms significantly, and the authors discussed hyperforin as a putative therapeutic molecule for the treatment of autoimmune inflammatory diseases sustained by Th1 cells. ^ Fanta CH (March 2009). "Asthma". N Engl J Med. 360 (10): 1002–14. doi:10.1056/NEJMra0804579. PMID 19264689. ^ Frieri M (2015). "Mast Cell Activation Syndrome". Clin Rev Allergy Immunol. 54 (3): 353–365. doi:10.1007/s12016-015-8487-6. PMID 25944644. S2CID 5723622. ^ Jawien, J.; Gajda, M.; Rudling, M.; Mateuszuk, L.; Olszanecki, R.; Guzik, T. J.; Cichocki, T.; Chlopicki, S.; Korbut, R. (March 2006). "Inhibition of five lipoxygenase activating protein (FLAP) by MK-886 decreases atherosclerosis in apoE/LDLR-double knockout mice". European Journal of Clinical Investigation. 36 (3): 141–146. doi:10.1111/j.1365-2362.2006.01606.x. PMID 16506957. S2CID 44897529. ^ a b c d e Bishayee K, Khuda-Bukhsh AR (September 2013). "5-lipoxygenase antagonist therapy: a new approach towards targeted cancer chemotherapy". Acta Biochim. Biophys. Sin. (Shanghai). 45 (9): 709–719. doi:10.1093/abbs/gmt064. PMID 23752617. Leukotriene+antagonists at the U.S. National Library of Medicine Medical Subject Headings (MeSH) Retrieved from " Hives can appear and disappear quickly, with each hive only lasting around 2–3 hours. However, depending on the cause, they may reappear and continue affecting someone for days, weeks, or longer.People can have acute hives, which occurs due to a specific trigger and resolves within 6 weeks. Alternatively, they can have chronic hives, which recur at least twice per week for longer than 6 weeks.This article looks at how long hives last, factors that influence their duration, and treatment.Share on PinterestLebazele/Getty ImagesEach hive lasts only 2–3 hours, but for some people, they continue to appear and disappear for longer. The duration of hives can depend on whether they are acute or chronic. Acute hives appear quickly and do not last long. Doctors classify hives as acute if the overall duration is less than 6 weeks.However, around 25% of people go on to develop chronic hives. This is when hives regularly reappear over 6 weeks or more. Acute hives often occur in response to an allergen or irritant. When the immune system perceives a substance as a threat, it releases histamine and other chemicals. This causes tiny blood vessels under someone’s skin to leak fluid, which accumulates and causes the bump.Some common substances that can result in hives include:food allergens, such as milk, eggs, tree nuts, peanuts, or shellfishcontact allergens, such as latex or animal danderinsect bites or stingsmedicationsAny drug can cause hives, but some of the medications most commonly associated with this symptom include:According to a 2018 review, doctors are unsure of the cause of acute hives in around 50% of individuals. These cases are known as acute spontaneous urticaria (ASU).Chronic hives may have the same cause as acute hives, but with symptoms lasting longer than 6 weeks. However, chronic hives are often not due to an allergen and instead have a physical cause.There are two subcategories of chronic hives: inducible urticaria and chronic idiopathic urticaria.Chronic idiopathic urticaria has no clear cause and is the most common form of chronic hives. Researchers are working to understand why this type of hives occurs, but a leading theory links it with autoimmunity.Autoimmunity occurs when a person’s immune system mistakenly attacks healthy tissue, and several autoimmune conditions are associated with chronic hives. The most common is thyroid disease, which is present in 9.8% of cases. This suggests that the hives may result from someone’s immune system not functioning as it should. Other conditions that can occur alongside chronic hives include type 1 diabetes, lupus, and rheumatoid arthritis.Infections can also be associated with the onset of chronic hives. This includes bacterial, viral, and parasitic infections. Again, this may result from autoimmunity — an infection may trigger a change in how the person’s immune system works.Inducible or physical urticaria is less common than chronic idiopathic urticaria. With this subtype, it is possible to purposely induce the hives by a person exposing their skin to certain triggers, which could include:Scratching or pressure: The most common type of inducible hives is known as dermatographia. This condition involves developing hives as a response to scratching or “drawing” on the skin.Cold: Cold hives occur on someone’s skin or mouth after exposure to cold temperatures. Triggers include consuming iced drinks, touching cold water, or going outside in cold weather.Heat: Cholinergic hives occurs when an individual’s body becomes hot or sweaty. Hot baths, exercise, and spicy food can be triggers.UV light: Solar hives occur in response to UV light from the sun and certain light bulbs, such as those in tanning beds.Water: Some people develop hives if their skin comes into contact with water. This is known as aquagenic urticaria and is very rare.Doctors diagnose hives by performing a physical examination. There is no test to determine whether the person’s