

# Burden Of Hidradenitis Suppurativa in the Brazilian Private Healthcare System

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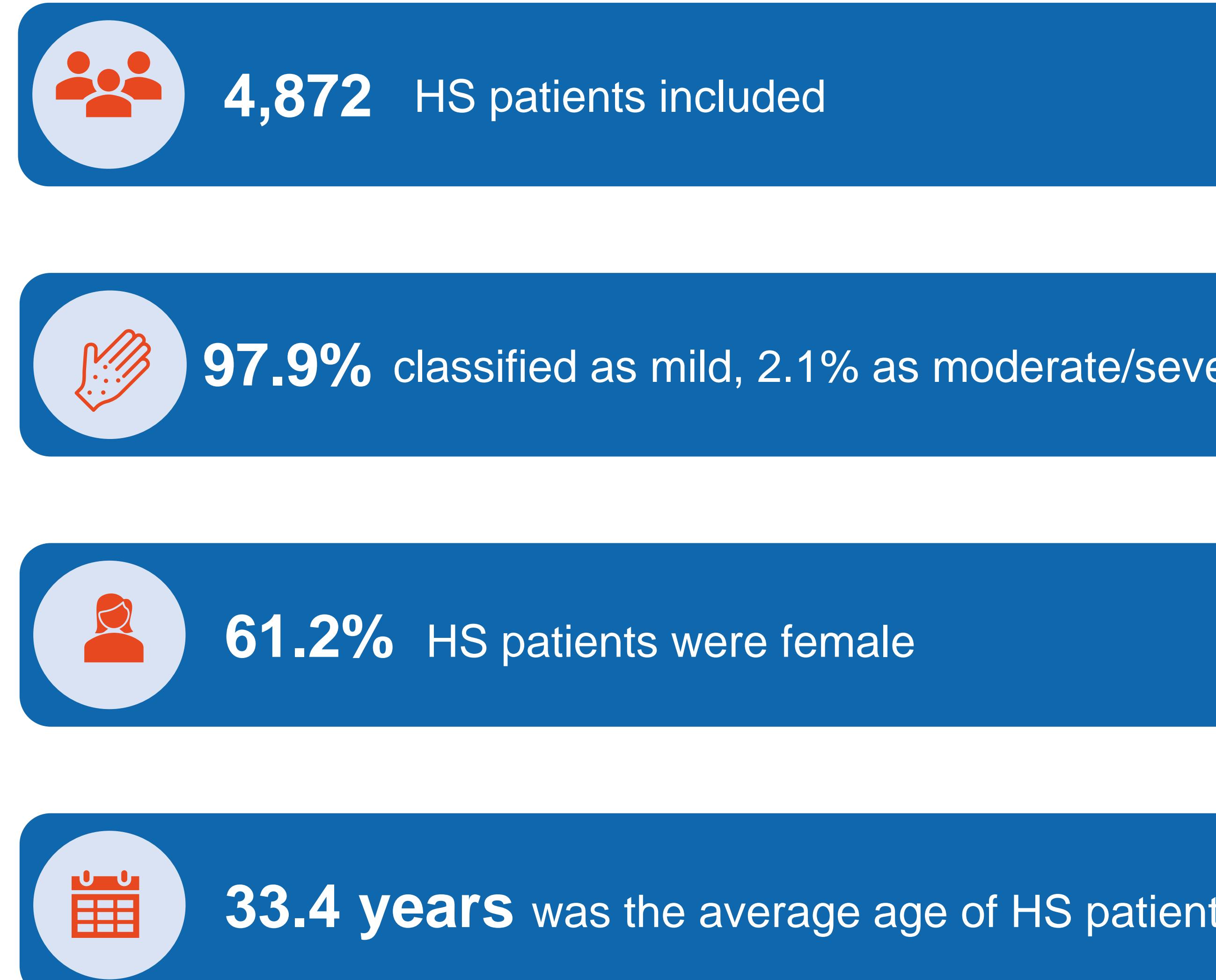
## Background

- Hidradenitis Suppurativa (HS) is a chronic, systemic, inflammatory disease characterized by recurrent, painful nodules, abscesses, and tunnels, primarily affecting the apocrine gland-bearing areas of the body. It can lead to significant scarring and disfigurement if not properly managed.<sup>1</sup>
- HS severity is typically categorized as mild, moderate, or severe; however, even mild HS can lead to significant incapacitation.<sup>2</sup>
- Data on the private healthcare setting remain scarce in Brazil.

## Objective

This study aimed to estimate the incidence rates, describe the demographic profile, and analyze the health care resource utilization (HCRU) of patients with HS within the Brazilian private healthcare system.

