

# Assessing Psychological Interventions for Hidradenitis Suppurativa as a First Step Toward Patient-Centered Practice

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## PRACTICE POINTS

- Although hidradenitis suppurativa (HS) has high rates of psychological comorbidities, management of the psychological aspects of the disease has not been studied extensively.
- Complementary psychological interventions should be evaluated for the management of HS.

**H**idradenitis suppurativa (HS) (also known as acne inversa) is a chronic, recurrent, and debilitating inflammatory dermatologic disease of the hair follicle. It usually presents after puberty, with painful, deep-seated, inflamed lesions in apocrine gland-bearing areas of the body, most commonly the axillae and inguinal and anogenital regions.<sup>1</sup>

Hidradenitis suppurativa patients have a high rate of psychologic and psychiatric comorbidities that often are interrelated and multidirectional. Approximately 1 in 4 adults with HS also experience depression (prevalence among all HS patients, 16.9%), and 1 in 5 experience anxiety (prevalence, 4.9%).<sup>2,3</sup> Hidradenitis suppurativa has been associated with bipolar disorder, schizophrenia, and suicidality.<sup>2,4</sup>

These comorbidity factors have a remarkable impact on HS patients' quality of life (QOL). Compared to other diseases, including psoriasis, stroke, and conditions that

create candidacy for heart transplantation, HS was identified as the most impairing condition.<sup>5,6</sup> It is estimated that more than 50% of HS patients experience a very or extremely large effect on their QOL, as measured by the dermatology life quality index.<sup>6</sup>

Pain, a major component of low QOL in HS patients, has an adverse impact on emotional health. Hidradenitis suppurativa causes body image dissatisfaction, leading to shame, embarrassment, lack of self-confidence, stigmatization, and social isolation.<sup>7-9</sup> Furthermore, patients with HS have an increased risk for antidepressant drug use, completed suicide, and suicidal behavior compared to the general population.<sup>10</sup>

Focusing therapy on physical manifestations of HS only while ignoring the psychologic aspect could lead to a vicious cycle in which stress triggers flares, leading to worsening HS, leading to more stress, and so on.<sup>11</sup> Therefore, psychological support for HS patients is critical, and we believe it should be an integral part of managing the disease.

There is no evidence to support effective therapeutic intervention for psychological aspects of HS. We conducted a PubMed search of articles indexed for MEDLINE using the term *hidradenitis* in combination with *psychology*, *psychological*, *mindfulness*, and *cognitive behavioral therapy*. No relevant articles were found. Most articles on HS focused on the low QOL associated with the disease and patient coping mechanisms. However, there are a number of psychological therapies to consider and evaluate for the management of HS.

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## Psychological Therapies to Consider in HS

**Cognitive Behavioral Treatment**—Cognitive behavioral treatment has been successfully used to manage skin diseases other than HS.<sup>12</sup> Patients' shame and stigmatization due to body dissatisfaction often cause social isolation, which might appear as social anxiety.<sup>9,13</sup> Cognitive behavioral treatment, or compassion-focused therapy, could increase patients' self-acceptance and reduce shameful feelings.<sup>13</sup>

**Group Therapy**—Alternatively, group therapy might be beneficial for HS patients. Research has shown that most HS patients know others affected by the same disease or attend an HS support group, and patients value the support of peers with the disease.<sup>13</sup> Therefore, group therapy meetings with HS patients that are directed by a health care professional might reduce feelings of shame and stigmatization and increase feelings of social acceptance.

**Mindfulness**—Another approach for managing psychological aspects of skin diseases that might be useful in HS is mindfulness-based stress reduction (MBSR), developed by Kabat-Zinn and colleagues,<sup>14</sup> which helps patients develop mindfulness through training in meditation. It is an intensive, structured, patient-centered approach that has been successfully used in a variety of settings.<sup>14,15</sup>

Current evidence supports the use of MBSR in the adjunct treatment of chronic pain, anxiety, and depression—symptoms that have a great impact on HS patients' QOL.<sup>16</sup> Furthermore, MBSR is offered in a group setting, which is potentially an opportunity for peer support and understanding; social support has been reported to be highly beneficial for HS patients.<sup>17</sup>

## Can the Placebo Effect Aid in Managing HS?

A recent review that assessed the placebo effect in randomized clinical trials (RCTs) of treatments for cutaneous disease demonstrated that the placebo effect in HS therapy trials is higher than in RCTs of therapies for psoriasis and eczema. This finding highlights the importance of the physician-patient relationship when managing HS, which can result in greater treatment adherence and more patient education, empowerment, and encouragement toward beneficial lifestyle changes.<sup>18</sup>

Complementary psychological interventions for managing HS might maximize the placebo effect in clinical practice.<sup>18</sup> The placebo effect in RCTs is higher for HS treatments than for psoriasis treatments, and if patients with psoriasis improved with psychological interventions,<sup>12</sup> it would be reasonable to expect an improvement in QOL with psychological interventions for HS.

## Final Thoughts

Although a number of studies have been published in the medical literature regarding psychological intervention in psoriasis management,<sup>12</sup> we found no clinical studies assessing the psychological management of HS. We conclude that more research is necessary to develop psychological interventions targeting HS patients because a multidisciplinary and patient-centered approach is essential for the management of HS.

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