hives are acute or chronic, so they will use the length of time they recur to do this.The doctor may also ask an individual:when the rash beganthe shape, size, and distribution of the rashwhere on the body they first noticed the rashif they have had any insect bites if they live or work with common hive triggers, such as chemicals, animals, or latex glovesif they have bone or joint pain, fever, or abdominal painif anyone in their family experiences hivesif they take any medications or supplementsThe doctor may use a skin prick test and serum-specific IgE test to check if the acute hives result from a specific substance, such as food, dust mites, or chemicals. Alternatively, they may refer someone to an allergy clinic for these tests.However, in cases of chronic hives, allergy testing is rarely useful. A doctor may check for other underlying health conditions by performing additional tests, such as:The most suitable treatment depends on whether the person has acute hives or chronic hives.Doctors typically recommend second-generation antihistamines as the first-line treatment for acute hives, such as:loratadine (Claritin)desloratadine (Clarinex)fexofenadine (Allegra)cetirizine (Zyrtec)levocetirizine (Xyzal)They may prescribe a standard dose or increase by up to 4 times if the individual does not respond. If these medications do not improve symptoms, the doctor may recommend an additional antihistamine, such as cimetidine (Tagamet), famotidine (Pepcid), or ranitidine (Zantac). They may recommend a 3–10-day course of corticosteroids to help control the symptoms in severe cases.The doctor may prescribe an epinephrine auto-injector if they think the individual is at risk of anaphylaxis, which is a severe allergic reaction that restricts breathing. This provides emergency medicine to treat anaphylaxis quickly.The doctor will then reassess the individual in 2–6 weeks.Doctors may recommend a four-step treatment plan for chronic hives. This approach involves using an antihistamine daily, which may be up to 4 times the regular dosage depending on how the individual responds.If necessary, they may prescribe a second antihistamine or another medication, such as montelukast (Singulair). With persistent hives, they may suggest a high potency antihistamine, such as hydroxyzine or doxepin. The final step is for a doctor to refer the individual to a specialist for immunomodulatory therapy. This may involve taking medications such as omalizumab (Xolair) or cyclosporine (Sandimmune).Once symptoms are under control, a doctor may gradually reduce the dosage of these medications. If the hives have an identifiable cause, such as cold or heat exposure, adopting changes to avoid the triggers wherever possible is also important.The AAD suggests the following methods for people to reduce irritation and itchiness in hives:applying topical anti-itch medications, such as calamine lotionwearing loose-fitting clothingmoisturizing with fragrance-free lotion to prevent dry skinusing cold compresses several times per dayHowever, it is important for individuals to try to determine whether the hives have a specific trigger, in addition to relieving symptoms. If someone has cold hives, for example, a cold compress may make them worse.Therefore, it is a good idea for people to keep a symptom diary, recording when the hives occur and any factors that might have contributed. Symptom diaries are also useful to refer to at medical appointments. A person can take note of:the date and time the hives appearwhat they were doing just before they developedwhat they have had to eat or drinkIf any common factors emerge when the hives occur, a person can try to temporarily avoid these to see if it helps. It is important for people to do this with the guidance of a doctor, allergist, or dietitian if someone has food-related hives.Learn more about remedies and treatments for hives here.Hives do not last long, taking only 2–3 hours to fade. However, more can appear, which makes the symptoms last longer. Acute hives can develop and resolve on their own within 6 weeks, while chronic hives can last much longer.Doctors treat acute and chronic hives differently, so it is advisable for people to speak with a medical professional about this symptom, especially if the hives last longer than 6 weeks.If hives or swelling occur in the mouth and airways, making it difficult to breathe, dial 911 or the number of the nearest emergency department immediately.AllergyDermatologyFood AllergyImmune System / VaccinesSeasonal AllergyMedical News Today has strict sourcing guidelines and relies on peer-reviewed studies, academic research institutions, and medical journals and associations. We only use quality, credible sources to ensure content accuracy and integrity. You can learn more about how we ensure our content is accurate and current by reading our editorial policy. For most people, hives typically last a few days to a few weeks and go away on their own.If your hives last longer than 6 weeks, you may have chronic hives. In this case, it may be helpful to speak with a board certified dermatologist to identify suitable