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SCHOOL OF MEDICINE

HS in older adults

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Disclosures

Abbvie: Sub-investigator, advising, speaking

UCB: Investigator, advising

InflaRx: Investigator, advising

Novartis: Speaker, sub-investigator

Chemocentryx: Investigator

Incyte: Investigator

Alumis: Advising

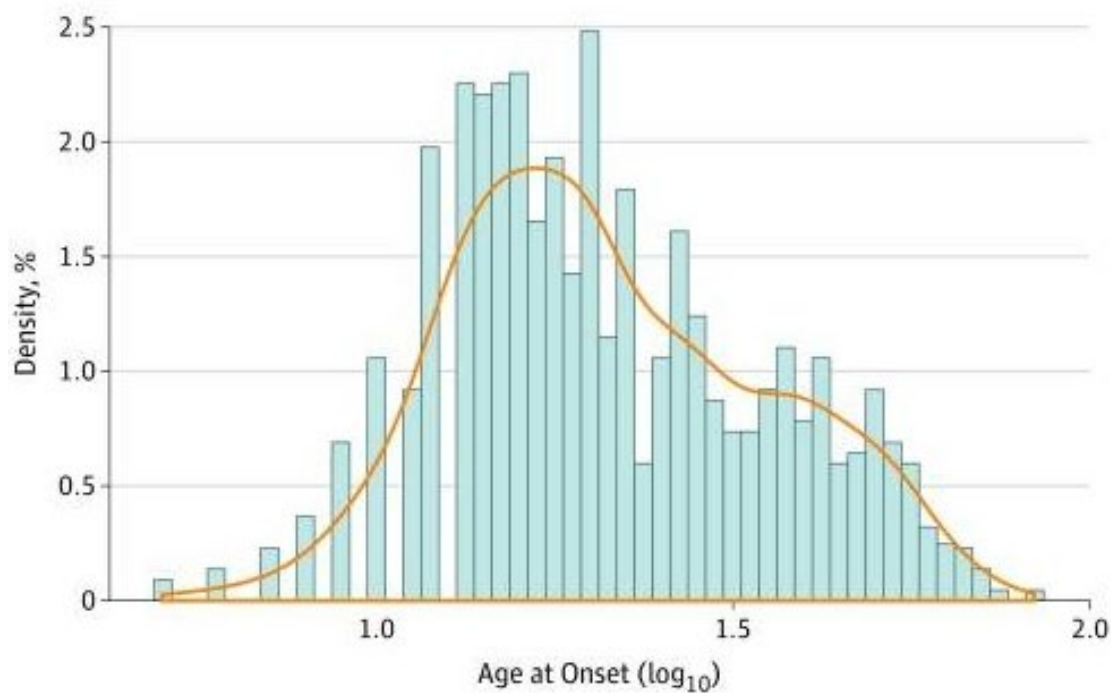
Astrazeneca: Consulting

> JAMA Dermatol. 2019 Aug 1;155(8):971-973. doi: 10.1001/jamadermatol.2019.0478.

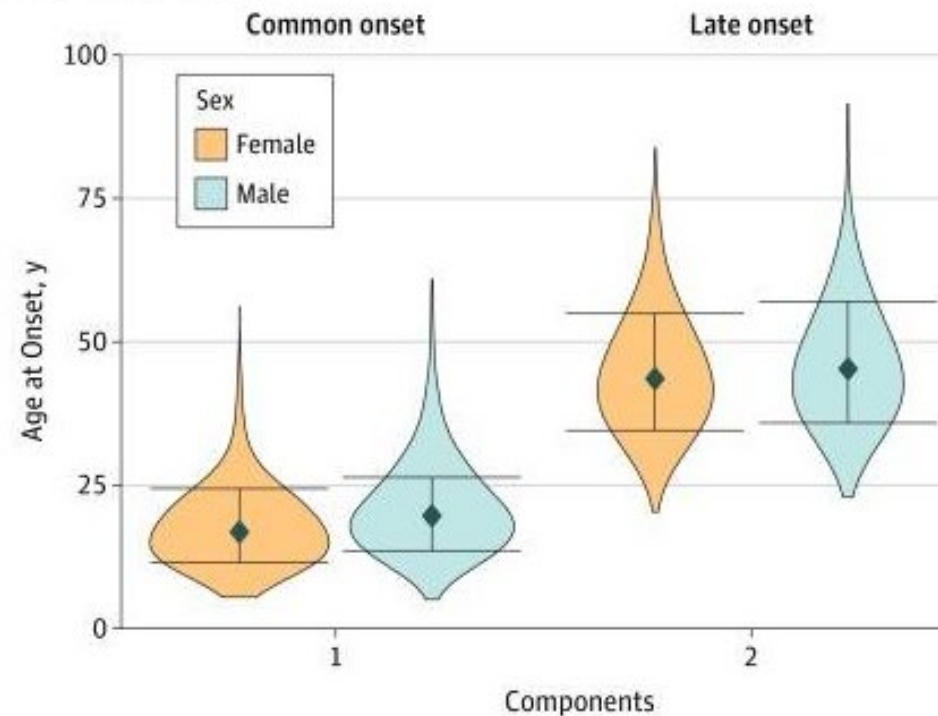
Distribution of Self-reported Hidradenitis Suppurativa Age at Onset

