

# HidraCare Academy



## Module 1.01: The cost of managing and living with Hidradenitis Suppurativa

### Summary:

This module considers the cost implications of Hidradenitis Suppurativa, both to the patient and to healthcare providers. It looks at delays in diagnosis, the challenges of appropriate treatment, as well as wound care and wound management.

### Keywords:

Acne inversa, Cost, Wound management

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# Module Overview

## The cost of managing and living with Hidradenitis Suppurativa

1. Introduction	Overview and recognising/ diagnosing HS
2. Impact on the patient	The physical, mental & economic impacts
3. Impact on the NHS	High resource utilisation & costs
4. Wound management costs	The challenge of highly exuding wounds in difficult-to-dress areas of the body
5. Economic benefits of self-care	How to save cost & improve quality of life
6. Conclusions	Key take aways from this module
7. Reflective Questions	10 questions to review your learning
8. References	Source article and full references for further reading

# Introduction

## What is Hidradenitis Suppurativa?

- Chronic inflammatory skin disease of the hair follicle
- Affects **1%** of the adult population
- Often significantly **underdiagnosed**
- Diagnosis can take up to 10 years on average
- Debilitating condition affecting **emotional wellbeing, life quality** and can place substantial burden on patients, the NHS and broader society
- Analysis by the Office of Health Economics indicate that the annual cost of HS to the UK economy is in the region of **£3.8 billion**
- HS wounds and their **drainage, odour and body location** represent a particularly difficult challenge. At a prevalence of 1%, the estimated cost for wound care is c. £1.4 billion

# Introduction

## Recognising Hidradenitis Suppurativa in the clinical setting

Location: Axillary region and breasts



Location: Buttocks, groin, thigh, genitals



Location: Neck, chest, back



MARSI: Issues with dressing technologies in HS wound care

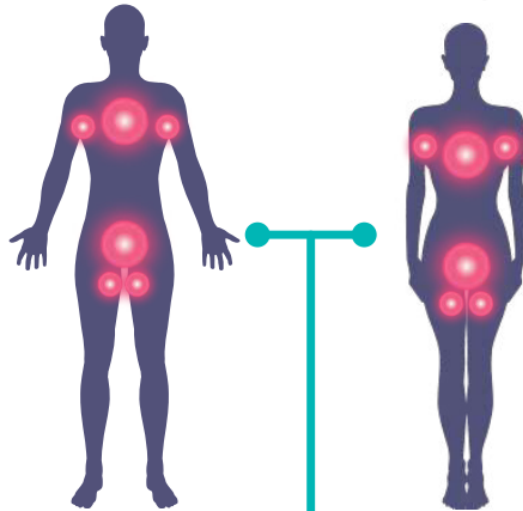


# Introduction

Diagnosing HS can be simple and does not require a specialist:

Do you have a patient presenting with boils\*?

These two questions may lead to a quicker diagnosis



1

Have they experienced more than one outbreak of boils in the last 6 months?

2

Were they located in one or more of the common areas\*\* indicated in pink?



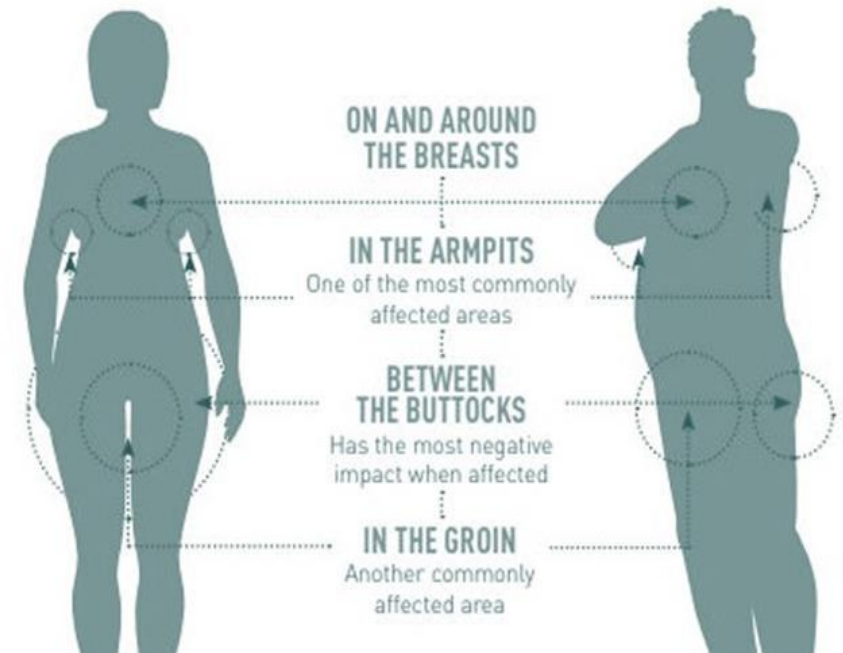
If the answer is **YES**, your patient likely has HS\*\*\*



