

**Abstract N°: 552**
**The diagnostic and therapeutic landscape of hidradenitis suppurativa in Germany. A retrospective claims data analysis.**

Natalie Kirsten<sup>\*1</sup>, Eva Schruf<sup>2</sup>, Dominik Beier<sup>3</sup>, Christina Simantiri<sup>3</sup>, Dennis Häckl<sup>4, 5</sup>, Diamant Thaçi<sup>6</sup>, Christos C. Zouboulis<sup>7</sup>, Matthias Augustin<sup>1</sup>

<sup>1</sup>Institute for Health Services Research in Dermatology and Nursing (IVDP), University Medical Center Hamburg-Eppendorf (UKE), Hamburg, Germany, <sup>2</sup>Novartis Pharma GmbH, Nürnberg, Germany, <sup>3</sup>InGef-Institute for Applied Health Research Berlin GmbH, Berlin, Germany, <sup>4</sup>WIG2 GmbH, Leipzig, Germany, <sup>5</sup>University Leipzig, Leipzig, Germany, <sup>6</sup>University of Lübeck, Institute and Comprehensive Center Inflammation Medicine, Lübeck, Germany, <sup>7</sup>Brandenburg Medical School Theodor Fontane and Faculty of Health Sciences Brandenburg, Departments of Dermatology, Venereology, Allergology and Immunology, Staedtisches Klinikum Dessau, Dessau, Germany

**Introduction & Objectives:**

Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease with a profound negative impact on patients' quality of life. HS is commonly viewed as an under-diagnosed, under-treated condition. Representative real-world evidence on the management of HS in routine healthcare remains scarce. This study aims to uncover current diagnosis and treatment patterns in the HS population in Germany using longitudinal claims data.

**Materials & Methods:**

A retrospective observational study was conducted based on the InGef research database. An anonymized nationally representative sample of 4.7 million statutory health insurance members was drawn and prevalent and incident HS patients  $\geq 18$  years were identified in the years 2015 to 2019. Descriptive statistics were calculated for demographic characteristics, diagnosis and treatment patterns, as well as potential misdiagnoses.

**Results:**

The documented prevalence of HS in the adult population in Germany increased over time from 0.03% in 2015 to 0.05% in 2019. 30.0% of prevalent patients  $\geq 18$  years received HS-relevant topical pharmacological therapies and 50.3% received systemic therapies in the year 2019. 34.9% of patients were treated with systemic antibiotics, 7.8% received biologic therapy and 36.1% underwent at least one surgical procedure. The majority of surgical procedures were performed in the inpatient setting (28.6% with at least one inpatient procedure) and 22.4% of patients underwent at least one radical and extensive excision of diseased tissue of skin and subcutis. Of note, only half of the patients undergoing surgery also received additional pharmacological therapies recommended by current treatment guidelines. Dermatologists and general practitioners (GPs) were responsible for the majority of relevant outpatient pharmacological prescriptions, while the majority of outpatient surgical procedures was performed by dermatologists (40.1%) and surgeons (18.0%).

39.0% of initial HS diagnoses were coded in hospitals and 61.0% by outpatient physicians, with dermatologists (37.2%), GPs (12.1%) and surgeons (4.0%) being responsible for the majority of first outpatient diagnoses. These physician specialties were also visited more frequently by HS patients than by age- and sex-matched non-HS controls, both during the years preceding their initial diagnosis and after receiving an HS diagnosis. A rising frequency of potential misdiagnoses, including skin abscesses, boils and carbuncles (33.3%) as well as acne and infections was observed in the years preceding the initial HS diagnosis.

Prevalent HS patients accumulated significantly more sick leave days (47 days/ year on average) than age- and sex-matched non-HS controls (24 days/ year).

**Conclusion:**

This study improves our understanding of current diagnosis and treatment patterns of HS in routine healthcare using a large claims dataset. Our evaluation indicates that despite the increasing availability of modern therapies, expert recommendations about HS therapy are rarely implemented in routine practice. It further provides evidence supporting that HS is commonly misdiagnosed, gives novel insights into the burden of this disease and indicates where patients seek help prior to their initial diagnosis. This study highlights the need to make increased awareness of this disease as well as therapeutic options in the medical community a national health care goal, in order to reduce diagnostic delay and to improve patient care.

**32<sup>ND</sup> EADV Congress 2023**  
**11 OCTOBER - 14 OCTOBER 2023**  
**POWERED BY M-ANAGE.COM**

