



# A Visit Guide for Adolescent Hidradenitis Suppurativa-Bridging the Gap between Pediatric and Adult Care

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## Letter to Editor

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## Letter to Editor

Hidradenitis suppurativa (HS) is a chronic dermatological illness often considered a disease of adults; however, there is a growing understanding that HS among adolescents often goes undiagnosed and undertreated [1-3]. HS patients often suffer from comorbidities including depression, and care coordination is often challenging and resource intensive [4,5]. Further, as adolescent patients age they must navigate two different healthcare systems, one designed for children and another for adults. For adolescent patients with HS, the greatest need for well-coordinated care comes at a time when one is least able to serve as a self-advocate. For example, among African American females ages 15 to 17, HS prevalence is estimated at 525 per 100,000 compared to 28 per 100,000 in the general pediatric population [1]. Barriers to accessing adequate HS care have the potential to be long lasting and negatively impact all aspects of an individual's life; from relationships with family and peers to education attainment and employment.

To improve transition care for adolescent patients as they age into adulthood, we designed an evidence-based practical visit guide for patients with moderate to severe HS. The visit guide organizes care and adolescent transition to adult care around quarterly clinic visits to be scheduled over 2 years (Table 1). The guide also includes recommendations for age-specific preventive health, assessing disease severity, and managing immunomodulating systemic medications.

The visit guide was designed utilizing *Supporting the Health Care Transition from Adolescence to Adulthood in the Medical Home*, alongside evidence-based recommendations identified by performing PubMed searches pertaining to the clinical management of adolescents with HS [5]. The following terms/strings were performed in PubMed through August 29<sup>th</sup>, 2021--(1) "(hidradenitis suppurativa) AND (pediatric OR adolescent) AND (management guide\*)" (2) "(hidradenitis suppurativa[Text Word]) AND (visit guide[Text Word])" and (3) (hidradenitis suppurativa[MeSH Terms]) AND (hidradenitis suppurativa[Text Word]) AND (pediatric OR adolescent) AND (adalimumab[Text Word])." We identified a total of 34 publications including the North American Clinical Management Guidelines for Hidradenitis Suppurativa [6,7]. Additionally, we reviewed age-specific recommendations from the American Academy of Pediatrics (AAP) on vaccinations, reproductive health, and screening for elevated body mass index (BMI) and depression.

Well-transitioned care has the potential to increase patient autonomy, therapy adherence and health outcomes [4]. For patients with chronic illnesses, care providers should be active partners in structuring the transition from parent-supervised to adult patient-centered care. To our knowledge, the visit guide we designed represents the first formal evidence-based approach focused on bridging the gap between pediatric HS and adult care. Prospective studies

are needed to better understand the barriers adolescents face when transitioning care for chronic skin disorders and

the efficacy of proposed solutions, such as visit guides to improve patient well-being.

	Baseline*	3 months	6 months	9 months	12 months	15 months	18 months	21 months	>24 months
<b>Severity assessment</b>									
➤ HS Hurley staging	•	•	•	•	•	•	•	•	•
➤ T-QoL® (Teenage Quality of Life Index)	•	•	•	•	•	•	•	•	•
<b>BMI Screening</b>	•				•				•
<b>Depression Screening (PHQ-9)</b>	•		•		•		•		•
<b>Systemic medication monitoring</b>									
➤ Counsel regarding transitioning specialist care including identification of adult provider	•				•				•
➤ Labs—TB, complete metabolic panel with liver function tests	•				•				•
➤ Assess for Active TB and/or other severe/opportunistic infections	•	•	•	•	•	•	•	•	•
➤ Discuss timing for vaccinations commonly required by colleges and employers	•								
<b>Contraception and pregnancy counseling</b>									
➤ Counsel regarding process of transitioning care including identification of reproductive health provider	•			1	•				•

**Table 1:** Visit guide to the management of moderate-severe HS.

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