# Impact on the patient

## Physical

- Pain & discomfort
- Leakage – high volumes of exudate
- Malodour
- Itching
- Scarring and disfigurement
- Fatigue
- Erythema
- Cysts & abscesses
- Wounds often in **‘difficult-to-dress’** areas of the body
- Comorbidities including cardiovascular disease, obesity, diabetes and others



Nodules → Abscesses → Sinus tract → Severe lesions



# Impact on the patient

## Psychological

- High rates of depression & anxiety
- Double the suicide rate compared to the general population

A thematic synthesis of the experiences of people with HS identified three main themes;

1. **Putting the brakes on life** – HS impacting on and delaying events in life
2. **A stigmatised identity** – HS stigmatizing individual identity leading to embarrassment, fear and withdrawal
3. **Falling through the cracks** – isolation and inequality in receiving appropriate support and treatment



# Impact on the patient

## Economic

- **Missed work and education** time – one study identified that 81% of respondents missed work or school due to their disease
- Lower incomes and higher unemployment

*“Work is the worst; it is uncomfortable, and I worry about the smell. I have to steal away in an upstairs toilet where the main door locks so I can use the mirror. Depending on the flare up, this can be for 5-10 minutes around 3 or 4 times during the working day.”*





# Impact on the NHS

- The NHS is under severe pressure with more than 7.75 million people waiting for elective treatment
- HS patients often first attend their GP or pharmacist initially but may then be referred into specialist dermatological care.
- They may also attend practice nurse appointments for help managing their wounds but can be left to self-care
- **Significant utilisation of healthcare resources** – inc. A&E visits, inpatient & outpatient appointments
- Significant costs of delayed diagnosis (average 10-year diagnosis time)
- Annual cost to the NHS of managing wounds was estimated at £8.3 billion in 2018 including £5.6 billion associated with unhealed wounds

## Costs Per Patient Per Year:

HS Specific Health Costs = £4,900

Health Costs Comorbidities = £1,200 - £2,100

Societal Costs = £12,500

**Total Costs = £18,600 - £19,500**

(1) HS Specific Costs include GP visits, hospital admissions, and procedures

(2) Costs of Comorbidities include associated conditions including cardiovascular disease, obesity, hypertension, diabetes and others

(3) Societal Costs include lost productivity, unemployment, disabilities and other general costs

# Wound management costs

- Frequent dressing changes (average of 3-4 per day)
- Wounds in **'difficult-to-dress'** areas are time consuming; waste results from poor application and retention of dressings; increased nursing time allocation
- Reliance of antibiotics to treat HS wounds which can increase **risk of antimicrobial resistance**
- Significant **risk of MARSI** (medical adhesive related skin injury)
- Access to specialist wound services is often unavailable to patients with HS. A lack of awareness and understanding of the condition leads to inequality in appropriate wound care provision



HS-specific wound care costs =  
**£1.44 billion per annum**

*Based on prevalence of 1%*

# Case Study

**Hannah is 30 years old and first identified signs of HS at 10 years of age**

Despite multiple GP visits, it took until the age of 25 to receive a referral to dermatology, followed by a 2 year wait for the appointment where her diagnosis was confirmed

