Diagnostic Challenges Among Greek Patients with Hidradenitis Suppurativa

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INTRODUCTION

- Hidradenitis suppurativa (HS) is a chronic inflammatory skin condition that can progress to significant tunnels and scars that affect severely quality of life, especially if diagnosis and treatment are delayed. Average delay after initial presentation of HS symptoms can range from 3 to 10 years in adults. Factors associated with diagnostic delay include female sex, non-white race, and greater disease severity at diagnosis. Contributing factors include misdiagnoses, hesitation in seeking care due to the stigmatizing nature of the disease, and lack of awareness among providers and patients.[1]

- Despite the impairment in Quality of life (QoL) of patients with HS, there is a lack of evidence and clear understanding of diagnostic challenges and unmet needs in Greece. Therefore, patients' insights are important to fill the gaps and get a holistic perspective of the disease.

OBJECTIVE

- The present study was conducted to understand diagnostic challenges faced by patients and unmet need among patients with HS in Greece.

METHODS

- The survey was conducted via a structured questionnaire and patients' recruitment was implemented via physicians. All patients signed a Consent Form to participate in the survey.

RESULTS

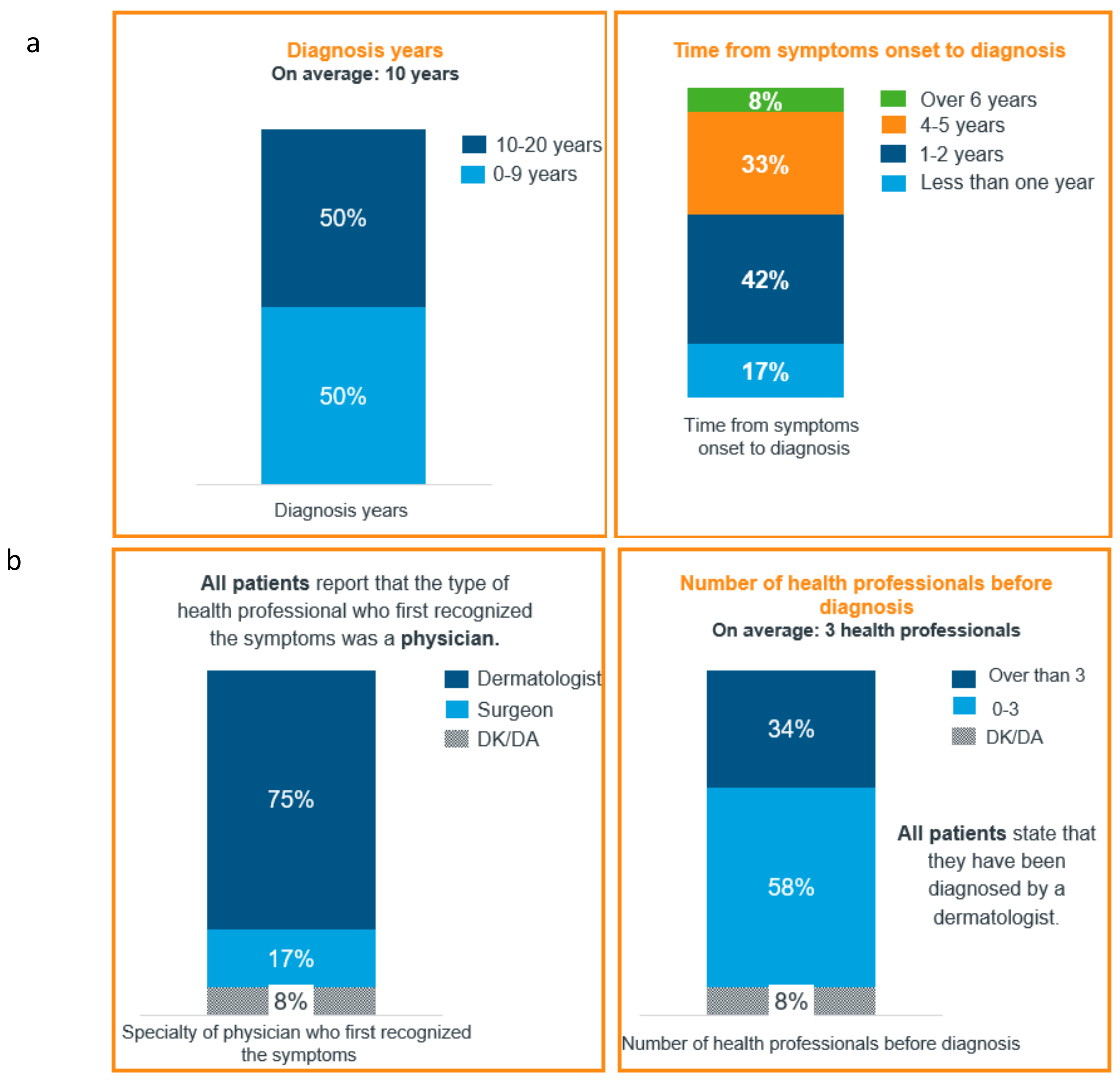
- Twelve patients with HS participated in survey. According to the results, the demographic characteristics of the total HS patients' sample were: females (83%), <40 years old (75%), high level of education (75%), currently working (75%), singles (50%).

