



What the guideline supports

The medical therapies the guideline recommends in favor, with the dose it reports, how firmly it recommends them, and what it says to watch for.

■ GUIDELINE TEXT ■ CLINICIAN SERIES ■ FROM THE HS FOUNDATION

READ THIS BEFORE THE TABLES

Clinicians are directed to refer to the full prescribing information for lab monitoring requirements for each medication.

JOINT AAD AND HSF GUIDELINES, TABLE IV, MEDICATION DOSING AND MONITORING

Doses below are the ones the guideline reports in its text. Its dosing table pairs each with laboratory monitoring, which this piece does not reproduce. Strength is the clinical directive; certainty rates the evidence, not the therapy.

TOPICAL THERAPY

Therapy	Dose the guideline reports	Rating	What the guideline reports
Clindamycin	1% applied topically	Conditional, for Low certainty	Studied in mild to moderate HS. Adverse events were fewer than placebo.
Resorcinol	10% to 15% cream, daily or twice daily	Conditional, for Low certainty	Studied in mild to moderate HS. Desquamation 64% to 100%, discoloration 33% to 41%, mild irritation 34%.
Ruxolitinib	1.5% cream twice daily	Conditional, for Low certainty	Studied in mild to moderate HS. Nasopharyngitis in 8%. No difference from placebo in pain or IHS4 at 16 weeks.

SYSTEMIC ANTIBIOTICS

Therapy	Dose the guideline reports	Rating	What the guideline reports
Doxycycline	100mg twice daily, or modified-release 40mg daily	Conditional, for Very low certainty	GI symptoms, transaminitis, photosensitivity. No difference between formulations.
Tetracycline	500mg twice daily	Conditional, for Very low certainty	GI symptoms, skin irritation, photosensitivity.
Clindamycin with rifampin	Both 300mg twice daily to 600mg daily	Conditional, for Very low certainty	GI symptoms. 4% to 26% discontinued for adverse events. Rifampin is a potent CYP3A4 inducer; examine drug interactions.
Ertapenem	1g daily, intravenous	Conditional, for Very low certainty	Reserve for moderate to severe HS refractory to other treatments, as a bridge to longer-term therapy. PICC-line thrombosis and infection, diarrhea, transaminitis, infusion reaction, C. difficile colitis.

HORMONAL, INTRALESIONAL AND SHORT-COURSE SYSTEMIC OPTIONS

Therapy	Dose the guideline reports	Rating	What the guideline reports
Spironolactone	Median 100mg daily in the evidence	Conditional, for Very low certainty	Studied in female patients, most on other therapy. GI symptoms, breast tenderness, irregular bleeding, dizziness. Potential gynecomastia and teratogenicity.
Intralesional triamcinolone acetonide	10 to 40mg/mL	Conditional, for Very low certainty	Skin atrophy, pigmentary changes, lesion aggravation, acanthosis nigricans, glycemic decompensation, behavioral changes.
Short-term systemic corticosteroids	Prednisone 40mg tapering by 10mg every 3 days, with amoxicillin-clavulanate in the reported series. Adjunctive prednisolone at 0.28 to 1.0mg/kg.	Conditional, for Very low certainty	Limit duration to minimize the risks of long-term corticosteroid use.

THE FOUR STRONG RECOMMENDATIONS

Adalimumab Bimekizumab Infliximab Secukinumab

FROM THE HS FOUNDATION

All four are for moderate to severe HS, and infliximab is used off-label. Doses and laboratory monitoring sit in the guideline's dosing table. The serious adverse events it reports differ across the four, and the differences matter for a patient with inflammatory bowel disease or a psychiatric history. Piece 05 carries them drug by drug.

ALSO CONDITIONALLY RECOMMENDED

Tobacco cessation to improve response to disease-directed therapy, following USPSTF guidance. **Zinc supplementation** under clinician guidance, 90mg daily in the evidence, monitoring for interactions and copper deficiency. **Vitamin D repletion** for insufficiency or deficiency, monitoring serum 25-OH vitamin D. The guideline also recommends procedural interventions in favor, and one further systemic therapy, which this page does not cover.

WHAT THE GUIDELINE ADVISES AGAINST

Nine conditional recommendations against: acitretin, isotretinoin, avacopan, methotrexate, azathioprine, etanercept, guselkumab, risankizumab and vilobelimab. Radiotherapy in pediatric and adolescent patients carries a good practice statement against. See piece 07.

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