## Results



## Associated comorbidities

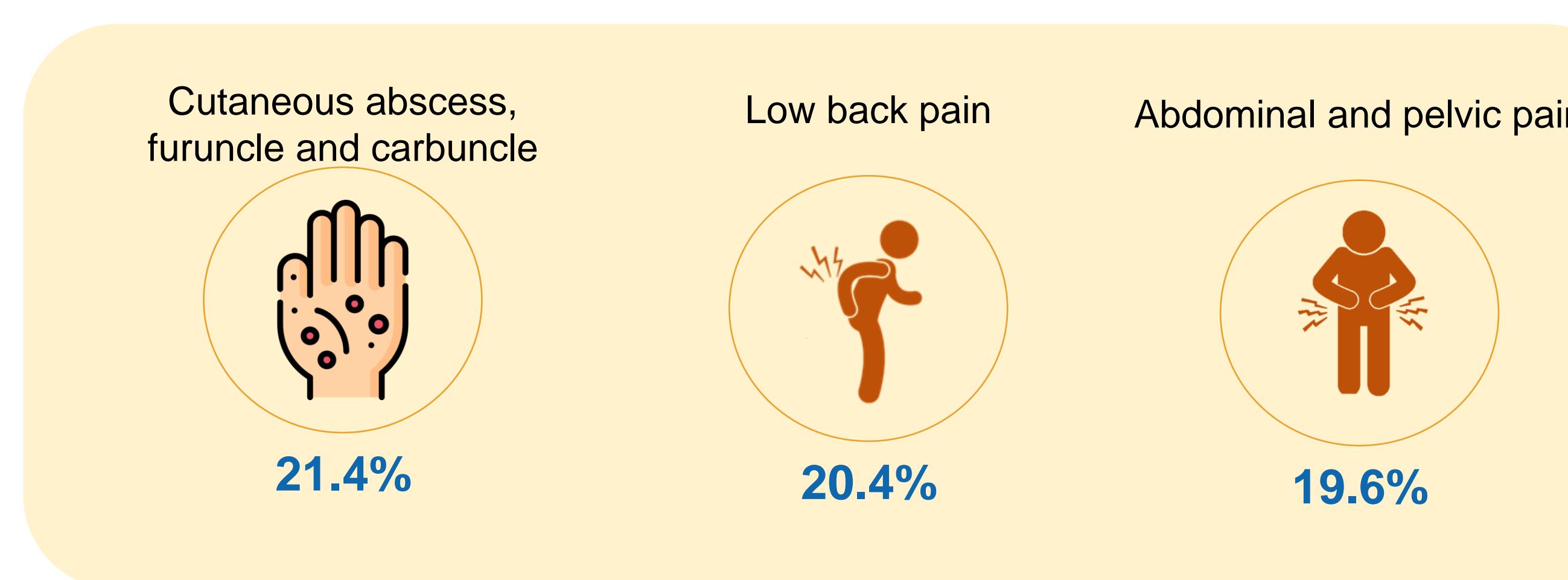


Table 1 Mean number of procedures, outpatient visits and hospitalizations according to sub-population

	Mild Hidradenitis (n= 4,772)	Moderate/Severe Hidradenitis (n= 100)
<b>Procedures*</b>		
n valid	1,426 (29.88%)	97 (97.00%)
Mean (SD)	5.77 (7.08)	12.14 (14.70)
Median (min-max)	3.00 (1.00-94.00)	8.00 (1.00-100.00)
IQR	5.00	11.00
<b>Outpatient Visit</b>		
n valid	4,770 (99.96%)	99 (99.00%)
Mean (SD)	9.64 (13.42)	31.36 (32.00)
Median (min-max)	5.00 (1.00-238.00)	22.00 (1.00-166.00)
IQR	10.00	30.50
<b>Hospitalization</b>		
n valid	22 (0.46%)	14 (14.00%)
Mean (SD)	1.05 (0.21)	1.29 (0.83)
Median (min-max)	1.00 (1.00-2.00)	1.00 (1.00-4.00)
IQR	0.00	0.00
<b>ICU Use</b>		
n valid	1 (4.55%)	1 (7.14%)
Mean (SD)	7.00 ( - )	1.00 ( - )
Median (min-max)	7.00 ( - )	1.00 ( - )
IQR	0.00	0.00

## Methods

- This observational, descriptive study used a private administrative claims database from the largest private insurer in Brazil, including patients with at least one claim related to International classification of disease (ICD-10) code L73.2 from January 2017 to December 2023. Only observations with discrepant data and/or missing data on key variables to studied outcomes were excluded.
- The data available did not have enough information to classify disease impact according to Hurley staging, thus, an alternative classification was applied and patients were categorized based on the presence (moderate/severe) or absence (mild) of HS-related surgery.
- Prevalence rates were standardized by the insurer's coverage in the national territory.
- In this study we define "Procedures" as all contact with the health system under coverage of the insurer, with the exception of outpatient visits, hospitalizations and ICU use.
- The study was reviewed and approved by the Hospital Moriah Ethics Committee, approval number 82355024.0.0000.8054.

