

WebMD[®]

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SUMMER/FALL 2025



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THE LATEST ON CHRONIC SPONTANEOUS URTICARIA

GET A LITTLE CLOSER

Does your CSU keep you from being intimate with your partner? A recent survey found that both men and women with CSU reported substantially higher rates of sexual dysfunction and erectile dysfunction than people who don't have this condition. Sexual function is a major contributor to quality of life. If your CSU is taking a toll on your sex life and overall quality of life, it might be time to talk to your doctor about a more effective treatment.

SOURCE: *Dermatology Practical & Conceptual*

2x

How many more
women get CSU
than men.

SOURCE: National Library of Medicine

UP TO 1 IN 52

Number of people
who have CSU—
both in the U.S.
and worldwide.

SOURCE: National Library of Medicine

CHOOSING THE BEST TREATMENT FOR YOU

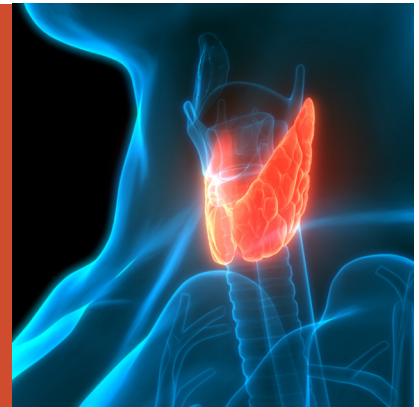
For many people with CSU, it's a long road to diagnosis and another long haul to a treatment that works. What if there were a test to see whether a certain drug might work for you before you tried it? Researchers recently discovered that patients who get the best results from biologic medications for CSU seem to have high numbers of immune cells called myeloid progenitors. People with lower levels of these cells either didn't get much benefit from the medication or it just took longer for them to see the effects. One day, doctors could test your blood to look for these cells before making treatment recommendations.

SOURCE: *Allergy*

HAVE YOU HAD YOUR THYROID CHECKED?

CSU often goes hand in hand with other autoimmune diseases, including autoimmune thyroid diseases. New research shows thyroid problems might be even more common in people with CSU than previously believed. The study found that more than 1 in 4 people with CSU have hypothyroidism. People with CSU also have high levels of specific hormones and proteins that can promote thyroid diseases. If you haven't already, ask your doctor if you need to have your thyroid checked.

SOURCE: *Diagnostics*



HELP INTERRUPT THE CYCLE OF ITCH AND HIVES FROM CSU WITH ONCE-MONTHLY XOLAIR

SEE WHAT'S POSSIBLE.
ASK YOUR DOCTOR ABOUT



SCAN TO
GO TO OUR
HOME PAGE

For people 12 years of age and older with chronic spontaneous urticaria (CSU) not controlled by H1 antihistamines.

Model is for illustrative purposes. Individual results may vary.



What is XOLAIR?

XOLAIR® (omalizumab) for subcutaneous use is an injectable prescription medicine used to treat chronic spontaneous urticaria (CSU, previously referred to as chronic idiopathic urticaria (CIU), chronic hives without a known cause) in people 12 years of age and older who continue to have hives that are not controlled with H1 antihistamine treatment. It is not known if XOLAIR is safe and effective in people with CSU under 12 years of age.

XOLAIR is not used to treat other forms of hives.

IMPORTANT SAFETY INFORMATION

What is the most important information I should know about XOLAIR?

Severe allergic reaction. A severe allergic reaction called anaphylaxis can happen when you receive XOLAIR. The reaction can occur after the first dose, or after many doses. It may also occur right after a XOLAIR injection or days later. Anaphylaxis is a life-threatening condition and can lead to death. Go to the nearest emergency room right away if you have any of these symptoms of an allergic reaction:

- wheezing, shortness of breath, cough, chest tightness, or trouble breathing
- low blood pressure, dizziness, fainting, rapid or weak heartbeat, anxiety, or feeling of “impending doom”
- flushing, itching, hives, or feeling warm
- swelling of the throat or tongue, throat tightness, hoarse voice, or trouble swallowing

Your healthcare provider will monitor you closely for symptoms of an allergic reaction while you are receiving XOLAIR and for a period of time after treatment is initiated. Your healthcare provider should talk to you about getting medical treatment if you have symptoms of an allergic reaction.

