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Treatment Options for Hidradenitis Suppurativa: Efficacy, Risks, Benefits

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Abstract

Hidradenitis suppurativa is a chronic, recurrent follicular occlusion disease with painful, sometimes debilitating, cutaneous draining lesions and subcutaneous abscesses (DynaMed Plus, 2016). Hidradenitis suppurativa is understood to be a multifactorial disease that is hard to treat in some patients, especially those with a severe form of the disease. For this project, adalimumab for hidradenitis suppurativa was assessed and whether it is more beneficial than traditional treatments used.

Adalimumab is a TNF-α inhibitor which belongs to the biologic DMARDs drug class. Kimbell et al. (2012) found that at week 16 of their trial 3.9% of the placebo patients, 9.6% of every other week (EOW) dosing of adalimumab patients, and 17.6% of every week dosing of adalimumab patients achieved clinical response. Patient response reports on pain and outcomes were significantly greater in the weekly dosed patients vs. placebo group. A study by Miller et al. (2011) showed a significant reduction in Sartorious score after 6 weeks and an almost significant reduction seen after 12 weeks when compared to the placebo group (-10.7 vs. 7.5, P<0.024 and -11.3 vs. 5.8, P=0.07). Kimbell et al. (2016) showed clinical response rates at week 12 were significantly higher for the groups receiving adalimumab weekly than for the placebo groups: 41.8% versus 26.0% in PIONEER I (P<0.003) and 58.9% versus 27.6% in PIONEER II (P<0.001). DynaMed Plus, PubMed, and Cochran Library were searched with keywords: hidradenitis suppurativa, adalimumab, and treatment.

Introduction

The etiology of hidradenitis suppurativa is not completely understood but it is likely multifactorial with some of the possible contributing factors including: genetics, hormones, and aberrant immune response that causes upregulated cytokines (DynaMed Plus, 2016). Risk factors include family history, smoking, obesity, mechanical friction, and certain medications (DynaMed Plus, 2016). Traditional treatments for this disorder consisted of antibiotics, hormone therapy, retinoids, corticosteroid injections, surgical intervention, pain management, and patient counselling on weight loss and smoking cessation. More recently, the tumor necrosis factor-alpha (TNF-α) inhibitor adalimumab was approved by the Food and Drug Administration (FDA) for treating hidradenitis suppurativa.

Statement of the Problem

There is no cure for hidradenitis suppurativa and although there are many treatment options available, the traditional treatments do not provide adequate relief of symptoms for some patients. Adalimumab, though not a cure, may provide more beneficial treatment then these traditional options alone. This review was needed to evaluate research supporting the efficacy of adalimumab for hidradenitis suppurativa and to compare the risks and benefits of using this medication.

Research Question

• In patients with hidradenitis suppurativa is adalimumab more effective than traditional treatments to include antibiotics, hormone therapy, retinoids, corticosteroid injections, surgical intervention, and pain management in treatment outcomes?
• In patients with hidradenitis suppurativa does adalimumab show better treatment outcomes in patients with severe disease vs mild or moderate disease?
• In patients with hidradenitis suppurativa are the side effects associated with adalimumab treatment more significant or detrimental than side effects associated with the traditional treatment options?

Literature Review

• Kimbell et al. (2012) found that at week 16, 3.9% of the placebo patients (2 of 51), 9.6% of the EOW patients (5 of 52) and 17.6% of every weekly patients (9 of 51) achieved clinical response
• Kimbell et al. (2012) also found that serious adverse effects rates were 3.9% for placebo, 5.8% for EOW, and 7.8% for the weekly patients. In period I of each study there were significantly more patients in the adalimumab group than the placebo group that met the primary efficacy endpoint of clinical response at week 12 (PIONEER I: 41.8% vs. 26.0%, P=0.003; PIONEER II: 58.9% vs. 27.6%, P<0.001) (Kimbell, 2016)
• Miller et al. (2011) found a significant reduction of the Sartorius score after 6 weeks and an almost significant reduction after 12 weeks of active treatment when compared to the placebo group (-10.7 vs. 7.5, P<0.024 and -11.3 vs. 5.8, P=0.07)
• Miller et al. (2011) state in their study that although adalimumab was well tolerated, there were more adverse effects seen in the adalimumab group than the placebo group with regard to mild infections. “However, the difference was only almost significant (P=0.16 and 0.19, respectively)” (Miller, 2011, p.305). All other adverse effects were not significant in the adalimumab group when compared to the placebo group.

Discussion

• The studies used support the use of adalimumab for hidradenitis suppurativa
• There were no placebo controlled trials found within the last ten years to support the use of any of the traditional treatment options for hidradenitis suppurativa
• Serious adverse effects rates were higher in patient groups that were assigned adalimumab vs the placebo
• There is no data comparing adalimumab serious adverse effects vs the serious adverse effects of any of the traditional treatments used
• Adalimumab has only been assessed for moderate-to-severe hidradenitis suppurativa, therefore the efficacy for adalimumab for mild hidradenitis suppurativa is unknown.

Applicability to Clinical Practice

The current guidelines found on DynaMed Plus do recommend adalimumab for moderate-to-severe hidradenitis suppurativa, which is supported by my research. These guidelines from DynaMed are very applicable to clinic use, but there is no cure and treatment is long for the duration of what has given up and trial and error. Hidradenitis suppurativa is difficult to treat and should not be treated in a primary care setting. This should be maintained by the dermatology department. There are several different scoring systems used to assess hidradenitis suppurativa and dermatologists are better suited to track these scores to assess how treatment is going. Some lifestyle modifications such as smoking cessation, good control of blood sugars with diabetic patients, and weight loss can be encouraged in a primary care setting.

References


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