treatment options.manage the itchingprevent new hives from formingavoid any known triggersA dermatologist may suggest taking antihistamines or applying anti-itch lotions or creams. You may also be able to help relieve itching by:applying a cool compress or ice pack to the affected areawearing loose-fitting and lightweight clothestaking a cool bath or showerwearing sunscreen and protective clothing when going out into the sun to avoid sun damageIt isn’t always possible to prevent hives. However, it can be helpful to identify what may be triggering them so you know what to avoid.Common triggers of hives include:certain foods, such as peanuts and shellfishlatexpet danderpolleninsect bitescertain medications, such as antibiotics and ibuprofen viral infections, such as a cold or hepatitisIt can be beneficial to keep an allergy diary to note potential triggers whenever you get hives. This can include foods you’ve eaten that day, additional symptoms you’re experiencing, and any medications you’re taking. If you frequently experience hives, you can show your diary to a healthcare professional, such as a dermatologist, to help identify potential triggers and treatment options. Mild hives typically aren’t serious and should go away on their own. However, you should seek medical support if you have hives and:you find it difficult to breathe or your throat feels tightyou feel confusedyou feel drowsy or dizzy your skin, tongue, or lips turn pale — if you have dark skin, this may be easier to spot on the palms of your hands or soles of your feetyou have facial swellingyou are vomiting These may be signs of a severe allergic reaction, also known as anaphylaxis, which requires immediate medical attention.»LEARN MORE: When to go to urgent care or an emergency room for hives. Share — copy and redistribute the material in any medium or format for any purpose, even commercially. Adapt — remix, transform, and build upon the material for any purpose, even commercially. The licensor cannot revoke these freedoms as long as you follow the license terms. Attribution — You must give appropriate credit , provide a link to the license, and indicate if changes were made . You may do so in any reasonable manner, but not in any way that suggests the licensor endorses you or your use. ShareAlike — If you remix, transform, or build upon the material, you must distribute your contributions under the same license as the original. No additional restrictions — You may not apply legal terms or technological measures that legally restrict others from doing anything the license permits. You do not have to comply with the license for elements of the material in the public domain or where your use is permitted by an applicable exception or limitation . No warranties are given. The license may not give you all of the permissions necessary for your intended use. For example, other rights such as publicity, privacy, or moral rights may limit how you use the material. Diseases & Conditions March 1, 2023 By Toni Golen, MD, Editor in Chief, Harvard Women's Health Watch; Editorial Advisory Board Member, Harvard Health Publishing; Contributor, and Hope Ricciotti, MD, Editor at Large, Harvard Women's Health Watch Q. I've gotten hives from time to time when I've been overly stressed. But now I have a case that won't quit after six weeks. What's going on? A. No one welcomes these red, itchy welts that crop up on our skin. Many things can lead to a temporary case of hives, including allergic reactions to food, medications, bug bites, pollen, latex, or animal dander. Like you, some people also develop them when they're stressed, or in response to ultraviolet light or excess skin pressure. Hives are more common in women than men, especially from our 30s to 50s. Most cases of hives go away within several days to a couple of weeks. If they last six weeks or longer, you may have autoimmune hives. This happens when your immune system mistakenly targets healthy tissue — in this case, triggering a skin reaction. Autoimmune hives are more common in people with other autoimmune conditions, such as lupus, thyroid disease, rheumatoid arthritis, or celiac disease. Anyone whose hives last longer than a few weeks should see a doctor. Image: © chokja/Getty Images Toni Golen, MD, Editor in Chief, Harvard Women's Health Watch; Editorial Advisory Board Member, Harvard Health Publishing; Contributor Dr. Toni Golen is a physician specializing in obstetrics and gynecology, practicing in Boston. Dr. Golen completed her residency training at George Washington University Medical Center in 1995, and is an associate professor at Harvard Medical … See Full Bio View all posts by Toni Golen, MD Hope Ricciotti, MD, Editor at Large, Harvard Women's Health Watch Dr. Hope A. Ricciotti is Editor at Large of Harvard Women’s Health Watch. She is an associate professor of obstetrics, gynecology, and reproductive biology at Harvard Medical School, and leads the department of obstetrics, gynecology, and … See Full Bio View all posts by Hope Ricciotti, MD As a service to our readers, Harvard Health Publishing provides access to our library of archived