Do not receive and use XOLAIR if you are allergic to omalizumab or any of the ingredients in XOLAIR.

Before receiving XOLAIR, tell your healthcare provider about all of your medical conditions, including if you:

- have a latex allergy or any other allergies (such as food allergy or seasonal allergies). The needle cap on the XOLAIR prefilled syringe contains a type of natural rubber latex
- have ever had a severe allergic reaction called anaphylaxis
- have or have had a parasitic infection
- have or have had cancer
- are pregnant or plan to become pregnant. It is not known if XOLAIR may harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if XOLAIR passes into your breast milk. Talk with your healthcare provider about the best way to feed your baby while you receive and use XOLAIR.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

How should I receive and use XOLAIR?

- When starting treatment, XOLAIR should be given by your healthcare provider in a healthcare setting.
- Do not try to inject XOLAIR until you have been shown the right way to give XOLAIR prefilled syringe or autoinjector injections by a healthcare provider. Use XOLAIR exactly as prescribed by your healthcare provider.
- The XOLAIR autoinjector (all doses) is intended for use only in adults and adolescents aged 12 years and older. For children 12 years of age and older, XOLAIR prefilled syringe or autoinjector may be self-injected under adult supervision.
- See the detailed Instructions for Use that comes with XOLAIR for information on the right way to prepare and inject XOLAIR.
- XOLAIR is given in 1 or more injections under the skin (subcutaneous), 1 time every 4 weeks.
- In people with chronic hives, a blood test is not necessary to determine the dose or dosing frequency.
- Do not decrease or stop taking any of your other hive medicine unless your healthcare providers tell you to.
- You may not see improvement in your symptoms right away after XOLAIR treatment.
- If you inject more XOLAIR than prescribed, call your healthcare provider right away.

What are the possible side effects of XOLAIR?

XOLAIR may cause serious side effects, including:

- **Cancer.** Cases of cancer were observed in some people who received XOLAIR.
- **Fever, muscle aches, and rash.** Some people get these symptoms 1 to 5 days after receiving a XOLAIR

injection. If you have any of these symptoms, tell your healthcare provider.

- **Parasitic infection.** Some people who are at a high risk for parasite (worm) infections, get a parasite infection after receiving XOLAIR. Your healthcare provider can test your stool to check if you have a parasite infection.
- **Heart and circulation problems.** Some people who receive XOLAIR have had chest pain, heart attack, blood clots in the lungs or legs, or temporary symptoms of weakness on one side of the body, slurred speech, or altered vision. It is not known whether these are caused by XOLAIR.

The most common side effects of XOLAIR in people with chronic spontaneous urticaria: nausea, headaches, swelling of the inside of your nose, throat or sinuses, cough, joint pain, and upper respiratory tract infection.

These are not all the possible side effects of XOLAIR. Call your doctor for medical advice about side effects.

You may report side effects to the FDA at (800) FDA-1088 or www.fda.gov/medwatch. You may also report side effects to Genentech at (888) 835-2555 or Novartis Pharmaceuticals Corporation at (888) 669-6682.

Please see Consumer Brief Summary on the following page.

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CONSUMER BRIEF SUMMARY

The risk information provided here is not comprehensive. This information does not take the place of talking with your doctor about your medical condition or treatment. To learn more about XOLAIR® (omalizumab), talk to your doctor or pharmacist. For more information and to obtain the FDA-approved product labeling, visit xolair.com/csu.

What is the most important information I should know about XOLAIR? XOLAIR may cause serious side effects, including:

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Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

How should I receive and use XOLAIR?

- When starting treatment, XOLAIR should be given by your healthcare provider in a healthcare setting.
- If your healthcare provider decides that you or a caregiver may be able to give your own XOLAIR prefilled syringe or autoinjector injections, you should receive training on the right way to prepare and inject XOLAIR.
- Do not try to inject XOLAIR until you have been shown the right way to give XOLAIR prefilled syringe or autoinjector injections by a healthcare provider. Use XOLAIR exactly as prescribed by your healthcare provider.
- The XOLAIR autoinjector (all doses) is intended for use only in adults and adolescents aged 12 years and older. For children 12 years of age and older, XOLAIR prefilled syringe or autoinjector may be self-injected under adult supervision.
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- See “**What is the most important information I should know about XOLAIR?**”
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General information about the safe and effective use of XOLAIR.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use XOLAIR for a condition for which it was not prescribed. Do not give XOLAIR to other people, even if they have the same symptoms that you have. It may harm them.

