

Episode 36- Pearls Regarding HS Management with Dr. Joselyn Kirby

- Dr. Kirby is the currently the vice chair of education and the program director for the Department of Dermatology at Penn State
 - o She received her MD from the University of Virginia and did Dermatology residency at the University of Pennsylvania where she was chief resident
- Providers can feel more comfortable treating HS patients once they are able to walk into a room with a plan in mind for treating the patient
- HS patients have often been misinformed and have been told that they have this condition because they are overweight or don't wash well enough
 - o As providers, we should aim to correct this misinformation for patients and provide them with real empathy. Even though this disease typically affects "unseen" parts of the body and may be considered "invisible" it can still have a huge effect on patients' lives
- For new or existing HS patients, start the encounter by making room for the patient by asking the patient how they are doing and what's been going on with their disease. Make the patient feel listened to and heard
- Can tell patients that HS is a disease that they have because their immune system is "too good"- many patients with HS develop lesions that look like infection, and they are often told or conclude themselves that their immune system might be defective or underactive
 - o Can tell patients that with HS, the immune system is so good that it is reacting to things it shouldn't- this also opens the door to discussing certain therapies, such as biologics, which modify the immune system
- Try to balance the impact of the disease with the severity one sees on the physical exam
 - o If you see scarring lesions and/or tunnels, it is time to select a disease modifying treatment
 - o Can approach the topic of procedural interventions along with medical interventions
 - o Even if the patient only has a small number of lesions without scarring, if their disease is severely impacting their quality of life and is recalcitrant, therapy needs to be escalated
- Disease modifying treatments
 - o More and more moving away from oral antibiotics
 - o Courses of prednisone or intralesional Kenalog are helpful for addressing flare-ups
 - o When treating HS patients, think about flare treatment versus maintenance treatments
 - Patients are often on a daily maintenance regimen to suppress their HS, and will also have something to use during their flares
 - During flares, considers intralesional injections in the office with topical resorcinol 15%***, sometimes uses prednisone
 - For maintenance, can use spironolactone 100 mg/day for women instead of antibiotics, especially for earlier Hurley stages. For

women with more inflammation or who don't tolerate spironolactone, consider biologics (adalimumab is her first line choice)

- To deal with insurance company pushback, can send the AAD template letter to the insurance company for adalimumab since it is FDA approved
- For infliximab or any other non-FDA approved agents, start the letter by describing the severity of the patients' disease, what treatments they have tried and their outcomes. Try to overwhelm the insurance company with data and peer reviewed articles supporting the treatment
- In a conclusion from her recent paper, she found that people with HS have more visits to the ED and more admissions to the hospital than patients with psoriasis and patients with no skin disease
- Don't discuss smoking and weight loss in the first visit unless patients bring it up (build rapport first), because a lot of people use food as comfort and there isn't a ton of data to support smoking as a cause of HS or a means to reverse disease activity
 - At subsequent visits, discuss having a goal of maximizing the patient's whole health, such as having a PCP to manage chronic issues. Be sensitive to approaching the topics of weight loss and smoking
- In her study of diet and HS, she found that a lot of patients have tried to make dietary changes to help their HS, even though there isn't a ton of data to support various diets
 - Can recommend the Mediterranean diet, which supports heart health and overall health
 - Can tell patients that while we may not be able to tell them exactly which foods trigger their HS, we can give them information about diets that will support their general health
- Support groups have grown because people have been given misinformation or weren't given information about their disease, and people often turn to complementary and alternative medicines because they aren't well controlled and because they are fed up with the experiences they have had in "regular" doctors' offices
 - Try to work with patients so that they can utilize medications in conjunction with their own interests for treatments, such as acupuncture
- Patient resources:
 - Hope for HS- connects patients with patients, the shared experience is so important so that patients don't feel alone. Allows patients to feel validated
 - HS warriors
- For patients with severe and recalcitrant disease
 - Ertapenem- Promising results for patients with ertapenem, possibly due to increased tissue penetration. Can use it as a bridge between

uncontrolled to surgery or to an immunomodulator, and works with infectious disease

- Learning resources for surgical procedures for HS (will be updated when available at a later date)
- Final words of wisdom
 - Hear them out- HS is emotional, use their words as ammunition to want to get their disease under control
 - Have an algorithm in mind and be willing to reach for stronger medications earlier for these patients
 - Walk into the room with hope- these patients deserve to feel a lot better and there are a lot of good options in the pipeline for them