Haley B Naik¹, Maia Paul¹, Steven R Cohen², Afsaneh Alavi^{3 4}, Mayte Suárez-Fariñas^{5 6}, Michelle A Lowes⁷

A Overall distribution



B Age at onset by sex





> JAMA Dermatol. 2023 Feb 1;159(2):216-219. doi: 10.1001/jamadermatol.2022.5390.

Hidradenitis Suppurativa in Older Adults

Franklin R Blum¹, Bailey M DeBarmore², Christopher J Sayed¹

- Only 26/1148 (2.2%) were ≥ 65 yo
- Later onset and longer delays to diagnosis were common

Demographic Characteristics of Patients With Hidradenitis Suppurativa by Age Group

Characteristic	No. (%)		P value ^a
	<65 y (n = 1122)	≥ 65 y (n = 26)	
Sex			
Female	886 (79)	16 (62)	.03
Male	236 (21)	10 (39)	
Age, mean (SD), y			
At enrollment	34.7 (12.7)	69.7 (4.9)	<.001
At disease onset	20.1 (9.4)	41.8 (18.9)	<.001
No. of patients	1109	26	NA
At diagnosis	27.7 (11.5)	58.6 (12.8)	<.001
No. of patients	1094	25	NA
Delay in diagnosis, mean (SD), y	7.7 (8.9)	16.3 (19.2)	.03
No. of patients	1092	25	NA
Symptom duration, mean (SD), y	14.6 (10.8)	27.9 (19.6)	.002
No. of patients	1110	25	NA
BMI			
No. of patients	1111	26	NA
Mean (SD)	34.5 (8.8)	31.4 (7.6)	.05
≥ 30	734 (66)	14 (54)	.19
Race and ethnicity ^b			
Black or African American	581 (52)	14 (54)	.80
White	454 (41)	12 (46)	



Disease and Comorbidities Burden

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- Metabolic syndrome becomes highly prevalent
- ~5-fold increased risk of Hurley 3 in older adults

Table 2. Comorbidities, Adverse Outcomes, and Treatments in 26 Patients Aged 65 Years or Older With Hidradenitis Suppurativa

Variable	No. (%)
Comorbidity	
Hypertension	18 (69)
Dyslipidemia	16 (62)
Type 2 diabetes	14 (54)
Obesity	13 (50)
Allergic rhinitis	7 (27)
Anxiety/depressive disorder	7 (27)
Chronic kidney disease	7 (27)
Congestive heart failure	7 (27)
Gastroesophageal reflux disease	7 (27)
Anemia	6 (23)
Coronary artery disease	5 (19)



Treatment Characteristics

- 88% received systemic antibiotics
- ~50% underwent deroofing/excisional procedures
- 77% received biologics








> *JAMA Dermatol.* 2023 Feb 1;159(2):216-219. doi: 10.1001/jamadermatol.2022.5390.

Hidradenitis Suppurativa in Older Adults

Franklin R Blum ¹, Bailey M DeBarmore ², Christopher J Sayed ¹



Clinical Features and Response to Treatment in Elderly Subjects Affected by Hidradenitis Suppurativa: A Cohort Study

Flaminia Antonelli ^{1,2}, Elena Ippoliti ^{1,2}, Elia Rosi ³, Chiara Moltrasio ^{4,5}, Dalma Malvaso ², Elisabetta Botti ^{6,7}, Damiano Abeni ⁸, Valentina Dini ⁹, Maria Vittoria Cannizzaro ², Manfredi Bruni ^{10,11}, Lucia Di Nardo ^{1,2}, Maria Concetta Fagnoli ^{10,11}, Marco Romanelli ⁹, Luca Fania ⁸, Luca Bianchi ^{6,7}, Angelo Valerio Marzano ^{4,5}, Francesca Prignano ³, Ketty Peris ^{1,2} and Andrea Chiricozzi ^{1,2,*}

- Multicenter enrollment of 57 HS patients over age 65 in Italy
- 46% Hurley 3, higher disease severity than younger patients
- Gluteal involvement more common (~50%) than younger patients
- Relatively lower responses to treatment





› Br J Dermatol. 2023 Dec 20;190(1):105-113. doi: 10.1093/bjd/ljad317.