For more information, go to www.xolair.com/csu or call 1-866-4XOLAIR (1-866-496-5247).

What are the ingredients in XOLAIR?

Active ingredient: omalizumab
Inactive ingredients: Prefilled syringe or Autoinjector: arginine hydrochloride, histidine, L-histidine hydrochloride monohydrate, and polysorbate 20
Vial: histidine, L-histidine hydrochloride monohydrate, polysorbate 20 and sucrose

Manufactured by: Genentech, Inc., A Member of the Roche Group, 1 DNA Way, South San Francisco, CA 94080-4990 U.S. License No.: 1048

Jointly Marketed by: Genentech USA, Inc., A Member of the Roche Group, 1 DNA Way, South San Francisco, CA 94080-4990

Novartis Pharmaceuticals Corporation, One Health Plaza, East Hanover, NJ 07936-1080

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M-US-00012100(v3.0) Printed in USA 03/24

WHAT XOLAIR PATIENTS WITH CSU ARE SAYING



“
Everyone’s different, but
XOLAIR worked for me
when nothing else would.

— Jamika, an actual XOLAIR patient —

Jamika is a real patient with CSU, chronic spontaneous urticaria. She was compensated for her time and expenses to share her personal experience. Individual results may vary.

“
I go to the doctor **once a month**. I get my injection and then I get on with my day.

— Kristen, an actual XOLAIR patient —

Kristen is a real patient with CSU, chronic spontaneous urticaria. She was compensated for her time and expenses to share her personal experience. Individual results may vary.



Please see Consumer Brief Summary on the adjacent page.

HEAR MORE FROM THE XOLAIR COMMUNITY



Scan the QR code to watch real patients like you share their experiences living with chronic hives with no known trigger or visit XOLAIR.com/CSUpatientstories.

COMMON QUESTIONS

Bring these up with your doctor at your next appointment for your CSU

By Sonya Collins Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

Chronic spontaneous urticaria (CSU) is a condition you'll manage for the rest of your life. So it's a good idea to educate yourself about it. Here, two experts answer some common questions about CSU. Veena Vanchinathan, MD, is a dermatologist in the San Francisco Bay area. Richard W. Honsinger, MD, is an allergist in Los Alamos, NM. Use these questions to start a conversation with your dermatologist or allergist.

Q: What's the natural course of CSU?

VEENA VANCHINATHAN, MD: Basically, here, you're asking your doctor what you can expect with CSU. Most people have hives anywhere from one to five years. For about 50% to 80% of patients, the hives clear within a year of diagnosis, but for others, they could last five years or maybe even longer. Each hive lasts for 24 hours or less, but before one clears up in one place, another one may appear somewhere else.

Q: Can CSU progress to something more severe?

RICHARD W. HONSINGER, MD: The first thing I do is reassure

patients that while CSU is a chronic disease, which means you'll always have it, it doesn't progress to anything else. It's not fatal. It's not disabling. It doesn't even leave scars or any marks. So you don't need to be afraid.

Q: Are there any other conditions associated with CSU?

VANCHINATHAN: CSU often comes with other autoimmune conditions, like autoimmune thyroid disease (Hashimoto's thyroiditis). But depression and anxiety can also be quite prevalent in CSU. The condition can have a major emotional impact on people, so they may really struggle. It may cause marital or intimacy issues. You may have trouble sleeping because of it or have difficulty functioning at work. I think when patients know this, it can be destigmatizing for them.

Q: Are there allergic triggers of CSU?

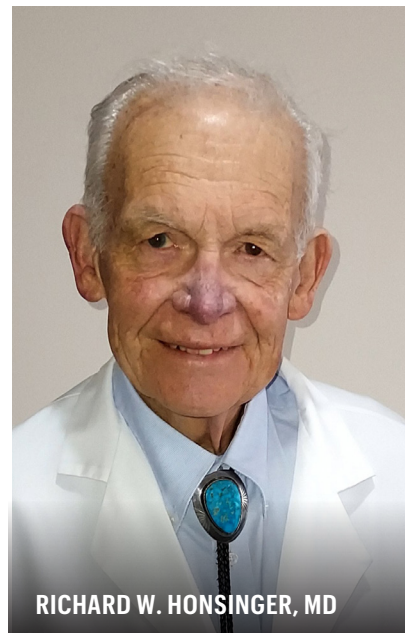
HONSINGER: Every patient seems to think so, and sometimes we may even test them for food allergies just to make sure, but when they have CSU, the food allergy testing just confirms that food is not a cause of their hives.



