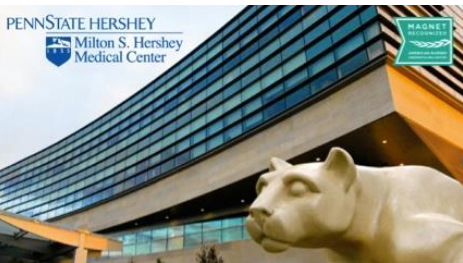


Hidradenitis: Make the Most of Your Time



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Conflicts & Financial Disclosures:

- Employee: Incyte
- Consultant: AbbVie, Amgen, Incyte, Insmad, Janssen, Guidepoint, Moonlake, Novartis, UCB
- Grants: NIH, Incyte
- Past President, Hidradenitis Suppurativa Foundation

Off-label therapies will be discussed. Any therapy, aside from adalimumab or secukinumab, can be considered off-label. The views and opinions expressed in this presentation are mine and made in my individual capacity. They must not be construed as representing the views or opinions of my employer.

Athena Gierbolini

President, Hope for HS

Board, Hidradenitis Suppurativa Foundation

HS is a complex immune condition

What You Say Matters



When to escalate?

Use your exam & patient-report



Image credit: J. Kirby

SUN	MON	TUE	WED	THU	FRI	SAT

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Biologics aren't a 'last resort'

1. Maintenance meds: manage migratory lesions, get in front of flares, reduce systemic inflammation symptoms (arthropathy, fatigue, anemia & more)

Is it time to escalate? Ask: How many bad days do you have a month because of your HS? What are you having trouble doing because of your HS?

Severe HS/HS Impact. ----- Moderate ----- Mild HS/HS Impact-----

JAKi Abro, Upa	Biologics 1. TNF, IL-17 2. IL-12/23 3. IL-23	PDE4 inhibitors Roflumilast 250mcg QD x 1 month, then 500 QD Apremilast	Hormonal & Metabolic Separately or together Spirono 100-200 or finasteride 2.5-10 Metformin XR 500-1000mg QD	Topical -Topical clinda can be spot or field; -Topical non-steroidals <i>as field therapies</i> akin to retinoids -BPO wash, chlorhexidine
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Oral retinoids: Aci or Iso, useful for upper body HS, NO sustained activity

- 2. Flare or Rescue Therapies:**
- Topical: topical clinda, topical ichthammol (OTC), topical resorcinol 15% (compounded)
 - Antibiotics: Augmentin, Bactrim DS, cefuroxime, cefpodoxime, clinda 300mg BID
 - PO steroids: pred 50mg qAM for up to 7 days

3. Procedures: For **persistent** lesions not responsive to medications

Excision or derofing *Be awake for it? *Your comfort?	Botox (hyperhidrosis dilution) – If trying to avoid surgery, or if sweating-induced friction is a trigger. (can consider glycopyrrolate, oxybutynin, topical aluminum chloride first, but I move fast to get botox)	Laser hair removal – for stage 1 or mild stage 2 sites, but cost and access are challenges
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4. General Health: Have a PCP to maximize general health messaged more than help with smoking cessation, nutrition, weight management

In case of emergency
Ertapenem 1g IV QD for 6-24w as a bridge to surgery or med change/start

It can't all happen at one appointment

HS MANAGEMENT

HS often acts like a rollercoaster, with periods of worsening (flares). There are multiple approaches to treatment and we tailor the plan to match the HS activity and your preferences. There is a website available to help people think through the options: informed-decisions.org/hidradenitispsda.php. We encourage you to discuss your preferences with your provider.

MAINTENANCE TREATMENT *(Things you do to reduce the symptoms and get ahead of flares)*

Medicines (used singly or in combinations):

Procedures (Laser, deroofing, excision):

FLARE TREATMENT *(Periods of new or worsening HS with pain, itch, or drainage)*

Topicals: Topical clindamycin Ichthammol Resorcinol 15% **Other:**

Pills: Antibiotic:

Steroid (often prednisone 50 once a day for 3-7 days):

Steroid Shot

Developed by J. Kirby, available as meeting hand-out

Cultivate hope

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