Hidradenitis suppurativa tarda: defining an understudied elderly population

Deveny A Y van der Weijden ¹, Nicole D K Koerts ¹, Barbara C van Munster ², Hessel H van der Zee ³, Barbara Horváth ¹

- Prevalence in Dutch population over age 60 years was 0.8%
 - » 0.6% persistent, 0.2% onset over age 60
- Mean age of onset higher than younger patients
- High comorbidity burden relative to younger patients
- Female:male ratio 1.7



North American clinical management guidelines for hidradenitis suppurativa: A publication from the United States and Canadian Hidradenitis Suppurativa Foundations



- Nodules & abscesses
- Tunnels
- Supported by literature
- Expert opinion

Medical Treatment

Discuss pain management, mental health, wound care, avoidance of triggers, tobacco cessation, weight reduction

Tetracyclines

Rifampin + Clindamycin

Anti-TNF (adalimumab, infliximab)

Moxifloxacin + Rifampin + Metronidazole

IV ertapenem

Hormonal treatment

Retinoids

Other biologics (anakinra, ustekinumab)

Procedural Treatment

Nd:Yag Laser

Local excisions

Deroofing (surgery or CO2)

Wide surgical excision (or CO2)

Acute Lesions (all Stages)

Antiseptic washes, warm compresses, short-term oral steroids

IL steroids, I&D, topical resorcinol, deroofing

See additional Tables for details of each treatment. Other potential treatments are discussed in the text. HS management should be individualized for each patient and affected area; medical and physical therapies may be combined for optimal treatment; if lack of response, select treatment for more advanced disease.



Treatment considerations in the elderly

- A major *C. difficile* risk factor is age >40 years
- Comorbidities such as CHF may limit anti-TNF use
- Higher rates of prior cancer may affect treatment decisions
- Candidacy for general anesthesia may be more limited



Mortality Risk

Original Investigation



Risk of Major Adverse Cardiovascular Events and All-Cause Mortality in Patients With Hidradenitis Suppurativa

Alexander Egeberg, MD, PhD; Gunnar H. Gislason, MD, PhD; Peter R. Hansen, MD, PhD, DMSc

- RR of CV events and mortality in HS
 - » MI: 1.57
 - » Ischemic stroke: 1.33
 - » CV-associated death: 1.95
 - » MACE: 1.53
 - » All-cause mortality: 1.35

- RR of mortality tied to comorbidities
 - » HS and comorbid CVA: 13.33
 - » HS and comorbid MI: 12.56
 - » HS and comorbid PVD: 7.11
 - » HS and chronic kidney disease: 2.00

Population-based mortality in hidradenitis suppurativa: A systematic review

Samiha T. Mohsen MSc^a, Emmanuel Suntres BHSc^a, Daud Manzar BHSc^b, Emma L. Price MSc^a, David Croitoru MD^c, Cathryn Sibbald MD^d  



Risk reduction with disease control?

Review > Drugs Aging. 2019 Jun;36(6):493-510. doi: 10.1007/s40266-019-00653-0.

Cardiovascular Disease Risk in Older Adults and Elderly Patients with Rheumatoid Arthritis: What Role Can Disease-Modifying Antirheumatic Drugs Play in Cardiovascular Risk Reduction?

Alvin Lee Day¹, Jasvinder A Singh^{2 3 4 5}

The **risk** of **cardiovascular** events in **psoriasis** patients treated with tumor necrosis factor-alpha inhibitors versus phototherapy: An observational cohort study.

Wu JJ, Sundaram M, Cloutier M, Gauthier-Loiselle M, Guérin A, Singh R, Ganguli A.

J Am Acad Dermatol. 2018 Jul;79(1):60-68. doi: 10.1016/j.jaad.2018.02.050. Epub 2018 Mar 1.

Cardiovascular event **risk** assessment in **psoriasis** patients treated with tumor necrosis factor-alpha inhibitors versus methotrexate.

Wu JJ, Guérin A, Sundaram M, Dea K, Cloutier M, Mulani P.

J Am Acad Dermatol. 2017 Jan;76(1):81-90. doi: 10.1016/j.jaad.2016.07.042. Epub 2016 Oct 26.

- Well-established CV risk reduction in RhA treated with biologic and non-biologic DMARDs
- RR 0.77 for TNFi compared to nbUVB over 6 months
- RR 0.55 for TNFi compared to methotrexate over 12 months



Treatment of **hidradenitis** suppurativa with adalimumab in the PIONEER I and II trials reduced indices of systemic inflammation, recognised **risk factors** for **cardiovascular disease**.