VEENA VANCHINATHAN, MD

Q: Do I need any other tests?

VANCHINATHAN: There are only a few blood tests recommended as the standard workup for CSU. But, in addition to those, I would recommend a test called a CBC, or complete blood count. It looks at red blood cells, white blood cells, platelets, and two markers of inflammation: erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP). If these inflammatory markers are quite



RICHARD W. HONSINGER, MD

elevated, the physician may investigate whether there's another autoimmune condition that the patient may not have been diagnosed with yet, like rheumatoid arthritis. I also recommend testing thyroid antibodies and thyroid hormone levels because of that stronger association between autoimmune thyroid disease and CSU. Finally, sometimes hepatitis B or C can trigger hives, so I find it worthwhile to screen patients for that as well.

Q: *What medicine am I taking, and is there something else I should take instead?*

HONSINGER: You may start on over-the-counter antihistamines, like Benadryl, at a much higher dose than the package insert calls for. If that doesn't work, we will move on to the next thing. So patients should be ready to tell their doctor everything they've tried so far.

KNOW YOUR OPTIONS

Strategies for managing your condition

By Rachel Reiff Ellis

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

Chronic spontaneous urticaria (CSU) causes raised, itchy skin blotches (hives) that come and go over a period of more than six weeks. The word “chronic” means they often continue happening for months or even years, and the word “spontaneous” means you don’t know what’s causing them.

Living with CSU can be uncomfortable and get in the way of your everyday activities, and even prevent restful sleep. But there are medications and practices you can follow to help ease your symptoms.

AVOID TRIGGERS

Even though you may not know the exact cause for your hives, there are certain things that may make symptoms worse. The first step in symptom management is looking into what those factors might be, says Anna Chacon, MD, a dermatologist and founder of Miami Derm in Coral Gables, FL.

“Lab testing can rule out an autoimmune condition or chronic infection and help to find a resolution for the consistent outbreaks,” Chacon says.

It can be easy to miss or forget things that could be affecting you, so Chacon recommends keeping a journal to record details of your life when you have an outbreak.

“Diet, medications, natural exposures, or even outside emotional factors like stress could be to blame and easily missed without thorough observation,” Chacon says.





SEVENTYFOUR/VIA GETTY IMAGES

MEDICATION THAT HELPS

While corticosteroid creams you spread on your skin can help mild patches that don't cover much of your body, typically your doctor will start you on over-the-counter anti-itch medications you take by mouth called antihistamines.

Histamines are chemicals your body releases when it thinks it's under threat (like from an allergen). Antihistamines block these chemicals, so you don't get the hive response.

Chacon recommends newer, "second-generation" options over "first-generation" medications, which can cause drowsiness and other side effects. Look for a non-drowsy label for antihistamine choices in the second-generation category.

Sometimes doctors prescribe a short course of oral corticosteroids for a bad flare of hives, but it's not a long-term option, says Isabela Jones, MD, a dermatologist and founder of Virginia Square Dermatology in Arlington.

"Since these medications go through your whole body, they can cause some unpleasant side effects," Jones says.

Some cases of CSU may not respond to first-line treatments and need more advanced prescription options.

Prescription injection medications such as leukotriene receptor antagonists and monoclonal antibodies calm your immune system to reduce inflammation and swelling. Your doctor may have you take this in addition to your antihistamine.

Certain tricyclic antidepressant medications you take by mouth have antihistamine-like properties and can reduce hives. These typically make you drowsy.

TAKING CARE OF YOUR MENTAL HEALTH

Steps to take when stubborn and itchy skin symptoms are causing you distress

By Kendall K. Morgan Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

While chronic hives may be skin deep and aren't life-threatening, they can affect every aspect of your life. CSU puts you at more risk for depression and reduces your general sense of well-being.

"Although it is usually not anything dangerous, CSU can be very stubborn and refractory to treatment requiring multiple agents to get it under control," says Purvi Parikh, MD, an allergist and immunologist at Allergy & Asthma Associates of Murray Hill in New York City and spokesperson for the Allergy & Asthma Network. "Symptoms come daily, and it can be debilitating to be constantly itchy."

