



Pain in HS

Asking about pain is a good practice statement. Treating it alongside the disease is a recommendation. Both apply in any setting.

■ GUIDELINE TEXT ■ CLINICIAN SERIES ■ FROM THE HS FOUNDATION

THE GOOD PRACTICE STATEMENT

We recommend clinicians to routinely ask patients with HS about pain

Good practice, for

JOINT AAD AND HSF GUIDELINES, SUPPORTIVE MANAGEMENT

THE RECOMMENDATION THAT GOES WITH IT

We conditionally recommend supportive pain management in combination with disease-directed therapy for HS

Conditional, for

VERY LOW CERTAINTY EVIDENCE

WHY THE GUIDELINE SINGLES THIS OUT

THE SCALE

61% report moderate to severe pain

Pain in HS is common, and often severe and debilitating. It affects physical, mental and social well-being.

THE BARRIER

Stigma limits disclosure

Patients may not raise pain on their own. The guideline asks clinicians to open the subject directly rather than wait for it.

THE COST OF MISSING IT

Undertreated pain has consequences

The guideline names preventable suffering, emergency department visits, unsafe self-care, and disengagement from treatment.

HOW MUCH WEIGHT THIS CARRIES

FROM THE HS FOUNDATION

By our count, two of the guideline's 37 recommendations are good practice statements, and routine pain assessment is one. It appears by name in the Conclusions alongside the four biologics. The emphasis here is ours.

PAIN IS TREATED ALONGSIDE THE DISEASE

WHAT THE GUIDELINE SAYS ABOUT RELIEF

HS therapies may reduce pain, but they rarely achieve adequate pain relief. The guideline recommends supportive pain management in combination with disease-directed therapy.

VALIDATED TOOLS THE GUIDELINE NAMES

WHAT YOU ARE MEASURING	TOOLS
Pain severity	Numeric Rating Scale · Visual Analog Scale · Wong-Baker FACES Pain Rating Scale
Severity and impact together	Brief Pain Inventory
Presence and impact of chronic pain	Graded Chronic Pain Scale Revised (GCPS-r)
Pain character	painDETECT · Central Sensitization Inventory · McGill Pain Questionnaire

Regardless of the instrument, the guideline asks clinicians to discuss pain with patients directly. Analgesic selection should consider chronicity, character and severity.

OPTIONS THE GUIDELINE NAMES FOR ACUTE PAIN

- Warm or cool compresses
- Topical lidocaine
- Acetaminophen and NSAIDs
- Intralesional triamcinolone acetonide
- Incision and drainage
- Short-term systemic corticosteroids
- Opioids only if refractory to other therapies

OPTIONS THE GUIDELINE NAMES FOR CHRONIC PAIN

- Serotonin norepinephrine reuptake inhibitors
- Tricyclic antidepressants
- Gabapentin
- Pregabalin
- Psychotherapy
- Wound care optimization

IF OPIOIDS ARE NECESSARY

If opioids are necessary to treat acute pain, clinicians should maximize non-opioid options, discuss realistic benefits and known risks of opioids, and prescribe immediate-release formulations at the lowest effective dose for as needed use and for limited duration.

JOINT AAD AND HSF GUIDELINES, SUPPORTIVE PAIN MANAGEMENT

FOR REFRACTORY PAIN

The guideline calls for a multidisciplinary approach. It names dermatology, primary care, pain medicine, psychiatry, psychology, palliative care and wound care as the specialties to consider involving.

WHERE THE EVIDENCE IS STILL THIN

Evidence to guide pain management and wound care practices in HS remains limited. Prospective data are also lacking in management of burdensome HS symptoms, particularly pain management.

JOINT AAD AND HSF GUIDELINES, RESEARCH GAPS

WHY THAT GAP IS NAMED

Dr. Haley Naik, President of the HS Foundation, describes pain management as an area patients often ask about, providers need more guidance on, and where evidence is still needed. The workgroup put those gaps into the guideline itself.

NAIK, GUIDELINES ARE A FIRST STEP, HOWTOTREATHS

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 research priorities are drawn from Haley B. Naik, MD, "Guidelines Are a First Step. The Harder Work Comes Next," published on HowToTreatHS.com. Draft built on a pre-publication manuscript. Not for distribution until the guidelines publish. October 2026.