- Disease severity at the time of sampling was categorized by the treating physician according to IHS4: severe in 42%, moderate in 50% and mild in 8% of patients. Only one third of patients (33%) were aware of HiSCR assessment.

- Patients state that on average, they have been diagnosed with HS for 10 years, with an average time of 1-2 years reported by 42% from symptoms' onset to diagnosis (Figure 1a).

- Dermatologist was the physician who recognized the symptoms in 75% of cases and on average, 58% of patients had visited up to three health professionals before diagnosis (Figure 1b).

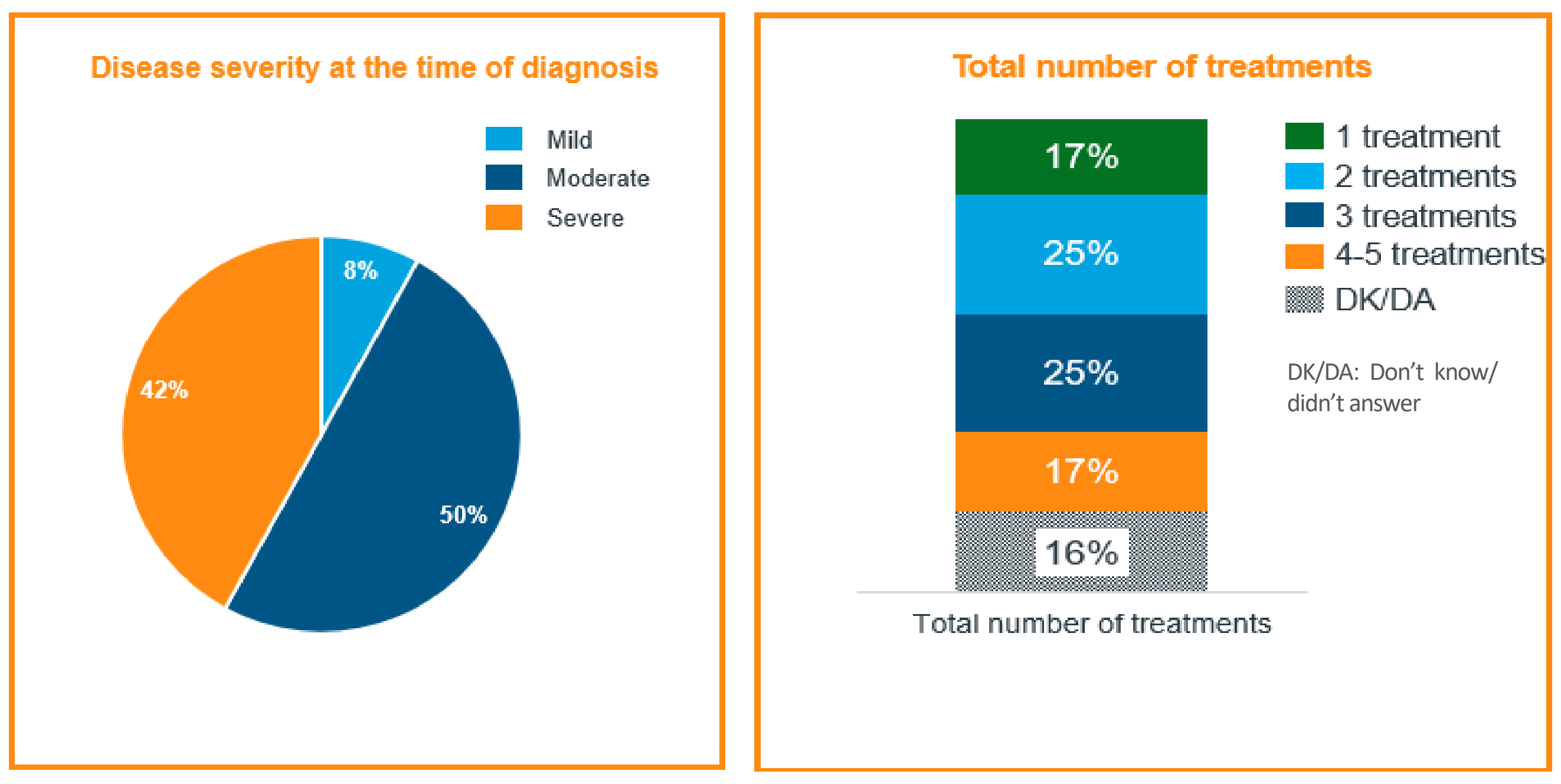
Figure 1: Diagnosis



DK/DA: Don't know/ didn't answer

- 42% of patients report that at the time of diagnosis their disease stage was severe (according to IHS4), while 50% of patients mention that they have received 2-3 different treatments (Figure 2).

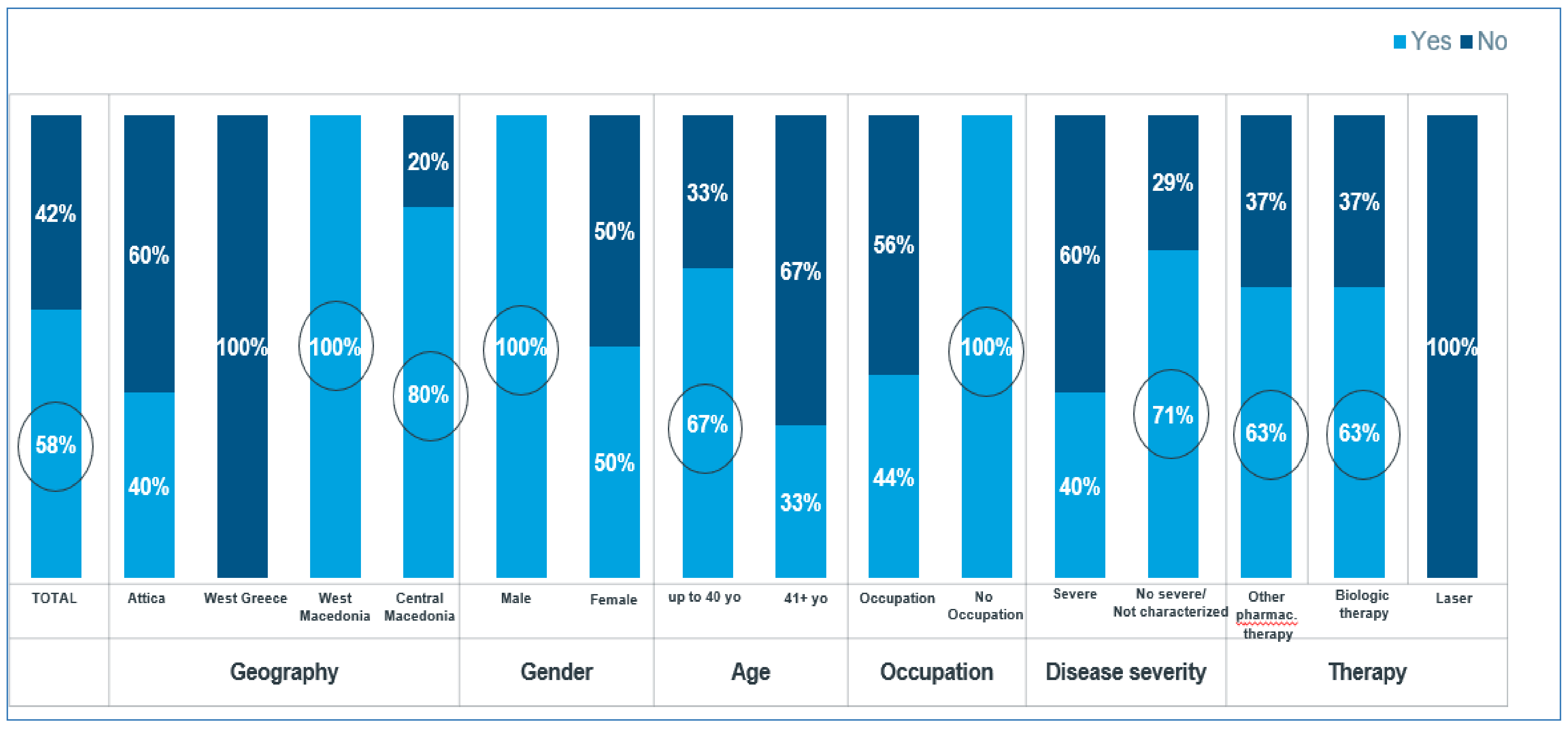
Figure 2: Disease severity at diagnosis and number of treatments



