HS guidelines from the BAD (provisional)

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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

<table>
<thead>
<tr>
<th>Topical antiseptics</th>
<th>Methotrexate</th>
<th>Laser therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topical antibiotics</td>
<td>Azathioprine</td>
<td>Bath PUVA</td>
</tr>
<tr>
<td>Topical resorcinol</td>
<td>Ciclosporin</td>
<td>Other phototherapy</td>
</tr>
<tr>
<td>Oral tetracyclines</td>
<td>Dapsone</td>
<td>Photodynamic therapy</td>
</tr>
<tr>
<td>Other oral antibiotics</td>
<td>Metformin</td>
<td>Colchicine</td>
</tr>
<tr>
<td>Clindamycin &amp; rifampicin</td>
<td>Oral contraceptive</td>
<td>Botulinum toxin</td>
</tr>
<tr>
<td>Acitretin</td>
<td>Spironolactone</td>
<td>Etanercept</td>
</tr>
<tr>
<td>Isotretinoin</td>
<td>Finasteride</td>
<td>Adalimumab</td>
</tr>
<tr>
<td>Zinc</td>
<td>Intrallesional corticosteroids</td>
<td>Infliximab</td>
</tr>
<tr>
<td>NSAIDs</td>
<td>Systemic corticosteroids</td>
<td>Anakinra</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Medical Interventions</th>
<th>Ranking</th>
<th>Surgical Interventions</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Life (QoL)</td>
<td>9</td>
<td>Recurrence rate</td>
<td>9</td>
</tr>
<tr>
<td>Adverse effects – serious</td>
<td>9</td>
<td>QoL</td>
<td>9</td>
</tr>
<tr>
<td>Pain</td>
<td>9</td>
<td>Overall satisfaction</td>
<td>8</td>
</tr>
<tr>
<td>Disease-specific physician score</td>
<td>6</td>
<td>Functional (arm abduction)</td>
<td>8</td>
</tr>
<tr>
<td>Physician’s global assessment</td>
<td>5</td>
<td>Complication rates</td>
<td>7</td>
</tr>
<tr>
<td>Patient’s global self-assessment</td>
<td>5</td>
<td>Cosmetic</td>
<td>6</td>
</tr>
<tr>
<td>Adverse effects – nuisance</td>
<td>4</td>
<td>Duration of hospitalization</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total patient downtime</td>
<td>4</td>
</tr>
</tbody>
</table>
References identified through database searching (n=2246)

- Titles initially screened after deduplication (n=1385)
  - Excluded by title (n=556)
  - Abstracts screened (n=829)
    - Excluded by abstract (n=290)
    - Full text papers (n=539)
      - Unable to obtain full-text of articles (n=18)
Adalimumab 40 mg weekly: DLQI change at week 16

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>Biologic Mean</th>
<th>Biologic SD</th>
<th>Biologic Total</th>
<th>Placebo Mean</th>
<th>Placebo SD</th>
<th>Placebo Total</th>
<th>Weight</th>
<th>Mean Difference IV, Fixed, 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kimball NEJM 2016 PIONEER I</td>
<td>-5.4</td>
<td>6.75</td>
<td>150</td>
<td>-2.9</td>
<td>6.41</td>
<td>151</td>
<td>41.0%</td>
<td>-2.50 [-3.99, -1.01]</td>
</tr>
<tr>
<td>Kimball NEJM 2016 PIONEER II</td>
<td>-4.8</td>
<td>7.12</td>
<td>162</td>
<td>-2.3</td>
<td>5.89</td>
<td>159</td>
<td>44.4%</td>
<td>-2.50 [-3.93, -1.07]</td>
</tr>
<tr>
<td>Kimball, AIM 2012</td>
<td>-6</td>
<td>6.43</td>
<td>51</td>
<td>-1.9</td>
<td>6.43</td>
<td>51</td>
<td>14.6%</td>
<td>-4.10 [-6.60, -1.60]</td>
</tr>
</tbody>
</table>

Total (95% CI) 363 361 100.0% -2.73 [-3.69, -1.78]

Heterogeneity: Chi² = 1.35, df = 2 (P = 0.51); I² = 0%

Test for overall effect: Z = 5.62 (P < 0.00001)
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 ≥ 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, HbA1c)

• 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

**LACK OF RESPONSE**
- Refer to dermatology secondary care
- Twice-daily clindamycin 300 mg and rifampicin 300 mg for 10-12 weeks

**TREATMENT SUCCESS**
- Oral lymecycline or doxycycline
- Consider treatment break to assess need for ongoing therapy

**LACK OF RESPONSE**
- Acitretin (male / non-fertile female)
- Dapsone
- Assess response 12 weeks after standard dose achieved

**ASSESS RESPONSE AT 12 WEEKS**
- Reduction (≥ 25%) in total abscess and inflammatory nodule count? No increases in abscesses or draining sinuses?
- Yes
  - Refer to HS surgical MDT for extensive excision
  - Healing by secondary intention, TDAP flap or other method
  - Patient advice regarding recovery duration
  - Continue adalimumab
- No
  - Discontinue adalimumab
  - Consider infliximab
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