

# Hidradenitis Suppurativa Screening Initiative

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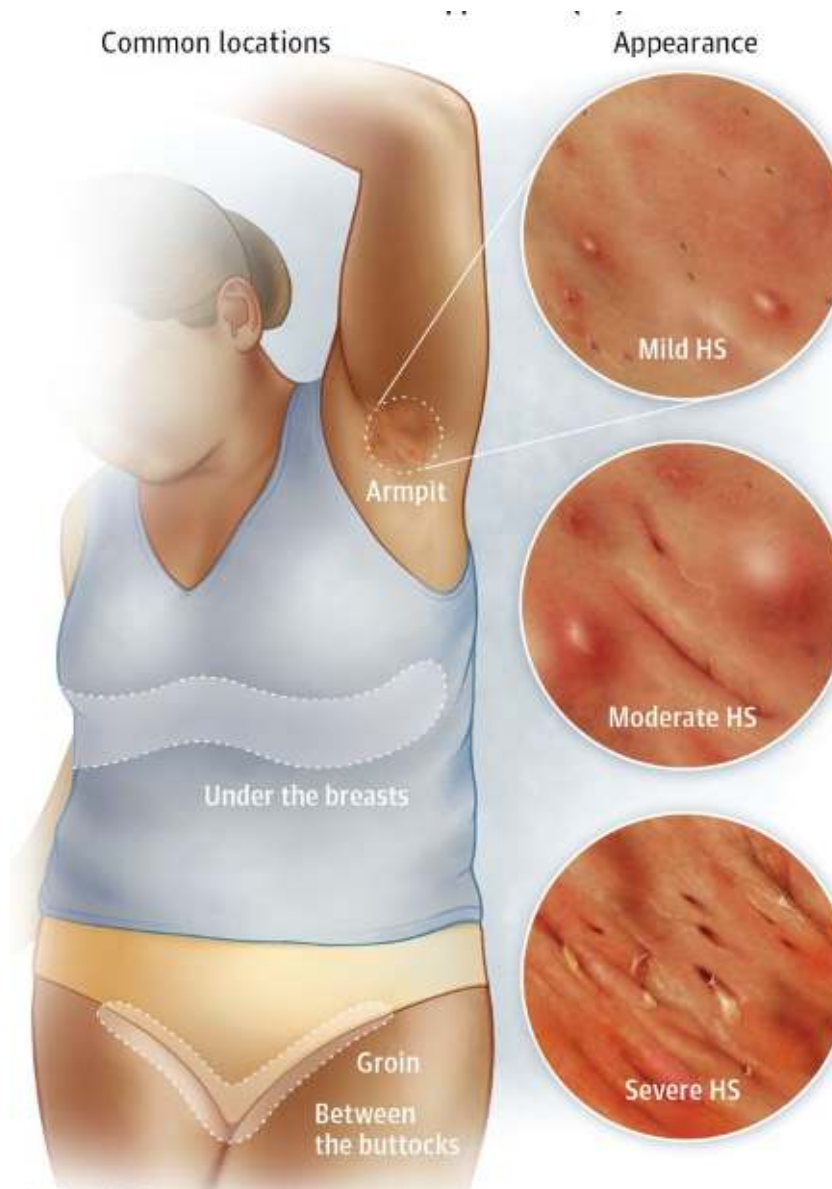
## ABSTRACT

African American/Black females. HS typically causes recurrent abscesses in the skin folds that may be disfiguring and extremely painful. According to epidemiologic principles such as qualifying as a severe condition and treatment in the early stages is more effective in decreasing the disease severity, HS is a condition that may make a good candidate for screening. Studies have found a delay in diagnosing HS of (7-10 years), which results in a more severe disease at initial presentation. A screening program in the US has not been widely implemented. Our study aims to decrease the length of time from initial symptoms to diagnosis and to assess the feasibility of a screening tool for HS in primary care clinics. Health care providers at two primary care clinics in Birmingham, Alabama are screening patients with no known history of HS, who are age 13 and up, and present to clinic with one of the following chief complaints, 'abscess', 'boils', 'bumps', 'risens', 'break outs', and 'cysts.' Data collection is currently ongoing. However, we anticipate the screening tool will facilitate diagnosis of HS in primary care clinics and prompts early referral to dermatology. Further, we hope the screening tool leads to decrease in length of time from initial symptoms to diagnosis of HS.

## BACKGROUND

**Hidradenitis Suppurativa (HS) is a chronic inflammatory skin disease that disproportionately affects African American/Black females. HS typically causes recurrent abscesses in the skin folds that may be disfiguring and extremely painful.**

- Studies have found a delay in diagnosing HS of (7-10 years), which results in a more severe disease at initial presentation.
- Primary care providers are usually the first to assist a patient with HS, however, research has shown that they have **limited awareness of HS.**
- Based on the criteria for an effective screening tool, a screening tool may be beneficial for a chronic inflammatory skin disease like HS<sup>6</sup>
- Benefits of screening for HS:
  - Timely diagnosis
  - Earlier treatment initiation → slow disease progression<sup>2</sup>
  - Secondary benefits: improved health related quality of life, decrease pain levels, improved perceived stress levels
- However, a screening program for HS has not been widely implemented.



## OBJECTIVES

- Primary Objectives:
  - Decrease average length of time to HS diagnosis
  - Use screening tool to facilitate diagnosis of HS in primary care clinics and prompts early referral to dermatology
- Secondary Objectives:
  - Assess provider's baseline knowledge or opinions regarding HS, HS-related pain, and the logistics of screening tool implementation.