DK/DA: Don't know/ didn't answer

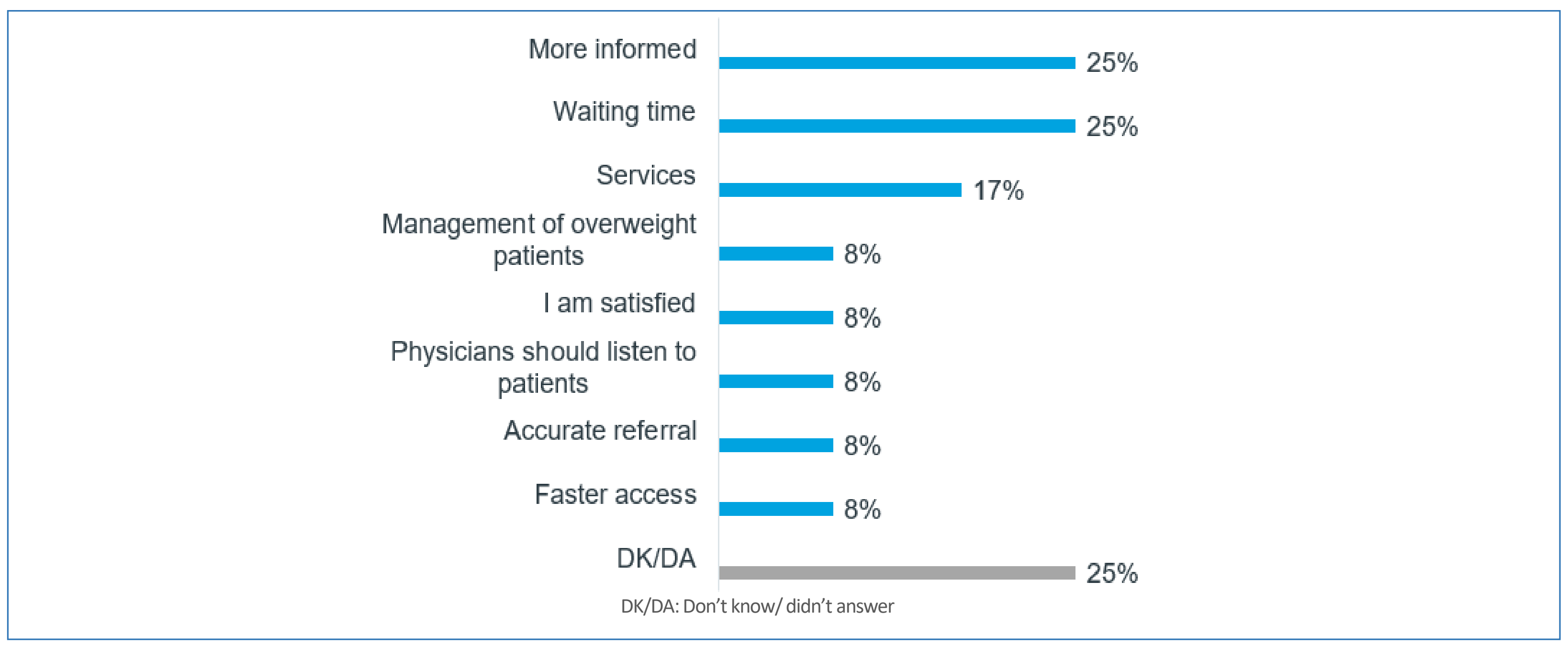
- More than half (58%) of patients were misdiagnosed. Males, younger patients, with severe HS, receiving biologic or other pharmaceutical therapy, living in North Greece reported the higher rates of misdiagnosis (Figure 3).

