



# HS guidelines from the BAD *(provisional)*

John Ingram

Senior Lecturer & Consultant Dermatologist

Cardiff University

# Disclosures

- Travel expenses & honorarium for a talk given to UCB Pharma raising awareness of hidradenitis suppurativa
- Travel expenses from Abbvie, but speaker's honorarium donated directly to BSF charity
- No paid consultancies or advisory boards
- BJD Editor-Elect



# Medical treatment options

Topical antiseptics	Methotrexate	Laser therapy
Topical antibiotics	Azathioprine	Bath PUVA
Topical resorcinol	Ciclosporin	Other phototherapy
Oral tetracyclines	Dapsone	Photodynamic therapy
Other oral antibiotics	Metformin	Colchicine
Clindamycin & rifampicin	Oral contraceptive	Botulinum toxin
Acitretin	Spironolactone	Etanercept
Isotretinoin	Finasteride	Adalimumab
Zinc	Intralesional corticosteroids	Infliximab
NSAIDs	Systemic corticosteroids	Anakinra

# Guideline Development Group

Fiona Collier  
GP

Debbie Brown  
Specialist nurse

Tara Burton  
Patient  
representative

Tim Goodacre  
Plastic surgeon



Mei Chin  
Dermatology trainee (at start!)

Vincent Piguet, Andrew Pink, John Ingram  
Dermatologists

Lesley Exton  
Information Scientist

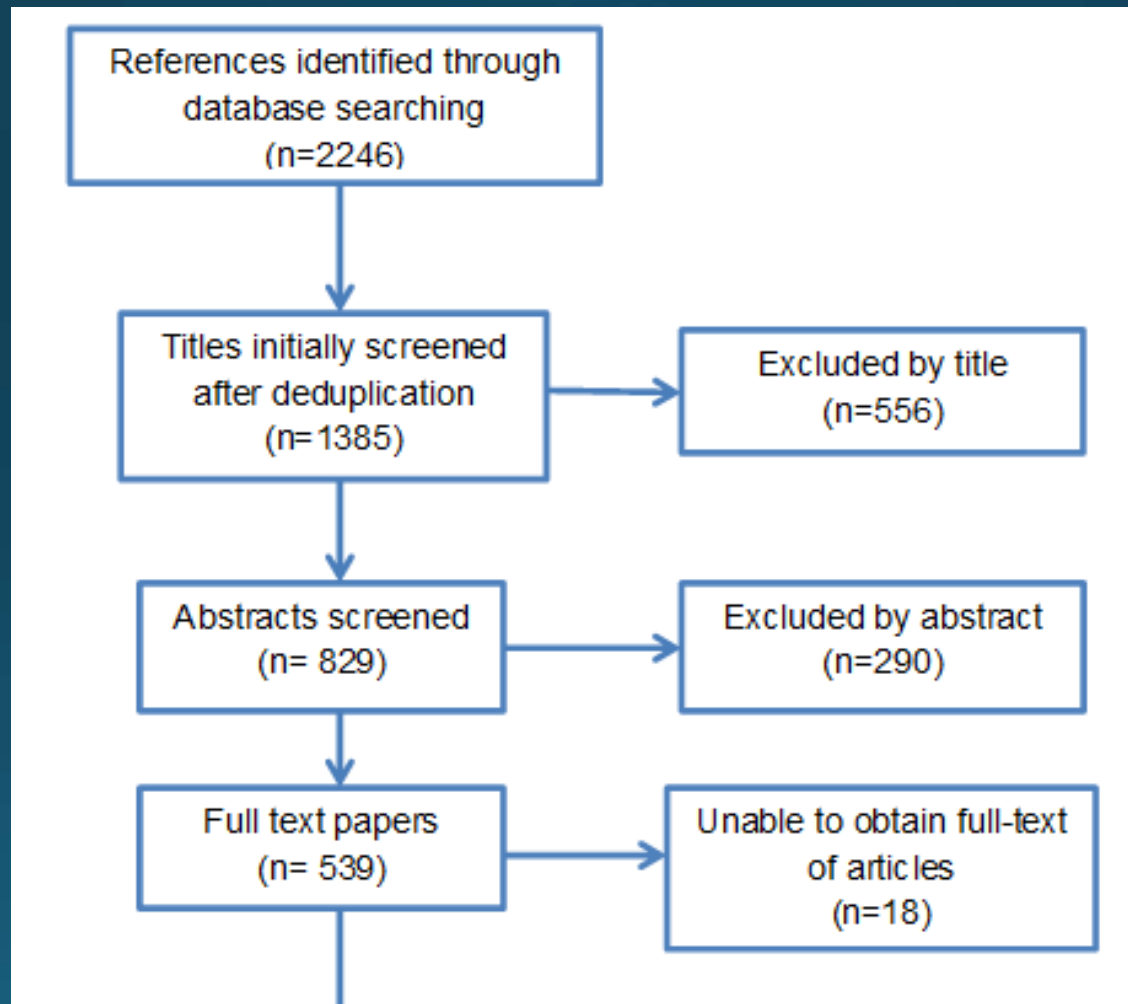


- Select outcome domains, grade from 1-9 in importance
- RCT evidence starts as high quality
- Reduce if
  - Risk of bias
  - Imprecision – small studies / single study
  - Indirect evidence, eg A vs placebo and B vs placebo for B vs C
  - Inconsistency: some studies in favour, some against
  - Publication bias: unreported studies

