



Five questions to ask about your HS

New treatment guidelines for HS are out. Every question below comes from something they say. You do not need to know the guidelines to ask.

1. Can we talk about my pain?

The guidelines tell doctors to ask every HS patient about pain. It is one of only two things they call a **good practice**, which is their strongest kind of advice when the research is still catching up.

They also say that 61 out of every 100 people with HS have moderate or severe pain, and that many people never bring it up. If your doctor does not ask, you can.

2. Is it time to try a different kind of treatment?

The guidelines give their strongest backing to four medicines for people whose HS is moderate or severe. There is no test or score that decides when you are in that group.

Dr. Haley Naik, who leads the HS Foundation, has written that moderate HS has many faces. In her words it looks like scarring and tunnel development, and it also looks like people in severe lasting pain whose quality of life and daily function have narrowed.

3. Should I be checked for other conditions?

The guidelines ask doctors to look for other health problems that can come along with HS, and to think about them when choosing a treatment. That includes mental health.

4. What should I do when a flare starts?

The guidelines cover sudden flares as well as the long run. Having a plan before one starts is easier than making one in an urgent care waiting room.

5. What are my options if this is not working?

The guidelines look at more than 70 treatments. Creams. Pills. Injections. Procedures. Things that help with pain. If one thing is not working, that does not mean you are out of options. It means it is time for a different conversation.

ONE THING TO KNOW GOING IN

A guideline is not a rulebook. It is a summary of what the research supports, written to help your doctor make a plan with you. Your situation, your history and what matters to you are all part of that plan.