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Effectiveness of adalimumab in hidradenitis suppurativa: A real-world study

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Background: Adalimumab (ADA) is currently the only FDA-approved biologic treatment for moderate to severe hidradenitis suppurativa (HS).

Objective: To assess the effectiveness and safety of ADA in the treatment of HS in our daily practice.

Methods and Results: 23 outpatients (7 women and 16 men) with HS who visited our Dermatology Department from September 2015 to August 2019 treated with ADA for a minimum period of 3 months were retrospectively evaluated. The mean age of the sample was 38.9 ± 11.6. The mean duration of treatment was 13.3 ± 8.2 months. Mean IHS4 score at baseline, 3, 6 and 12 months were 6.2 ± 4.8, 2 ± 4.7, 1.6 ± 3.6 and 2 ± 2.5, respectively. This decrease is statistically significant contrasting baseline IHS4 to their matched available values at each point of time (3, 6, and 12 months) using Wilcoxon signed rank test ($P < 0.05$). 76.2% of patients achieved HiSCR at month 3, 66.7% patients achieved HiSCR at month 3 and 57% patients achieved HiSCR at month 12. 16 patients were still under ADA treatment at the end of the studied period of time. The main cause of withdrawal was secondary failure. The only serious adverse effect that led to ADA discontinuation was the suspicion of anti-TNF−induced lupus arthritis in 1 patient.

Discussion: In this real-world single-center study, ADA significantly reduced HS activity.

Conclusions: ADA appears to be effective and safe in patients with moderate to severe HS.

Commercial disclosure: None identified.

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Impact of guselkumab on quality of life and work productivity outcomes among patients with plaque psoriasis in the Corrona Psoriasis Registry

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Background: Guselkumab is an IL-23 inhibitor approved for the treatment of moderate to severe plaque psoriasis (PsO). Little is known about the impact of guselkumab on patient-reported outcomes (PROs) in a real-world setting.

Objective: To assess the impact of guselkumab on PROs ascertained following 9-12 months of persistent use with guselkumab in plaque PsO patients.

Methods: Adult plaque PsO patients in the Corrona Psoriasis Registry with an Investigator's Global Assessment (IGA) score ≥2 from July 2017 to July 2019, who initiated guselkumab at or after enrollment and had a follow-up visit after 9-12 months of persistent treatment with guselkumab were identified (n = 130). Baseline demographics, disease characteristics, treatment history, and PROs were collected; response rates and mean change in disease activity between the index and follow-up visits were calculated.

Results: At baseline, mean age was 50 years, 39% of patients were female, 72% were white, 57% had a BMI >30 kg/m^2, and >79% had previously used ≥1 biologic; mean DLQI score was 7.98, and mean BSA was 12.35%. At follow-up, 55% of patients achieved/maintained a DLQI score of 0/1. Mean decrease in DLQI score was 5.1, and mean improvement in EQ-5D-3L score was 5.5. Among Work Productivity and Activity Impairment questionnaire items, mean decrease in both presenteeism and absenteeism was ~12%, and daily activities affected by PsO had a mean decrease of 14%.

Conclusions: Real-world patients with plaque PsO who were treated with guselkumab for 9-12 months demonstrated substantial improvements in quality of life and work productivity.

Commercial disclosure: None identified.

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Resilience and alopecia areata

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Background: Patients with alopecia areata (AA) can have poorer health-related quality of life (HRQoL) and self-esteem, and can experience psychologic distress. Rates of major depression, anxiety disorder, and social phobia have been shown to be significantly higher in patients with AA compared with the general population. Importantly, resilience can help patients to manage stressors that negatively impact mental health, such as hair loss.

Methods: We administered the Perceived Stress Scale (PSS), Brief Resilient Coping Scale (BRCS), and Alopecia Areata Symptom Impact Scale (AASIS) to patients with AA at Brigham and Women's Hospital and Massachusetts General Hospital Dermatology Outpatient Clinics. Pearson correlation coefficients and linear regression analyses were performed to examine univariable and multivariable associations, respectively.

Results: 94 patients were enrolled. Most respondents had active AA (n = 82, 87.2%). BRCS score was inversely correlated with PSS score ($r = -0.40$, $P < .001$), indicating higher resilient coping was associated with lower perceived stress. This association remained significant after adjustment for the AASIS.

Conclusions: Our data suggests that increased stress levels are associated with worse coping behaviors, even when adjusting for AA severity. Patients with higher resilience levels have lower perceived stress. As resilience can be taught over time, we hope that the findings of this study help identify a potential area of intervention to mitigate the psychological stress they can experience from their hair loss.

Commercial disclosure: None identified.

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Risk of ischemic heart disease in patients with hidradenitis suppurativa: Analysis of real-world data within a large, urban, Midwestern US dermatology patient population

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Background: An association between HS and IHD has been inconsistently reported. The aim of this study was to determine whether an association exists for IHD in HS patients from real-world data representing a large Midwestern US dermatology patient population.

Methods: Data were extracted from a medical record data repository (>8 million patients; Jan 2001−Nov 2018) for those adults of either sex who had a dermatologist diagnosis for HS (ICD-9-10 codes; 705.83, L73.2) and had ≥1 month of follow-up. Outcome of interest was a subsequent diagnosis for IHD using ICD codes (ICD-9: 410, 413, 414; ICD-10: I20, I21, I22, I23, I24, I25). The control population consisted of all dermatology patients without HS (same time frame). Confounders included IHD risk factors (hypertension, hyperlipidemia, diabetes) and race. Stratified analyses by age and sex: F: 18-54 yo vs 55-89 yo; M: 18-44 yo vs 45-89 yo; crude and adjusted odds ratios (aORs) were calculated using logistic regression.

Results: Among 185,839 patients (117,287F), 942 had HS (younger n = 630 F, 137 M; older n = 112 F, 63 M). When stratified by age and sex, significance was not found even though there was an increased frequency of IHD in HS patients for older M (20.6% vs 16.1%); older F (15.2% vs 9.8%); and for younger F (2.4% vs 0.8%), but a decreased frequency of IHD for younger M (0.7% vs 1.0%).

Conclusions: These findings from real world data support practical consideration of IHD as a comorbidity in the management of those with HS.

Commercial disclosure: None identified.