During 2023, she experienced **4 hospital admissions** for surgery to remove lesions (average 3 days per inpatient stay)

Surgeries lead to **22 weeks sick leave** and Hannah being made unemployed (as disease not recognised as disability)

Surgeon advised her to attend GP surgery for dressing changes, ideally 3x per week



GP surgery had no wound provision, so Hannah forced to **self-care with dressings** prescribed by GP – these included single use NPWT, honey, alginate silvers together with silicone foams which creates a dressing ‘sandwich’ – not always appropriate and expensive

Hannah regularly experienced **wound infections which delayed healing** and required prescribing of antibiotics

# Case Study

## Solution:

**HidraWear** Wound Dressing & Retention System is now prescribed for Hannah to use when managing her flares with lesions and leakage

Hannah has been able to **resume work** and complete other activities in comfort and with the knowledge that her dressings are securely absorbing and retaining her wound fluid

By prescribing Hannah a more **cost-effective** solution for wounds in 'difficult-to-dress' body locations and **empowering self-care** the treatment costs were reduced from £1,973 to £363 per month

**Saving £1,610 per month for just one patient**



An example of the HidraWear wound dressing and retention system

# Economic benefits of self-care

Empowering patients can reduce costs and save time:

Case study example showed a monthly cost saving of £1,610 per patient

	Monthly Saving	Annual Saving (based on 6 months of active flares)	Annual Saving (based on 9 months of active flares)
Per Patient	£1,610	£9,660	£14,490
Per ICB	£22m	£131m	£196m

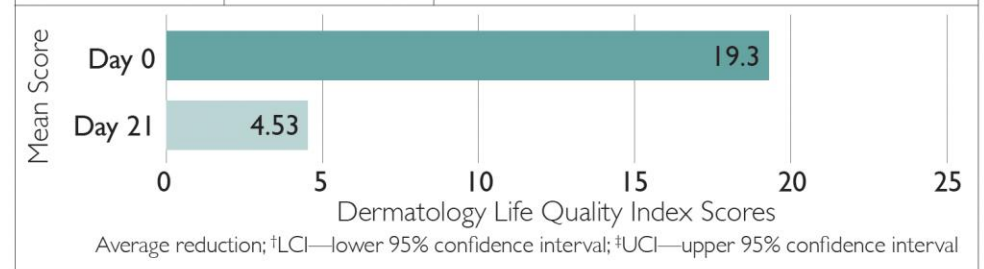
Potentially even more significant savings could be realised at an ICB level, and such an approach would also reduce the need for both the patients and healthcare professionals for multiple appointments and/or home visits

**Such innovative self-care driven approaches offer the possibilities of realising significant savings and efficiencies while at the same time improving patient care and quality of life**

Self-care supports independence and can improve quality of life:

**Table 1: Mean Dermatology Life Quality Index Scores (n=15)**

Time	Mean	Standard deviation
Day 0	19.3	5.73
Day 7	10.2	6.3
Day 14	7.87	5.26
Day 21	4.53	3.93





# Conclusion & take-aways

1. HS imposes a substantial **economic** and **quality of life** burden on patients
2. Lack of referral options to wound care services often exacerbate the burden of living with HS
3. Early diagnosis and **effective wound management** can significantly reduce costs and improve quality of life
4. New wound dressing solutions for HS are available that can **reduce pain** at dressing change, **improve quality of life** and empower **greater self-care**
5. Investing in education, self-care and specialist services benefits both patients and the NHS



# Reflective Questions

1. What is the overall prevalence of Hidradenitis Suppurativa?
2. How are the 2 key questions to help diagnose HS?
3. What is the estimated cost to the NHS of managing HS wounds?
4. Give 3 examples of how HS can physically affect the patient?
5. Which are the areas of the body most affected by HS lesions and wounds?
6. What were the three themes identified of the patient experience of HS?
7. In one study, what % of patients had missed school or work due to HS?
8. Describe the impact on the NHS of managing Hidradenitis Suppurativa?
9. What are the key wound management challenges of HS?
10. What are the main benefits of empowering patients to self-care?

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