# Outcome measure domains

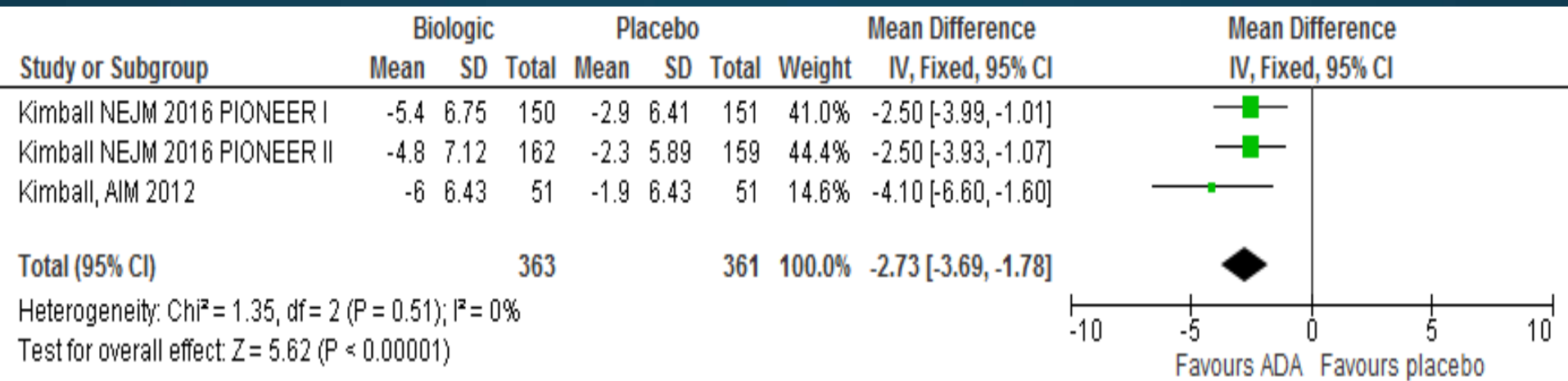
Medical Interventions	Ranking	Surgical Interventions	Ranking
Quality of Life (QoL)	9	Recurrence rate	9
Adverse effects – serious	9	QoL	9
Pain	9	Overall satisfaction	8
Disease-specific physician score	6	Functional (arm abduction)	8
Physician's global assessment	5	Complication rates	7
Patient's global self-assessment	5	Cosmetic	6
Adverse effects – nuisance	4	Duration of hospitalization	5
		Total patient downtime	4

# PRISMA flow diagram





# Systematic review



Adalimumab 40 mg weekly: DLQI change at week 16

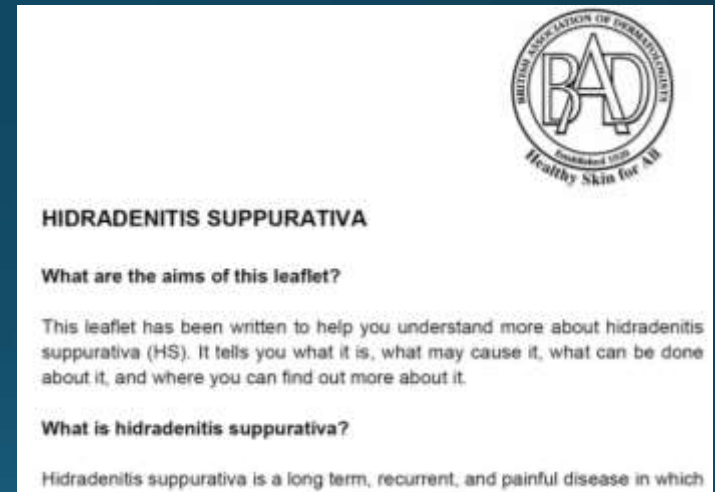
# Making a Diagnosis

- Typical lesions: inflamed nodules, open comedones, sinus tracts, bridging scars
- Predominantly flexural location: axillae, groins, perineum, infra-or inter-mammary
- Chronicity: 2 lesions in last 6 months / lifetime history of  $\geq 5$



# Initial Management (Primary or Secondary Care)

- Provide patient information leaflet
- Record Hurley Stage
- Measure
  - pain & treat if needed
  - Quality of life
  - Lesion count / flares per month
- Provide dressings if needed



# Screen & Manage risks

- Screen for treatable cardiovascular (CV) risk factors
  - (measure BP, lipids, HbA<sub>1c</sub>)
- Screen for depression/anxiety
- Offer smoking cessation referral, if relevant
- Offer weight management referral, if relevant