content. Please note the date of last review or update on all articles. No content on this site, regardless of date, should ever be used as a substitute for direct medical advice from your doctor or other qualified clinician. Get the latest in health news delivered to your inbox! Sign Up Hives, or urticaria, are flat red welts that can appear anywhere on the skin and usually itch. Hives often occur as an allergic reaction to something eaten or something that has contacted the skin. Foods, medicines, and plants are common causes, but sun exposure, stress, infections, and autoimmune diseases have also been known to cause hives.Symptoms include an itchy, stinging pink rash of slightly swollen skin. The rash may wax and wane in severity. Acute hives typically resolve within six weeks, but chronic hives (urticaria) can persist for months or years. Hives often resolve on their own, especially in children. Otherwise, treatment for acute hives involves oral antihistamine medications to help relieve the itching and stinging. Chronic hives that do not improve with antihistamines may be treated additionally with corticosteroids, antibiotics, and other stronger medicines. A study found that 35% of people with chronic hives, are symptom free within one year, with another 29% having some reduction of symptoms.You can safely treat this condition on your own as long as you does not develop trouble breathing. Any antihistamine (like Zyrtec, Clarinex, etc) works. Hives can appear and disappear quickly, with each hive only lasting around 2–3 hours. However, depending on the cause, they may reappear and continue affecting someone for days, weeks, or longer.People can have acute hives, which occurs due to a specific trigger and resolves within 6 weeks. Alternatively, they can have chronic hives, which recur at least twice per week for longer than 6 weeks.This article looks at how long hives last, factors that influence their duration, and treatment.Share on PinterestLebazele/Getty ImagesEach hive lasts only 2–3 hours, but for some people, they continue to appear and disappear for longer. The duration of hives can depend on whether they are acute or chronic. Acute hives appear quickly and do not last long. Doctors classify hives as acute if the overall duration is less than 6 weeks.However, around 25% of people go on to develop chronic hives. This is when hives regularly reappear over 6 weeks or more. 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Again, this may result from autoimmunity — an infection may trigger a change in how the person’s immune system works.Inducible or physical urticaria is less common than chronic idiopathic urticaria. With this subtype, it is possible to purposely induce the hives by a person exposing their skin to certain triggers, which could include:Scratching or pressure: The most common type of inducible hives is known as dermatographia. This condition involves developing hives as a response to scratching or “drawing” on the skin.Cold: Cold hives occur on someone’s skin or mouth after exposure to cold temperatures. Triggers include consuming iced drinks, touching cold water, or going outside in cold weather.Heat: Cholinergic hives occurs when an individual’s body becomes hot or sweaty. Hot baths, exercise, and spicy food can be triggers.UV light: Solar hives occur in response to UV light from the sun and certain light bulbs, such as those in tanning beds.Water: Some people develop hives if their skin comes into contact with water. This is known as aquagenic urticaria and is very rare.Doctors diagnose hives by performing a physical examination. There is no test to determine whether the person’s hives are acute or chronic, so they will use the length of time they recur to do this.The doctor may also ask an individual:when the rash beganthe shape, size, and distribution of the rashwhere on the body they first noticed the rashif they have had any insect bites if they live or work with common hive triggers, such as chemicals, animals, or latex glovesif they have bone or joint pain, fever, or abdominal painif anyone in their family experiences hivesif they take any medications or supplementsThe doctor may use a skin prick test and serum-specific IgE test to check if the acute hives result from a specific substance, such as food, dust mites, or chemicals. Alternatively, they may refer someone to an allergy clinic for these tests.However, in cases of chronic hives, allergy testing is rarely useful. A doctor may check for other underlying health conditions by performing additional tests, such as:The most suitable treatment depends on whether the person has acute hives or chronic hives.Doctors typically recommend second-generation antihistamines as the first-line treatment for acute hives, such as:loratadine (Claritin)desloratadine (Clarinex)fexofenadine (Allegra)cetirizine (Zyrtec)levocetirizine (Xyzal)They may prescribe a standard dose or increase by up to 4 times if the individual does not respond. If these medications do not improve symptoms, the doctor may recommend an additional antihistamine, such as cimetidine (Tagamet), famotidine (Pepcid), or ranitidine (Zantac). They may recommend a 3–10-day course of corticosteroids to help control the symptoms in severe cases.The doctor may prescribe an epinephrine auto-injector if they think the individual is at risk of anaphylaxis, which is a severe allergic reaction that restricts breathing. This provides emergency medicine to treat anaphylaxis quickly.The doctor will then reassess the individual in 2–6 weeks.Doctors may recommend a four-step treatment plan for chronic hives. This approach involves using an antihistamine daily, which may be up to 4 times the regular dosage depending on how the individual responds.If necessary, they may prescribe a second antihistamine or another medication, such as montelukast (Singulair). With persistent hives, they may suggest a high potency antihistamine, such as hydroxyzine or doxepin. The final step is for a doctor to refer the individual to a specialist for immunomodulatory therapy. This may involve taking medications such as omalizumab (Xolair) or cyclosporine (Sandimmune).Once symptoms are under control, a doctor may gradually reduce the dosage of these medications. If the hives have an identifiable cause, such as cold or heat exposure, adopting changes to avoid the triggers wherever possible is also important.The AAD suggests the following methods for people to reduce irritation and itchiness in hives:applying topical anti-itch medications, such as calamine lotionwearing loose-fitting clothingmoisturizing with fragrance-free lotion to prevent dry skinusing cold compresses several times per dayHowever, it is important for individuals to try to determine whether the hives have a specific trigger, in addition to relieving symptoms. If someone has cold hives, for example, a cold compress may make them worse.Therefore, it is a good idea for people to keep a symptom diary, recording when the hives occur and any factors that might have contributed. Symptom diaries are also useful to refer to at medical appointments. A person can take note of:the date and time the hives appearwhat they were doing just before they developedwhat they have had to eat or drinkIf any common factors emerge when the hives occur, a person can try to temporarily avoid these to see if it helps. It is important for people to do this with the guidance of a doctor, allergist, or dietitian if someone has food-related hives.Learn more about remedies and treatments for hives here.Hives do not last long, taking only 2–3 hours to fade. However, more can appear, which makes the symptoms last longer. Acute hives can develop and resolve on their own within 6 weeks, while chronic hives can last much longer.Doctors treat acute and chronic hives differently, so it is advisable for people to speak with a medical professional about this symptom, especially if the hives last longer than 6 weeks.If hives or swelling occur in the mouth and airways, making it difficult to breathe, dial 911 or the number of the nearest emergency department immediately.AllergyDermatologyFood AllergyImmune System / VaccinesSeasonal AllergyMedical News Today has strict sourcing guidelines and relies on peer-reviewed studies, academic research institutions, and medical journals and associations. We only use quality, credible sources to ensure content accuracy and integrity. You can learn more about how we ensure our content is accurate and current by reading our editorial policy. While living with chronic hives can be difficult, uncomfortable, and painful, there are ways to cope. The majority of people with chronic hives develop hives with no external trigger. Talking with your doctor about a proper treatment plan can help you live well with the condition. This article will discuss how chronic hives can impact your quality of life. Focusing on the emotional, physical, social, and practical aspects of your day-to-day life can help you manage the condition. Ivan Balvan / iStock / Getty Images Hives commonly appear as itchy, raised bumps on the skin. They are often red and swollen and can vary in size from the smallest dots to large circles. Most hives resolve within two to three hours. Urticaria, or hives, when chronic, can persist for weeks, months, or years. When hives are chronic, they are most commonly spontaneous and not caused by an allergen or external trigger. They can also be related to underlying autoimmune diseases, such as thyroid disease. The majority of cases of chronic urticaria are benign and not associated with a more severe underlying condition. Chronic hives are hives that occur at least twice a week and last for more than six weeks. Chronic hives can be divided into two groups: Chronic spontaneous hives occur without a specific external trigger.Physical hives occur due to an outside factor. Hives can be brought on by touching or scratching the skin, heat, cold, vibration, pressure, and the sun. Approximately 20% of cases of chronic hives fall into this category. You may have one or a combination of the above types of urticaria. If you have hives along with difficulty breathing or swelling in the lips, this can indicate a life-threating reaction known as anaphylaxis