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HS Conversations

A TOOL FOR GUIDING OPEN CONVERSATIONS TO HELP SHINE A LIGHT ON HIDRADENITIS SUPPURATIVA (HS)

This tool was created as an aid for healthcare providers (HCPs) to better communicate with their patients by breaking down the complexities of HS.



Patient and physician portrayal.

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Your patients have had a long road to their diagnosis

Facts about HS diagnosis

The average time to diagnosis is up to

10 years.¹

At time of diagnosis,

7 in 10
patients

may have moderate or severe HS.²

Patients may see up to

10
providers

before receiving an accurate diagnosis.³



Many patients are led to believe that having HS is their fault. It is important to reassure your patients that HS is not their fault, but rather a chronic, inflammatory, systemic, progressive condition.^{4,5}

These 3 essential diagnostic criteria help distinguish HS from other skin conditions⁶:



Lesions

1 or more deep-seated, painful nodules, abscesses, sinus tracts, or linear scars.⁷



Locations

Axillae, groin, perineal region, buttocks, inframammary region, or less common areas such as face, scalp, back, chest, or legs.^{6,7}



Chronicity

Recurrence (≥ 2 lesions within 6 months) and/or persistence (lesions lasting ≥ 3 months).^{8,9}

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HS affects more than just skin

Patients with HS may deal with debilitating burdens

Skin pain

97%

of patients experience physical pain.¹⁰

61%

of patients rated pain from moderate to “worst possible” in 1 study.¹

Odor

88%

of patients experienced malodorous discharge in 1 study.¹¹

Flares

80%

of patients experienced at least 1 flare per month in 1 study. Flares can cause pain, embarrassment, and social stigma for patients.¹

HS can appear differently on skin of color



Subtle erythema¹²



Violaceous, dark brown, and gray lesion¹²



Postinflammatory hyperpigmentation¹³



Keloid¹⁴



Patients may not always mention their HS-related pain or how it affects them. It is important to ask them about it.

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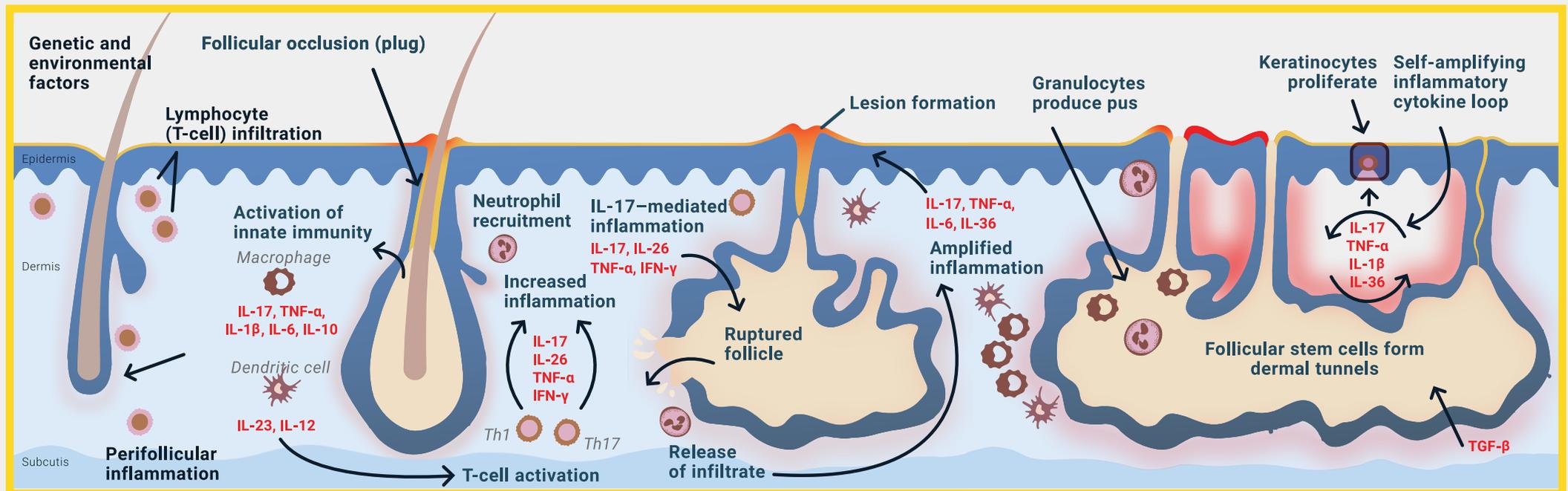
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What is the pathophysiology of HS?

HS is an immune-mediated disease involving both innate and adaptive immune systems^{4,15-18}

- Key cytokines involved include IL-17, TNF- α , IL-1 β , IL-23, IL-12, and others.^{4,16}
- Genetic and environmental factors trigger perifollicular inflammation and lymphocyte infiltration.^{9,16,17}



A diagram may help patients understand the inflammatory nature of HS and make clear that HS is not their fault.

IFN- γ , interferon gamma; IL, interleukin; TGF- β , transforming growth factor beta; TNF- α , tumor necrosis factor alpha.

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How does HS advance if left untreated?



 When determining disease severity, assessing a patient's whole well-being—including pain levels and quality-of-life impact—provides a better understanding of the full burden of HS.¹⁹

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How can you be a part of a multidisciplinary approach when treating HS?

