



What the new HS guidelines mean for you

Doctors now have a shared reference for how to treat HS. Here is what that changes, and what it does not.

What a guideline is

A group of doctors and researchers read every published study they could find on every treatment for HS. Then they said, in writing, which ones the evidence supports, which ones it does not, and where there is not enough research yet to say. That document is now something your doctor can point to.

What changed

THEN

For most of 200 years, nothing

HS was described about two centuries ago. For nearly all of that time there were no approved treatments.

NOW

Three approved, more coming

There are three FDA-approved therapies, and more than forty treatments are being studied in clinical trials right now.

NEXT

The guidelines get updated

These are built to be revised as new evidence and treatments arrive.

What this does for you

- **Your doctor has backup.** When they recommend something, they can show where the evidence sits. That matters most with doctors outside dermatology, who see most HS patients first.
- **Your insurance has a reference.** Coverage decisions have been made against an older picture of what works.
- **Care should get more consistent.** The same symptoms have gotten very different care depending on where someone walked in.

What it does not do

It is not a rulebook, and it does not decide your treatment. It says what the evidence supports. You and your doctor decide what fits your life, your history and what you want.

It also says what is unknown

There is a section on what still needs research, including pain management and wound care. Naming the gaps is how the next round of studies gets aimed.

IF YOU TAKE ONE THING FROM THIS

The gap between a first visit and an HS diagnosis still runs seven to ten years, and most people see someone other than a dermatologist first. If you have had more than one painful lump in the same area, say it out loud at your next appointment.