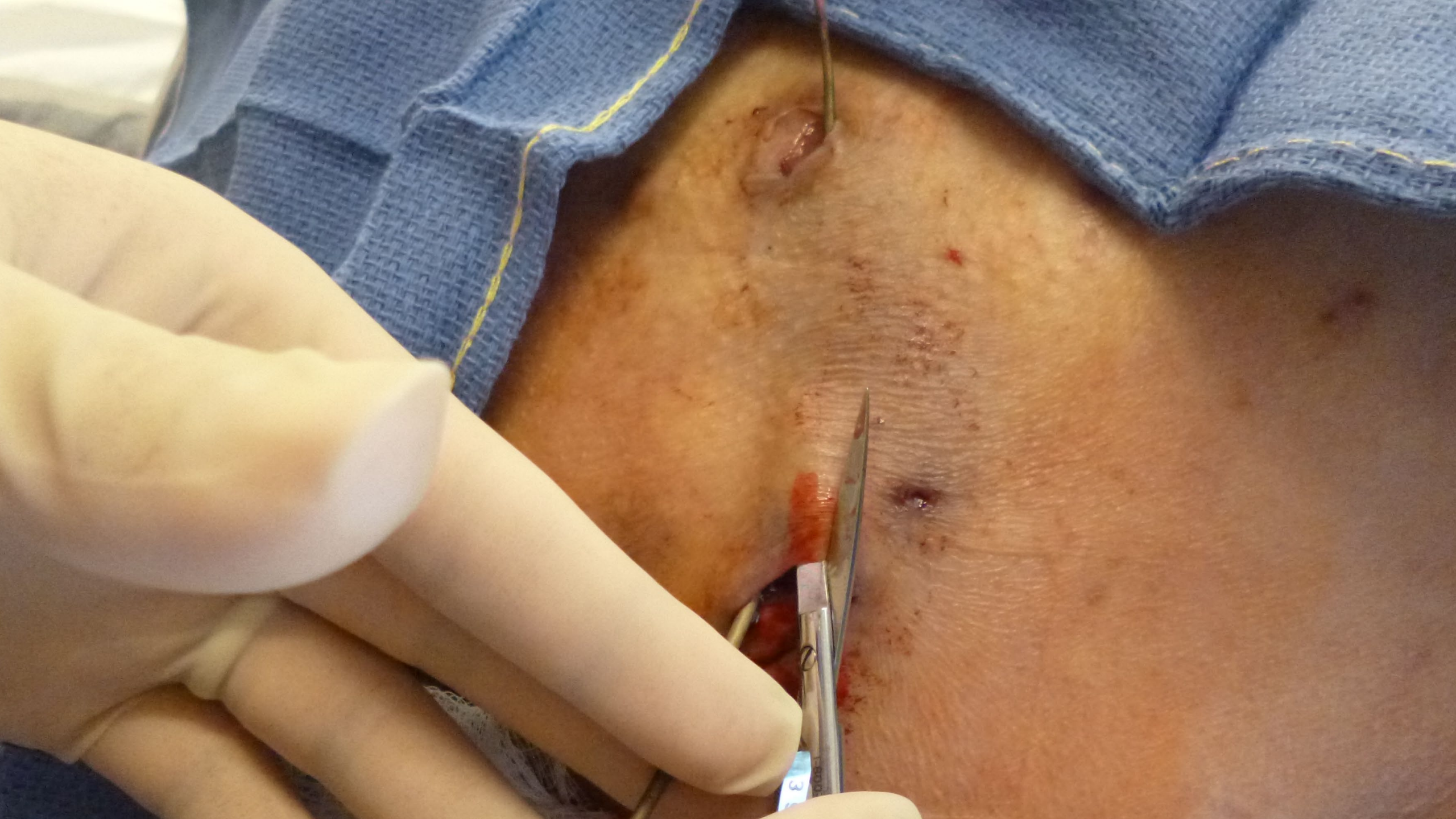
Kearney N, Chen X, Bi Y, Hew K, Smith KM, Kirby B.

Clin Exp Dermatol. 2024 Aug 14;llae324. doi: 10.1093/ced/llae324. Online ahead of print.

- Systemic immune inflammation index (SII), neutrophil/lymphocyte (NLR) and other parameters are linked to CV risk
- Reductions in SII and NLR correlate with treatment response

































HIDRADENITIS SUPPURATIVA SPECIALTY CLINICS

Hs-foundation.org

Hidradenitis Suppurativa Specialty Clinics

The clinics below have medical providers with a special interest in caring for people with HS, and commit to regular continuing education specifically about HS. The HS Foundation is not affiliated with any of these clinics, nor do we provide any endorsement.