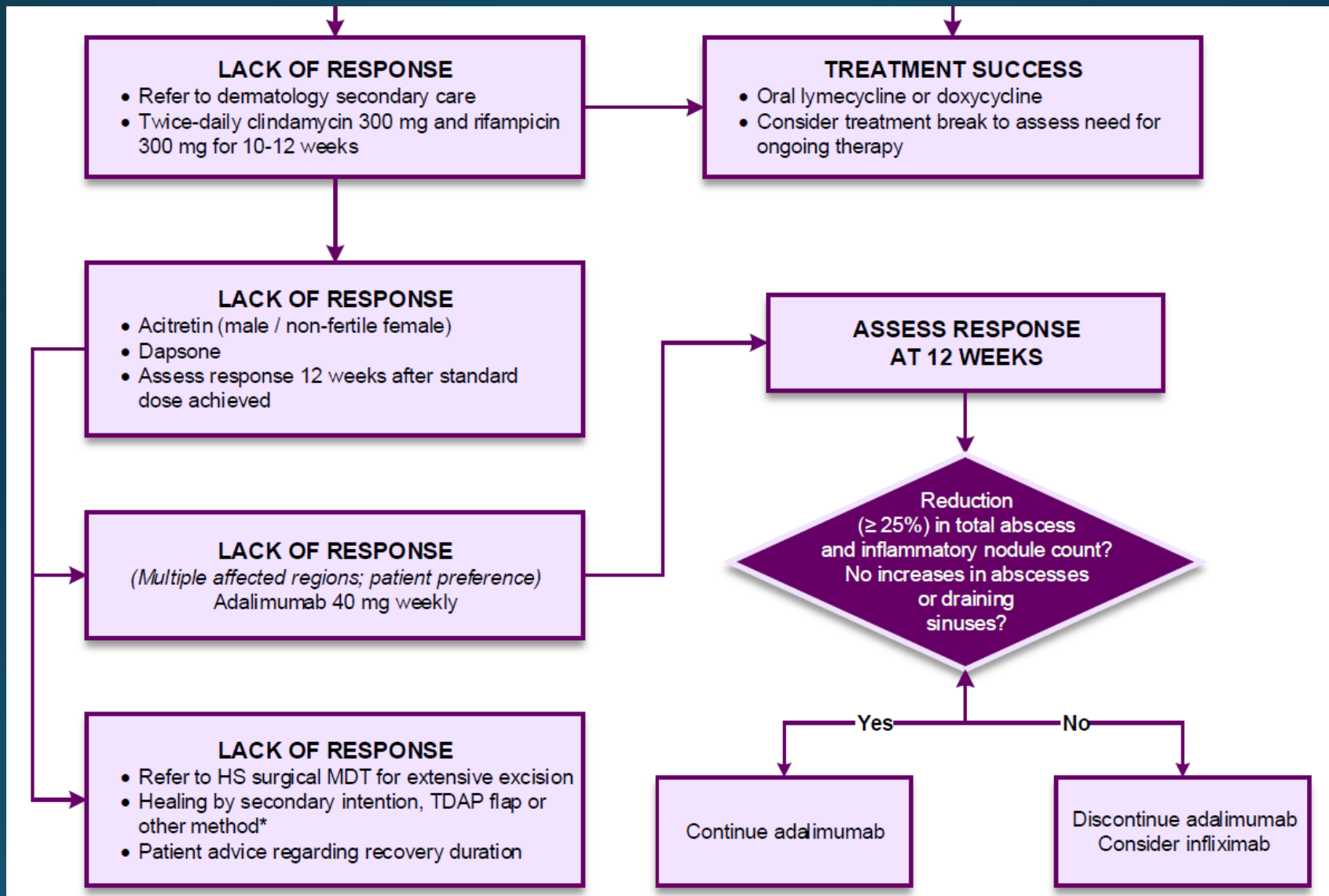


# Initial Management

- Antiseptic wash and/or clindamycin 1% solution
- Oral tetracycline once or twice daily
  - Lymecycline 408mg
  - Doxycycline 100mg
- Assess response at 12 weeks
  - Pain VAS, quality of life
  - Lesion count / number of flares in last month



# Summary – after oral tetracyclines



# Patient self-management

- Consider joining a patient support group
- Obtain adequate pain relief & wound dressings from GP
- Avoid tight clothing
- Seek GP help for low mood
- Where relevant, smoking cessation & weight reduction
- No high quality evidence for particular diets



# Audit criteria – In the last 20 consecutive patients...

- Patient information leaflet
- Smoking & weight management referrals, where relevant
- Screening for co-morbidities (depression, CV risk)
- Documented baseline disease stage & ongoing severity
- Pre-operative discussion for those undergoing surgery
- Adherence to NICE Adalimumab criteria





# Future research recommendations (22)

- RCT investigating management of acute flares
- RCT investigating intravenous antibiotics in people with moderate-to-severe HS
- Head-to-head RCT of deroofing versus medical interventions
- RCT evaluating the alignment / role of biologic therapy with surgical intervention in HS

# Stakeholder review