FACING UNPREDICTABLE, DEBILITATING, AND VISIBLE SYMPTOMS

Sonali P. Majmudar, MD, an allergist at Majmudar Allergy in Hoffman Estates and Algonquin, IL, who is a spokesperson for the American College of Allergy, Asthma, & Immunology,

says the inability to predict CSU symptoms or understand what triggers them can make this condition especially frustrating. It's not uncommon to have faced years of misdiagnoses and treatments that don't work as CSU can mimic other health conditions.

"My patients often come to me saying they have seen multiple doctors and have tried many treatments without significant relief," Majmudar says. "Impaired sleep quality is another common issue. I think this is why this disease can cause high emotional and physical burden that negatively affects quality of life. Especially when severe, these patients are living with a highly symptomatic and visible skin disease, which can lead to additional mental health challenges."

MENTAL HEALTH DISORDERS AND CSU

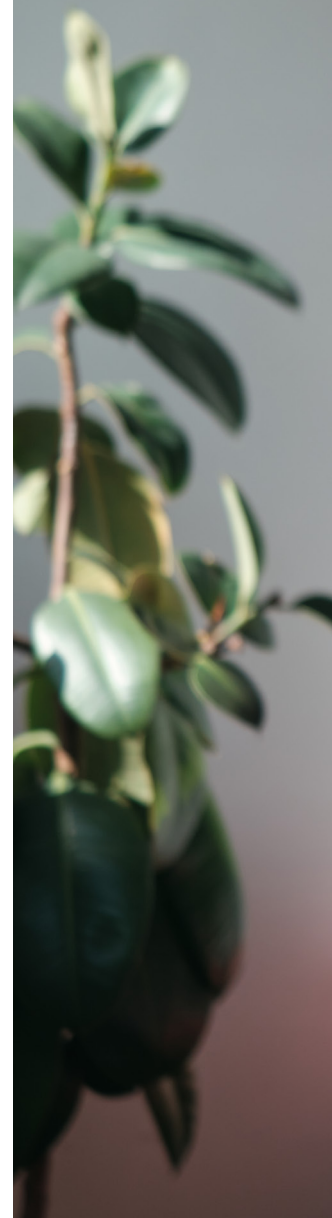
One study showed mental disorders often occurring in people with CSU include:

- | | |
|------------------------|-----------|
| + Depression | + Anxiety |
| + ADHD | + PTSD |
| + Personality disorder | + OCD |

SEE A SPECIALIST

The good news is that treatment for CSU is available and is no longer limited to standard allergy medicines such as antihistamines. To explore your treatment options and find one that's more likely to bring relief, Parikh recommends seeing a board-certified allergist. Even though CSU is rarely linked to any allergies, an experienced allergist or immunologist can guide treatment for your CSU with the latest medicines in ways your primary care doctor can't.

"We have many biologic medications that have been



MEMENTO/PEG/VIA GETTY IMAGES



SIGNS TO WATCH

Get help if you're experiencing:

- + New or worsening mood swings
- + Persistent irritability
- + Feelings of hopelessness, fear, or panic
- + Loss of interest in activities

game changers in the world of hives and many new ones on the horizon, which can get them under control faster than traditional treatments,” Parikh says.

SHARE YOUR EXPERIENCES

Majmudar encourages sharing with your doctor just how much the condition is affecting you. She says it's not uncommon for doctors to underestimate symptom severity and the emotional toll it's taking. Let them know if the medicines you're on aren't

working well enough to relieve your skin symptoms and the mental health struggles that come with them.

“For patients struggling with CSU and their mental health, know that you are not alone. As with all chronic diseases, it's a long journey,” Majmudar says. “Talk to your doctors—they are there to support you.”

If you're experiencing significant anxiety, depression, or overwhelming stress that interferes with daily life, she says, seek counseling from a mental health professional, too.

SELF-CARE FOR CAREGIVERS OF THOSE WITH CSU

Work as a team and take time for yourself

By Kendall K. Morgan Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

Chronic spontaneous urticaria (CSU) can be debilitating. As a result, it's a challenging condition for those with CSU and for caregivers alike, says Kristen Willard, executive director of We CU, a nonprofit organization dedicated to improving the lives of people with chronic urticaria, who also has CSU.

