

Do patients with hidradenitis suppurativa and early non-compliance have a particular demographic and clinical profile? Real-life data from the OMCCI study



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INTRODUCTION

Studies on the therapeutic results of the various treatments for hidradenitis suppurativa (HS) focus primarily on their efficacy, their maintenance over time and their side effects. Few studies have focused on identifying patients for whom treatment has been initiated but who do not take it.

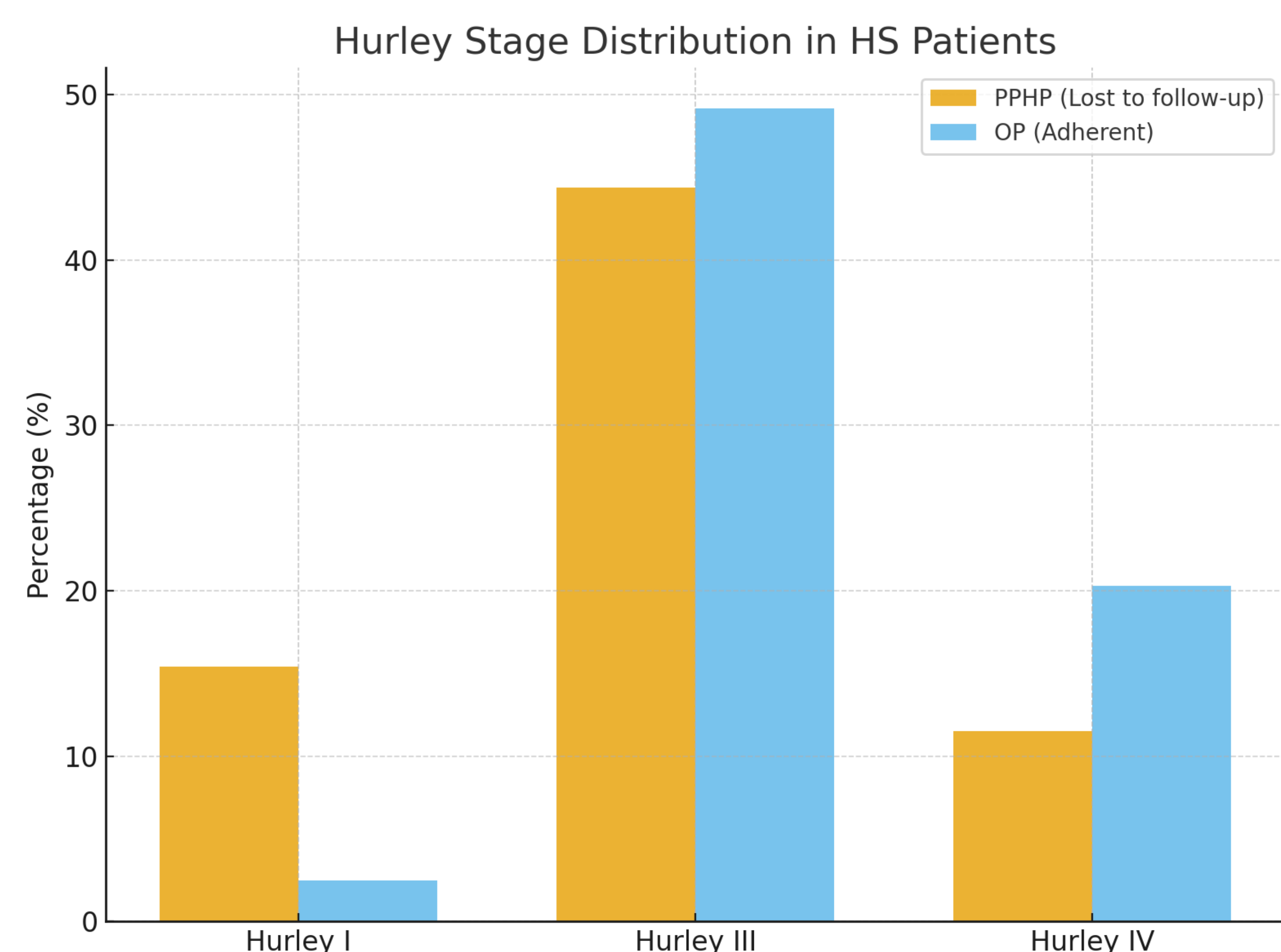
MATERIALS and METHODES

We analysed the demographic, social and clinical characteristics and feelings of the hyper-early drop-outs (LPEs) defined as those included at the screening visit and not seen again at the 6- and 12-month visits, and compared them with the adherent population (OPs) who were still continuing their treatment at the M24 visit. These data corresponded to those accessible during a standard outpatient dermatological consultation and not to a research protocol.

RESULTS and DISCUSSION

The number of PPHPs was 55 out of a total population of 440, or 12.5%. The socio-demographic data did not reveal any statistically significant differences in terms of age, sex, age group, family situation, number of people living at home, last qualification obtained, type of profession or type of social insurance, how long the disease had been progressing, or number of hospitalisations in the last six months. Data on disease activity were as follows: 15.4% of PPHPs were in stage I of Hurley's classification, compared with 2.5% of OPs; 44.4% were in stage III, compared with 49.2% of OPs, and 11.5% were in stage IV, compared with 20.3% of OPs ($p < 0.001$).

Satisfaction with the therapeutic solution for HS was positive in 45.5% of patients with HS (PPHP) versus 14% of patients who underwent surgery (PO), a significant difference ($p < 0.001$). Discomfort related to HS was similar in both groups. There was no difference in the topography of the affected sites, disease progression over the previous six months, DLQI and SF-12 quality of life scores, absence from work, or self-reported compliance with previous treatment for HS. 2.5% of patients with HS for whom general treatment was initiated never attended follow-up visits. This corresponds to a primary failure of medical management, the occurrence of which is not to be overlooked. It turns out that these patients had a higher proportion of Hurley stage I, which in the OMCCI study was expressed clinically by multiple recurrent isolated inflammatory nodules, and also had better satisfaction with previous treatments.



CONCLUSION

It seems particularly relevant to take account of the patient's feelings rather than those of the doctor, who, on seeing numerous inflammatory nodules, may wrongly deduce significant functional discomfort, leading to an escalation of treatment that is inappropriate for the patient. It is very likely that some of these patients (12.5%) have become used to their disease and are psychologically resilient to their condition. A specific psychological approach would then be necessary.