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Healthcare providers outside the dermatology specialty may need to be involved in the ongoing management of comorbidities.^{1,21-24}

- Dermatology and rheumatology
- Gastroenterology and endocrinology
- Primary care and obstetrics/gynecology
- Infectious diseases
- Psychiatry, psychology, and other mental health specialties
- General and plastic surgery
- Nutrition
- Social work and support groups
- Pain management specialists



Clinical guidelines for managing HS recommend screening for comorbidities, which may require a multidisciplinary approach.²¹

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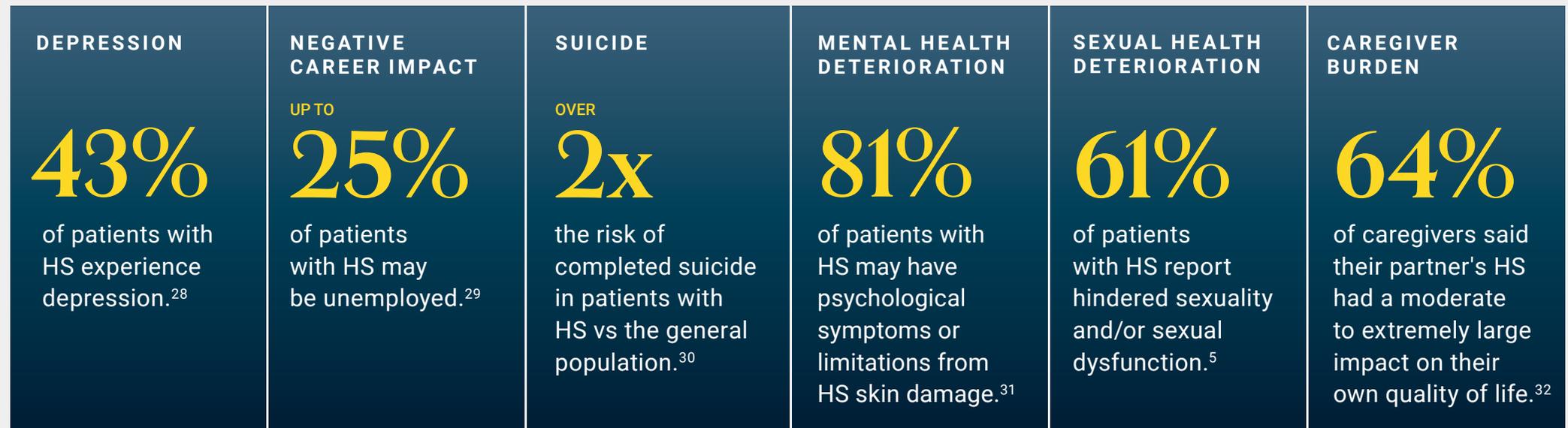
How does HS impact your patients' emotional and social well-being?

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The physical symptoms of HS may cause a psychosocial impact

- Recurrent or persistent HS can lead to the formation of more lesions and may cause more distress^{7,16}
- Shame, embarrassment, and impaired sexual health may lead to depression and anxiety^{11,25,26}
- Patients with HS may experience high levels of loneliness, which correlate with impaired quality of life²⁷



The impacts of HS are not limited only to those listed above.



HS can impact patients physically, socially, professionally, and psychologically. It's important to talk with your patients about their support team and what they need to create a more robust support network.⁴

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Patients with HS need a multimodal approach to treatment^{24,33}

Timely clinical strategies can light the way forward

- The physical and emotional effects of HS can be vast.³⁴ Early recognition remains critical.⁴
- Review some of the clinical strategies below that can shed light on better outcomes

Support patients, their families, and their caregivers throughout treatment



Educate about the systemic nature of HS and help patients understand it is not their fault.^{4,35}



Consider the impact on caregivers when developing a patient's treatment plan.³⁶



Build trust with meaningful and empathetic conversations during each appointment.²⁴



Assure patients they are not alone and provide information about HS support groups and other resources.²⁴



Management strategies should be coordinated by a dermatology provider, and a full team may consist of numerous specialties, depending on a patient's specific needs.^{1,24}

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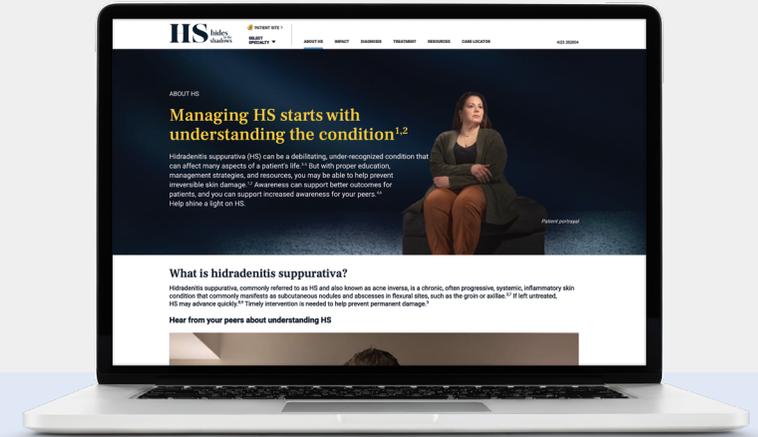
Tools for education and support



Resources for HS management



Educational content and downloads for you and your patients can be found by visiting hs-awareness.com or by scanning this code.



National organizations for HCPs



See how healthcare professionals like you can have meaningful and personalized conversations with their patients. Resources are available to support you and your practice.

Visit hs-foundation.org to learn more.



The American Academy of Dermatology (AAD) may provide helpful information for patients living with HS and their loved ones.

Visit aad.org to learn more.

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A special thank-you

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