



HS is a systemic disease

The comorbidity picture, why it changes treatment selection, and the role Dr. Garg describes for the clinician who sees the pattern first.

GUIDELINE TEXT CLINICIAN SERIES FROM THE HS FOUNDATION

WHAT THE GUIDELINE ASKS FOR

Interdisciplinary HS management should screen for and address medical and psychiatric comorbidities that contribute to HS burden. Treatment selection should consider comorbidities. Optimal treatment selection requires a patient-centered, shared decision-making approach that integrates evidence-based recommendations with individualized assessment of cognitive, functional, psychosocial, and caregiver-related factors.

JOINT AAD AND HSF GUIDELINES, RECOMMENDATIONS

HOW THE UNDERSTANDING OF HS CHANGED

For a long time HS was thought of primarily as a chronic skin disease. Clinicians could see their HS patients carried a heavy burden of other conditions, but the populations were too small and the data too scattered to prove it. Dr. Amit Garg, Secretary of the HS Foundation, describes what changed when large data platforms could combine sizeable HS populations with granular clinical information: nearly every organ system can be related to inflammation in HS independently, consistently and independently enough of other risk factors to reframe what HS is.

GARG, HS IS A SYSTEMIC DISEASE, HOWTOTREATHS

WHAT THAT MEANS AT THE VISIT

The therapies considered for HS interact with the other conditions a patient is carrying. Choosing the right approach requires understanding the full picture of their health, not only the skin.

WHAT THE GUIDELINE SAYS TO ADDRESS ALONGSIDE THE DISEASE

AREA	WHAT THE GUIDELINE SAYS
Cardiometabolic risk	Weight management and a heart-healthy diet are important for cardiometabolic risk reduction in patients with HS. The direct effect of weight reduction on HS outcomes has insufficient evidence to support a recommendation.
Tobacco use	Tobacco cessation is conditionally recommended to improve response to disease-directed therapy. Follow USPSTF guidance to screen, advise and offer support.
Psychiatric comorbidity	Named in the guideline as something interdisciplinary management should screen for.
Pain	Routine pain assessment is a good practice statement. Refractory pain calls for a multidisciplinary approach. See piece 03.

WHERE A COMORBIDITY CHANGES THE CHOICE

The serious adverse events the guideline reports are not the same across the four biologics.

THERAPY	WHAT TO CHECK BEFORE PRESCRIBING
Spironolactone	Teratogenicity. Potential gynecomastia. Reported adverse effects include irregular bleeding, dizziness and mental confusion.
Clindamycin with rifampin	Rifampin is a potent inducer of cytochrome P450, especially CYP3A4. Review the patient's full medication list for interactions.
Adalimumab	Serious infections including latent tuberculosis reactivation and other opportunistic infections; malignancies including lymphoma. Not reported in the Phase 3 PIONEER trials.
Bimekizumab	Suicidal ideation and behaviors. Serious infections. Inflammatory bowel disease. Transaminitis. The guideline does not list tuberculosis reactivation for this drug.
Infliximab	Serious infections including latent tuberculosis reactivation and other opportunistic infections; malignancies including lymphoma.
Secukinumab	Serious infections including latent tuberculosis reactivation and other opportunistic infections; malignancies including lymphoma. Inflammatory bowel disease. Severe eczema.
Short-term systemic corticosteroids	Limit treatment duration to minimize the risks of long-term systemic corticosteroid use. Refer to the prescribing information for monitoring.

THE COVERAGE ARGUMENT THIS SUPPORTS

Dr. Garg makes the case that managing HS well sits upstream of conditions carrying significant systemic cost. Obesity, metabolic disease, diabetes and cardiovascular disease lead to chronic health problems, disability and higher utilization when they go unrecognized. A payer looking at the direct cost of HS therapy in isolation is looking at part of the ledger. See piece 09.

GARG, HS IS A SYSTEMIC DISEASE, HOWTOTREATHS

WHERE THE EVIDENCE IS STILL THIN

Studies are needed to guide HS management in special populations, including children and adolescents, individuals who are pregnant or breastfeeding, and individuals with chronic diseases.

JOINT AAD AND HSF GUIDELINES, RESEARCH GAPS

About this piece. An educational piece intended to bring clinicians to the joint American Academy of Dermatology and Hidradenitis Suppurativa Foundation clinical guidelines, not a clinical reference. Guideline text is reproduced with AAD copyright acknowledgment. Clinician series passages are drawn from articles on HowToTreatHS.com and attributed to their authors. Passages marked From the HS Foundation are the Foundation's own framing, written to connect the guideline to practice, and are not guideline text. Unmarked text summarizes guideline content in plain language. The guidelines state that they should not be interpreted as setting a standard of care. Observations on the comorbidity picture are drawn from Amit Garg, MD, "HS Is a Systemic Disease. The Evidence Base Has to Reflect That," published on HowToTreatHS.com. Draft built on a pre-publication manuscript. Not for distribution until the guidelines publish. October 2026.