## METHODS

- This study is currently ongoing at the UAB Student Health and Wellness Center and the UAB Pediatric and Adolescent Gynecology Clinics in Birmingham, AL.**
- Health care providers at study locations will be asked to:
  - Screen patients who met the inclusion criteria for the study: No known history of HS, ages 13 and up, present to clinic with one of the following chief complaints, 'abscess', 'boils', 'bumps', 'risens', 'break outs', and 'cysts.'
  - HS screening tool results along with patient demographic, and visit data were entered by providers into a Qualtrics form, compliant with HIPPA requirements.
  - Before data collection began, providers were asked to complete an optional survey to better understand their baseline knowledge or opinions regarding HS, HS-related pain, and the logistics of screening tool implementation.

Figure 1: HS screening tool on Qualtrics®.

**HS Screener**

Please enter patient's HS Screening tool results:

Have you had outbreaks of boils in the last 6 months?

Yes

No

How many boils have you had?

1

2

3

4

5

Other, please specify:

Where have you had boils? (Select all that apply):

Axilla (underarms)

Groin (near genitals or on thighs)

Genitals

Under the breasts

Other locations, not specified (perianal, neck, abdomen, and/or chest)

## RESULTS

- Because the study has recently began data collection, we have limited preliminary data at this time. Currently we have six providers who have responded to the pre-intervention survey and their responses are shown in the tables below. No patients have been screened at this time.
- Anticipated findings:*
- The screening tool will facilitate diagnosis of HS in primary care clinics and prompts early referral to dermatology.
- Screening tool leads to decrease in length of time from initial symptoms to diagnosis of HS.

## RESULTS

Table 1: Provider awareness of HS by medical training background at day 8 of data collection (N=6).

	MD (N=1)	CRNP (N=5)	Total (N=6)
<b>Familiarity with HS</b>			
Not familiar at all	-	-	-
Slightly familiar	-	-	-
Moderately familiar	1	2	4
Very familiar	-	3	3
Extremely familiar	-	-	-
<b>Comfort Diagnosing HS</b>			
Extremely uncomfortable	-	-	-
Slightly uncomfortable	-	2	2
Neither comfortable nor uncomfortable	-	-	-
Somewhat comfortable	1	3	4
Extremely comfortable	-	-	-
<b>Comfort with treating and managing HS</b>			
Extremely uncomfortable	-	-	-
Slightly uncomfortable	-	2	2
Neither comfortable nor uncomfortable	-	-	-
Somewhat comfortable	1	3	4
Extremely comfortable	-	-	-
<b>Do you believe a screening tool would be helpful to you in making a diagnosis of HS?</b>			
Yes	1	2	3
No	-	-	-
Uncertain	-	3	3

CRNP= Certified Registered Nurse Practitioner, MD=Medical Degree

Table 2: Opinions on screening tool feasibility by medical training background at day 8 of data collection (N=6).

	MD (N=1)	CRNP (N=5)	Free Text Explanations
<b>Do you believe a screening tool would be helpful to you in making a diagnosis of HS?</b>			
Yes	1	2	"Evidence-based"
No	-	-	"Could lend additional objectivity"
Uncertain	-	3	"It's possible a tool could increase confidence regarding ruling HS out or in"
<b>Do you believe using a screening tool for HS would be feasible in your day-to-day clinic?</b>			
Yes	-	3	"See it fairly often"
No	-	-	"Timing"
Uncertain	1	2	"If the tool was concise and easy to navigate without delaying or prolonging care"
<b>If your clinic were to begin using a screening tool for HS, what would be the most convenient method of implementation?</b>			
Paper Screening Tool	1	-	-
Screening Tool on MD Calc	-	-	-
Screening tool in EMR	1	4	-
Other specific	-	-	-

CRNP= Certified Registered Nurse Practitioner, MD=Medical Degree

Table 3: Provider views of pain and HS-related pain at day 8 of data collection (N=6).

	Definitely untrue	Probably untrue	Possibly untrue	Possibly true	Probably true	Definitely true
HS is a chronic debilitating disease that may necessitate pain management.	-	1	-	1	1	3
Pain in patients with HS can be acute and/or chronic.	-	-	-	2	2	2
Lack of pain expression does not mean lack of pain.	-	-	-	2	1	3
Certain race/ethnicities have thicker epidermis and/or dermis layers than others.	2	-	-	3	-	1
More melanin in skin is protective against pain.	3	1	-	2	-	-
Certain race/ethnicities have less sensitive nerve endings than others.	3	-	-	2	1	-
Race/ethnicity influences people's perception of pain.	1	-	-	2	2	1

## CONCLUSIONS

- While data collection has just begun, we are optimistic with the implementation of the screening tool at the study locations. While no patients have yet been screened, the preliminary data from the pre-intervention survey revealed that the health care providers participating in this study have a moderate familiarity with the diagnosis and management in HS (Table 1). Participating providers also reported the screening tool would be feasible to implement in their clinics if it is not time consuming (Table 2).
- As there are limited treatment options for HS, management is largely focused on pain control. We asked providers to rate statements regarding pain and HS-related pain (Table 3). Based on the preliminary results, providers may benefit from continuing education focused on HS-related pain and pain management, as there seem to be misconceptions regarding these topics. For example, one provider responded, "Probably untrue" to the statement, "HS is a chronic debilitating disease that may necessitate pain management."
- Data collection will continue until September of 2022.