Figure 1 Proportion of HS patients that underwent procedures, outpatient visits and hospitalizations

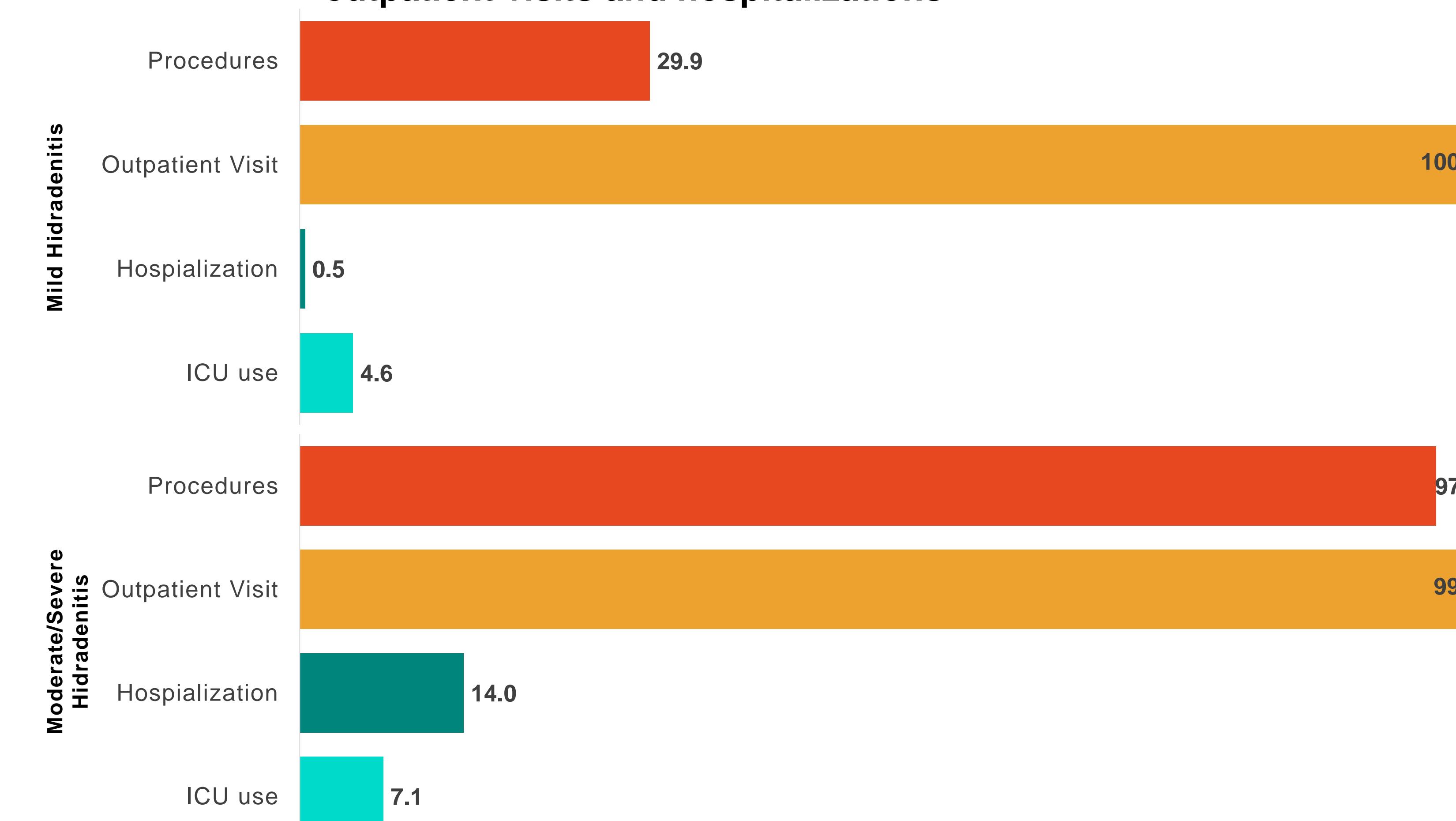
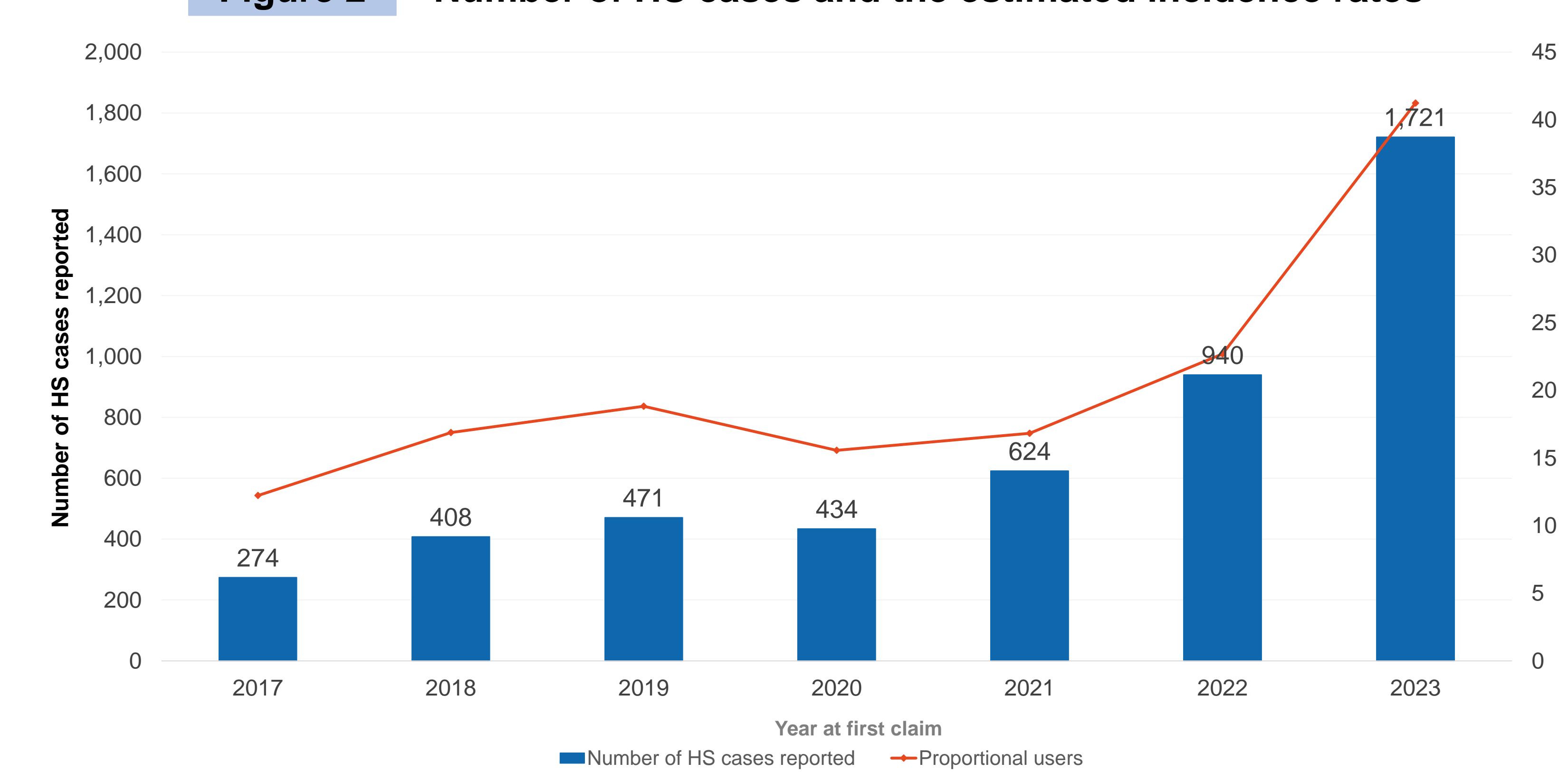


Figure 2 Number of HS cases and the estimated incidence rates



## Conclusions

The findings underscore the significant healthcare resource utilization associated with HS, particularly among moderate/severe cases, which had higher number of HS-related procedures and outpatient visits. These results emphasize the need for targeted healthcare strategies, such as early diagnosis and treatment, to manage HS effectively and reduce its burden on the healthcare system. The significant rise in the number of cases, with the most recent year available showing the highest value of the series, suggests improved diagnosis, likely due to the growing recognition of the condition. Due to the retrospective nature of the study, the major limitation is that the data are often incomplete. Additionally, the HCRU related to HS does not represent the entire population, as the databases only include information from the private setting.