

DTB CME/CPD Answers



Drug and Therapeutics Bulletin

Management of hidradenitis suppurativa

Question 1

Hidradenitis suppurativa (HS) is a recurring chronic inflammatory skin disease of the hair follicle that usually presents with painful, deep-seated and inflamed lesions in the apocrine gland-bearing areas of the body. What is the estimated prevalence of HS?

- a. 0.05%
- b. 0.1%
- c. 1%
- d. 3%
- e. 5%

Answer: c. The estimated prevalence of HS is 1% and it is more common in women.

Question 2

The criteria for diagnosis of HS are more than two recurrent painful or suppurating lesions over a period of 6 months in the areas of the body that have apocrine glands. Which one of the following is most commonly affected?

- a. Axillary and inguinal areas
- b. Breasts
- c. Anogenital area
- d. Buttocks
- e. Inner thighs

Answer: a. The axillary and inguinal areas are most commonly affected, but lesions may occur in other areas (breasts, anogenital area, buttocks and inner thighs).

Question 3

Management of HS involves pharmacological and surgical treatments aimed at controlling skin lesions, supportive care for associated symptoms and lifestyle counselling. In the UK, which one of the following is commonly used as a first-line pharmacological treatment for mild HS?

- a. Erythromycin 500mg twice a day
- b. Rifampicin 300mg twice a day
- c. Clindamycin 300mg twice a day
- d. Dapsone 25mg once a day
- e. Acitretin 25mg once a day

Answer: a. European guidance suggests that first-line medical treatment for mild disease includes topical clindamycin 1% twice daily for 12 weeks or oral tetracycline 500mg twice daily for 4 months. In the UK, 3- to 6-month courses of erythromycin 500mg twice daily, doxycycline 100mg daily or lymecycline 408mg daily are more commonly prescribed.

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Question 4

For patients who fail to respond to first-line treatment or for more severe disease there are other specialist interventions. In the UK, which one of these specialist treatments is the only one specifically licensed for the treatment of HS?

- a. Clindamycin
- b. Adalimumab
- c. Infliximab
- d. Alitretinoin
- e. Acitretin

Answer: b. Adalimumab is the only drug specifically licensed for the treatment of HS in the UK, with most other commonly-prescribed treatments used off-label.

Question 5

Two studies in people with moderate to severe HS have investigated the effect of adalimumab compared with placebo. When the data were combined from both studies, what was the difference between adalimumab and placebo in the proportion of patients who had a clinical improvement at 12 weeks?

- a. 4%
- b. 9%
- c. 14%
- d. 24%
- e. 51%

Answer: d. Integrated results from both studies combined showed that 51% of people receiving adalimumab had a clinical improvement at week 12 compared with 27% of patients in the placebo group ($p \leq 0.05$).