

What the joint AAD and HSF guidelines contain, how the ratings work, and how to read a recommendation correctly. The entry point for the series.

 GUIDELINE TEXT

 CLINICIAN SERIES

 FROM THE HS FOUNDATION

WHAT THE GUIDELINE CONTAINS

4 Strong, for Adalimumab, bimekizumab, infliximab, secukinumab. All for moderate to severe HS.	1 Good practice, for Routinely ask patients with HS about pain.	22 Conditional, for Topicals, oral antibiotics, spironolactone, procedures, supportive care.	9 Conditional, against Acitretin, isotretinoin, methotrexate and six others.	1 Good practice, against Radiotherapy in pediatric and adolescent patients.	Table V No recommendation Therapies evaluated with evidence too limited to advise either way.
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HOW TO READ THE RATINGS

Strong or conditional recommendations for HS treatments should be interpreted as affirmative clinical guidance, even when supported by low or very low certainty of evidence. Certainty of evidence ratings reflect confidence in the underlying data and not the treatment’s clinical utility. Clinicians should interpret the strength of recommendation as the primary clinical directives and consider the certainty of evidence as important context about the evidence base informing the recommendations.

JOINT AAD AND HSF GUIDELINES, RECOMMENDATIONS

TWO SEPARATE THINGS

AXIS	WHAT IT TELLS YOU
Strength	How firmly the workgroup advises the action. This is the clinical signal.
Certainty	Confidence in the underlying data. Context, not a verdict on the therapy.

FROM THE HS FOUNDATION

By our count, 32 of the 37 recommendations rest on low or very low certainty evidence, including one of the four strong recommendations. The guideline does not publish that tally.

WHERE THE RECOMMENDATIONS SIT

CATEGORY	RECOMMENDATIONS	CATEGORY	RECOMMENDATIONS
Biologics	9	Systemic therapies	5
Procedural interventions	8	Systemic antibiotics	4
Topical therapies	3	Supportive management	3
Complementary and alternative medicine	2	Oral retinoids	2
Hormone therapy	1		

WHO IT COVERS

Evidence-based recommendations for the management of hidradenitis suppurativa in adults, adolescents, and children over age 9 years.

JOINT AAD AND HSF GUIDELINES, SCOPE AND OBJECTIVE

HOW IT WAS BUILT

A multidisciplinary workgroup identified and prioritized clinical questions, retrieved and assessed the evidence systematically, and formed recommendations using GRADE. The workgroup also engaged patient partners for input on preferences and values at key stages, and searched for evidence on resource use and feasibility alongside efficacy and safety.

FOUR THINGS THE GUIDELINE STATES PLAINLY

SUBJECT	WHAT THE GUIDELINE SAYS
Step therapy	An insurance requirement to complete a sequence of insurer-designated treatments before a prescribed therapy is covered. It lacks evidence of clinical benefit and is associated with treatment delays, reduced access to guideline-concordant care, and worse clinical outcomes.
Documenting severity	Recommendations specific to moderate to severe HS should not be interpreted as requirements for documenting HS severity using specific measures before patients access HS treatments.
Comorbidities	Interdisciplinary HS management should screen for and address the medical and psychiatric comorbidities that contribute to HS burden.
Terminology	Tunnels is the preferred term over sinus tracts or fistulas, which may require imaging confirmation.

WHERE TO GO FROM HERE

- 02 Recognizing HS, and knowing when it is moderate.
 - 03 Pain in HS. A good practice statement and a recommendation.
 - 04 Starting treatment. What the guideline supports, with dosing.
 - 05 HS is a systemic disease. The comorbidity picture.
 - 06 Acute abscess and drainage. For emergency and urgent care.
- 07 HS in children and adolescents. Scope begins at age 9.
 - 08 Referral and co-management. When, and what to keep doing.
 - 09 Access and coverage. Step therapy, prior authorization, cost.
 - 10 What comes next for HS care. Research priorities and the pipeline.