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Treatment options for hidradenitis suppurativa: efficacy, risks, benefits

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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 therapy even though 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.

**Chart**

**Abstract**

Hidradenitis suppurativa is a chronic, recurrent folliculocoele disease with painful, sometimes debilitating, cutaneous draining lesions and subcutaneous abscesses. Hidradenitis suppurativa is understood to be a multifactorial disease that is hard to treat in many patients, especially those with a severe form of the disease. For this reason, the use of adalimumab for hidradenitis suppurativa was assessed and whether it is more beneficial than traditional treatments. Adalimumab is a TNF-α inhibitor which belongs to the biologic DMARDs drug class. Kimbal et al. (2012) found that at week 16 of their trial 3.9% of the placebo patients, 9.6% of every other week (ECW) 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 Sartorius 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). Kimbal et al. (2016) showed clinical response rates at week 12 were significantly higher for the groups receiving adalimumab weekly. Clinical response rates of 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 key words: hidradenitis suppurativa, adalimumab, and treatment.

**Statement of the Problem**

There are no placebo controlled trials found within the literature. Miller et al. (2011) state in their study that although serious adverse effects rates were higher in patient groups receiving adalimumab than the placebo group that the primary efficacy endpoint of clinical response was met. "However, the difference was only almost significant (P=0.16 and P<0.79, respectively)" (Miller, 2011, p.365). All other adverse effects were not significant in the adalimumab group when compared to the placebo group.

**Literature Review**

- Kimbal et al. (2016) found that at week 16, 9.6% of the placebo patients (2 of 51), 9.6% of the ECW patients (5 of 52) and 17.6% of every week patients (9 of 51) achieved clinical response.
- Kimbal et al. (2012) also found that serious adverse effects rates were 3.9% for placebo, 5.8% for ECW, 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 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." (Kimbal, 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 P<0.79, respectively)" (Miller, 2011, p.365). All other adverse effects were not significant in the adalimumab group when compared to the placebo group.

**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?

**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 patients in 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 clinical use, but there is no cure and treatment is for the symptomatic relief of pain 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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