and should be treated immediately. Living with a chronic condition can be draining and affect your emotional health. It is normal to want to return to your state of health before your diagnosis. Anxiety and depression are common with chronic hives. You may be upset or feel exhausted by the amount of work it takes to manage your hives. You may even be embarrassed by your condition. All your feelings are valid when it comes to living with chronic hives. Noting your feelings and talking about them with professionals or even close friends or family can help. While feeling sad, upset, and scared over a diagnosis is normal, you may be experiencing clinical depression if these feelings persist. Depression is treatable. If you experience signs of depression, such as purposely withdrawing from activities and people you love or feelings of hopelessness, it’s important to talk to your doctor. Taking care of your mental health as well as your physical health can help improve your quality of life with chronic hives. The goal for treating chronic hives is to minimize symptoms and the effect they have on your life. Treatment for chronic hives includes medications, both over-the-counter and prescription. Antihistamines are usually the first therapy used to provide symptom relief. Non-sedating antihistamines are available over-the-counter and are generally preferred over sedating ones so that you do not feel sleepy. Perhaps you are in pain or don’t get enough sleep due to itching. Maybe you experience side effects such as drowsiness from your medications. All of these are concrete ways that the condition can affect your life. Reach out to your physician with these concerns as well. There are newer treatments for chronic spontaneous urticaria that may be able to help you avoid these symptoms. Regardless of your treatment plan, it is important to follow your doctor’s advice and ask questions if you don’t understand something. Most people with chronic urticaria do not need to avoid one particular trigger. Physical urticarias have specific triggers, but these are much rarer. If you discover what triggers or exacerbates your symptoms, you can make plans to avoid it. However, avoidance may not always be possible. For example, you may find that the sun triggers your symptoms. While you can avoid the sun to some extent by seeking shade or wearing protective clothing, it might be impossible to completely avoid it without making incredible sacrifices in your life. For some people, stress, exercise, and heat can cause hives; this is called cholinergic urticaria. With medical treatment, most activities can be continued so that you don't have to give up movement that is important to your overall health. Sometimes you need to find a balance between avoiding your triggers and your overall well-being. Do your best to avoid triggers, but know that your whole health needs to be considered when making any changes. Living with a chronic condition like hives can feel isolating. Sometimes it is difficult to fully express how much your condition affects your life. To those who don’t experience the same symptoms, hives might seem like a small inconvenience, but it is well known that chronic hives can greatly affect your quality of life. Learning how to talk about your symptoms and how they affect your life may help others relate to how you feel. If you are embarrassed by your condition, talk to someone you trust. Let them know that you struggle with this. If you feel overwhelmed, know that you are not alone. Surrounding yourself with people who understand what you are going through can help. A quick online search can help you find a support group for people experiencing chronic hives. Even a look through social media can help you find a tribe of others going through the same thing. Finding a therapist who has experience with patients who live with chronic illness can also be a great help. Although it’s been reported that approximately two-thirds of patients living with chronic hives have their condition resolved within five years, living with chronic hives for any amount of time will require adjustments to your daily life. Sometimes looking at your day-to-day activities and doing your best to reduce your exposure to triggers during activities such as exercise or work can help you feel in control of your condition. Working with chronic hives can be embarrassing, especially if the hives are on your face or neck. They can also be distracting if they are causing pain or itching. Both of these can result in a loss of productivity. If you have physical urticaria and know that there are triggers present in your workplace, you can reasonably ask for accommodations thanks to the Americans with Disabilities Act. For example, if the sun is a trigger, it is perfectly reasonable to ask for a desk away from the window. Speaking up about your experiences and asking for help and accommodations can improve your quality of life. Chronic urticaria can affect your daily life. Be aware of symptoms of depression, and seek care if they persist. Seek social support through friends, support groups, or a therapist