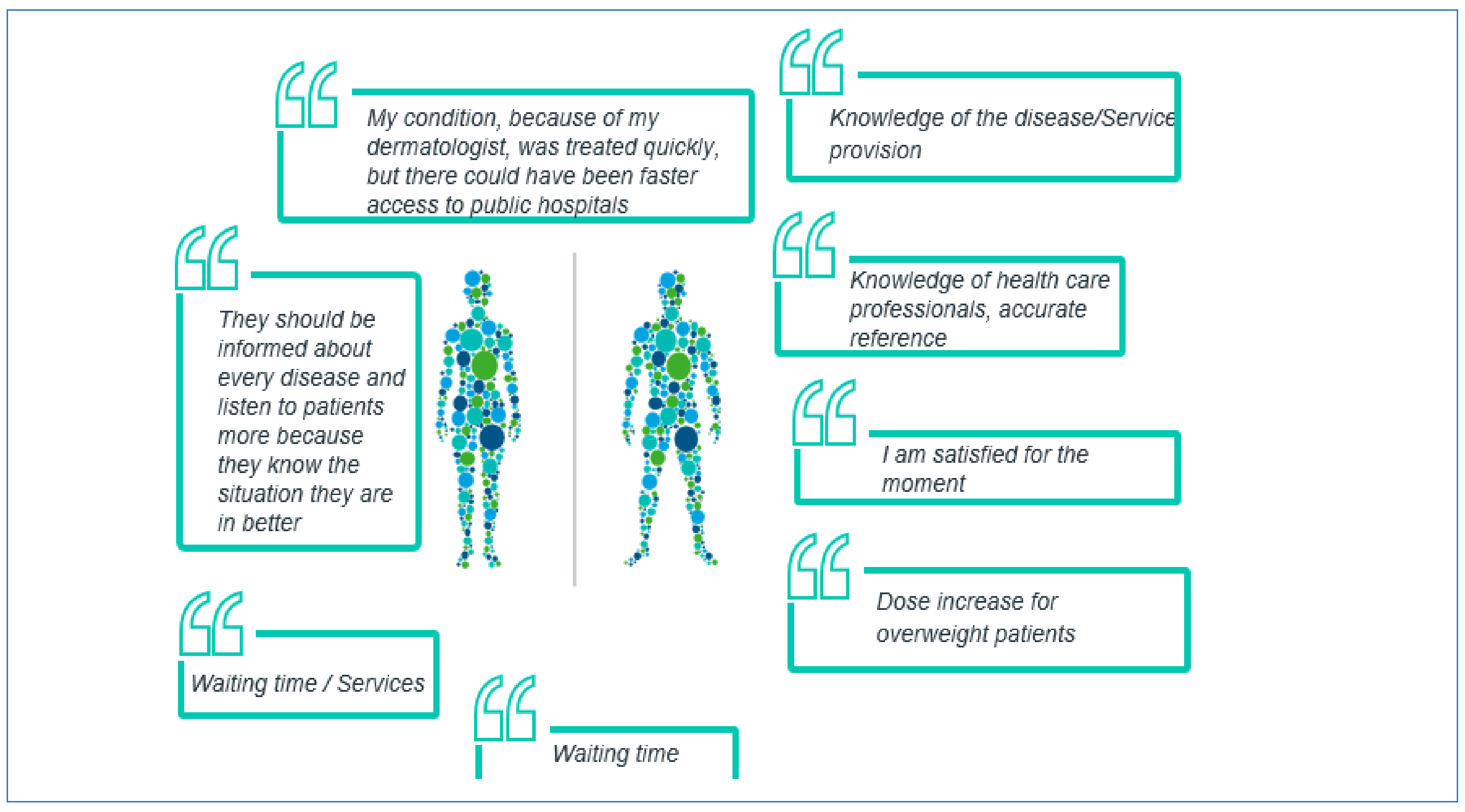
Figure 3: Misdiagnosis



- The main suggestions for improving the public healthcare system are related with the existence of more informed physicians about HS and the need of decreasing waiting time in healthcare access (Figure 4).

Figure 4: Patients' suggestions for improving public healthcare system





My condition, because of my dermatologist, was treated quickly, but there could have been faster access to public hospitals

Knowledge of the disease/Service provision

They should be informed about every disease and listen to patients more because they know the situation they are in better

Knowledge of health care professionals, accurate reference

I am satisfied for the moment

Dose increase for overweight patients

Waiting time / Services

Waiting time

CONCLUSIONS

- Patients' perspectives substantiated major diagnosis delays, followed by mixed emotions upon receiving the diagnosis of HS.[2]

- It is crucial to disseminate up-to-date information to all health-care providers, to ensure timely diagnosis and appropriate treatment for HS patients.

- By addressing these challenges, we can improve the quality of life for individuals living with HS and reduce the burden of this chronic disease.[2]

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DISCLOSURES

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