

HIDRADENITIS SUPPURATIVA (HS) DOESN'T GO SOLO

Comorbidities Associated With HS

» This resource serves to help providers identify comorbidities in patients living with HS.

» The goal: To facilitate appropriate screenings that improve patient outcomes.

Screen for HS Comorbidities

HS is associated with a high comorbidity burden, which can contribute to poor health and impaired quality of life for patients.¹

Appropriate screenings as recommended by the American Academy of Dermatology are important for early identification and treatment of comorbid conditions.^{1,2}

Comorbidity^{1,2}



Acne conglobata, dissecting cellulitis of scalp, pilonidal disease, pyoderma gangrenosum, Non-melanoma skin cancer

Clinical Recommendations^{1,2}

» Examine patients with HS for other skin findings

» Assess patient for painful arthritis, skin lesions, and recurrent episodes of fever



**Syndromic HS:
PAPA, PASH, PAPASH**



Inflammatory bowel disease

- » Ask "Have you had abdominal pain at least 3 times a week for at least 4 weeks, bloody stools, 3 bouts of diarrhea daily for a week, or been awakened because of abdominal pain or diarrhea?"
- » If yes, refer for diagnosis and management



Spondyloarthritis

- » Ask "Do you have joint pain or stiffness that is worse first thing in the morning or after a period of inactivity that gets better as the day goes on?"
- » If yes, refer for diagnosis and management



Cardiovascular disease

- » Refer for waist circumference measurement, blood pressure measurement, fasting lipid panel, fasting blood glucose, and assessment of tobacco use, physical activity, and diet



Metabolic disease

- » Refer for screening for abnormality in ≥ 3 of the following: blood pressure measurement, fasting triglycerides, fasting HDL, fasting blood glucose, and waist circumference measurement



Psychological comorbidities

- » Refer for screening using PHQ-2, PHQ-9, and GAD-7



Polycystic ovary syndrome

- » Refer for screening for Rotterdam criteria with ≥ 2 of the following: oligo/anovulation, clinical or biochemical hyperandrogenism, and polycystic ovaries on transvaginal ultrasonography



Down syndrome

- » Patients with Down syndrome should be examined for findings of HS

GAD-7=generalized anxiety disorder questionnaire 7. HDL=high density lipoprotein. PAPA=pyogenic arthritis, acne, pyoderma gangrenosum. PAPASH=pyoderma gangrenosum, acne, pyogenic arthritis, suppurative hidradenitis. PASH=pyoderma gangrenosum, acne, suppurative hidradenitis. PHQ-2=patient health questionnaire 2. PHQ-9=patient health questionnaire 9.

References

1. Garg A, Malviya N, Strunk A, et al. Comorbidity screening in hidradenitis suppurativa: evidence-based recommendations from the US and Canadian Hidradenitis Suppurativa Foundations. *J Am Acad Dermatol*. 2022;86(5):1092-1101.
2. Tzellos T, Zouboulis CC. Review of comorbidities of hidradenitis suppurativa: implications for daily clinical practice. *Dermatol Ther (Heidelb)*. 2020;10(1):63-71.