"Chronic urticaria can affect every aspect of life, from daily tasks like cooking and cleaning to financial and social well-being," says Willard, who is also vice president of educa-

tion at Global Allergy & Airways Patient Platform (GAAPP.org) in Washington, DC. "Because the condition often demands the full attention of those affected, their loved ones may need to take on additional responsibilities. This can include managing household chores during flare-ups, providing emotional support, or even assisting with financial and medical needs. The demands of caregiving span all areas of life, making it physically and emotionally taxing for the entire family."

PRIORITIZE YOURSELF

Willard recommends working together with your loved one as a team. But don't forget to focus on yourself.

"It's easy for caregivers to put their own needs aside as they devote their time, energy, and focus to their loved one's condition," Willard says. "However, prioritizing your well-being is essential. Whenever possible, get enough rest, eat well, seek support, and take time for yourself. Allow yourself to acknowledge feelings of sadness, frustration, or exhaustion rather than suppressing them. Openly discuss with your loved one the possibility of involving additional caregivers to share the responsibility and provide relief for both of you."

BEING SELF-AWARE

Avoiding caregiver burnout requires self-awareness, says Susanne White, an experienced caregiver in Port St. Lucie, FL, and author of the book *Self-Care for Caregivers*. She stresses the importance of recognizing your own feelings and needs.

"Self-care is not all bubble baths and yoga because it's difficult," White says. "I think we have to be self-aware, and we have to get to know ourselves and know when we need to take a

CAREGIVER RESOURCES

For more information and support to help in your CSU caregiving journey, see:

+ Family Caregiver Alliance

<https://www.caregiver.org>

+ Global Allergy & Airways Patient Platform Urticaria Shared Decision-Making Aid

<https://gaapp.org/urticaria-shared-decision-making>

+ We CU

<https://chronic-urticaria.org>

Inclusion of these organizations does not constitute an endorsement by WebMD and no endorsement is implied.



BARTEK SZEWCIK/VIA GETTY IMAGES

break or take a breather, maybe walk outside for five minutes and allow ourselves permission to take those breaks and feel like we deserve it. That's the big issue is that caregivers don't feel they deserve to take a break or they don't deserve self-care, and self-care is not a luxury. It's critical in the caregiving journey."

Try scheduling time for self-care, she suggests. Reach out to a friend or

find other caregivers for support.

It should be encouraging for you as a caregiver to know there's hope for treating CSU, Willard says. Existing treatments can help you both get back to the life you deserve. If your loved one with CSU is suffering with uncontrolled symptoms, consider going with them to an allergist to explore any new treatment options or alternatives.

AREAS FOR SELF-CARE

Taking care of yourself as a caregiver includes paying attention to many areas of your life, including:

- + Being active
- + Eating well
- + Prioritizing sleep
- + Lowering stress
- + Taking breaks
- + Caring for your health
- + Reaching out for help

WHAT IS YOUR CSU IQ?

Take our test to find out

By Kendall K. Morgan

Reviewed by Neha Pathak, MD,
WebMD Lead Medical Editor



1. CSU is usually caused by the same triggers responsible for hives that come and go away much more quickly.

☐ True ☐ False

2. Antihistamines are the only treatment for chronic hives.

☐ True ☐ False

3. For hives to be considered chronic, you must have had them every day, or nearly every day, for at least six weeks in a row.

☐ True ☐ False

4. CSU puts your mental health at risk.

☐ True ☐ False

1. FALSE. CSU isn't caused by the infections, allergens, or drugs that can trigger short-term hives lasting hours to days. CSU happens without a clear trigger for reasons that aren't known.

2. FALSE. H1-antihistamines may be the first treatment you'll try. If antihistamines taken regularly at high doses aren't giving you relief, ask your doctor if it's time to try a monoclonal antibody, a type of biologic medication.

3. TRUE. Urticaria or hives is considered chronic when it lasts at least six weeks. It can sometimes last for years.

4. TRUE. Studies show nearly 1 in 3 people with chronic urticaria have one or more underlying psychiatric disorders, including sleep disorders, anxiety disorders, mood disorders, and trauma- or stress-related disorders. Talk to your doctor if you have CSU and are struggling with your mental health.

ANSWERS: