



Ask 8 to Differentiate

Could It Be Hereditary Angioedema (HAE)?

If your patients answer **“yes”** to the first 7 questions and **“no”** to the last question, they may have C1-INH deficiency — not a GI problem or an allergic angioedema.

	YES	NO
1 Has your patient had unexplained attacks of well-demarcated edema of the hands, feet, arms, legs, face, throat, genitals, or other part of the body?	<input type="radio"/>	<input type="radio"/>
2 Have these swelling attacks sometimes occurred on just one side of the body, for example, just the left hand or just the right foot?	<input type="radio"/>	<input type="radio"/>
3 Has the patient had unexplained attacks of abdominal pain?	<input type="radio"/>	<input type="radio"/>
4 Have these attacks of swelling or abdominal pain occurred more than once?	<input type="radio"/>	<input type="radio"/>
5 Has anyone in the patient’s family had similar episodes of swelling or abdominal pain? Or has anyone in the family “choked to death”?	<input type="radio"/>	<input type="radio"/>
6 Does the patient sometimes experience prodrome (such as fatigue, tingling, nausea, or flu-like symptoms) — minutes, hours, or days before an attack?	<input type="radio"/>	<input type="radio"/>
7 Have medications, such as antihistamines, epinephrine, or corticosteroids, provided little, if any, relief?	<input type="radio"/>	<input type="radio"/>
8 When these attacks have occurred, have the patient’s eyes been watery or itchy?	<input type="radio"/>	<input checked="" type="radio"/>

Confirm the diagnosis:

Low C4 during an attack adds further credence to the diagnosis of HAE. Not all laboratories are standardized to conduct assays of C1-INH proteins or C1-INH function, but a national HAE expert can help direct you.