



Work Impairment in Hidradenitis Suppurativa Compared to Psoriasis: A Cross-Sectional Study

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Key words: Bimekizumab, Psoriasis treatment, Biological therapy, TNF- α , Hallopeau

Citation: Tsentemeidou A, Vakirlis E, Kiritsi D, Lallas A, Arabatzis M, Sotiriou E. Work Impairment in Hidradenitis Suppurativa Compared to Psoriasis: A Cross-Sectional Study. *Dermatol Pract Concept*. 2024;14(4):e2024276. DOI: <https://doi.org/10.5826/dpc.1404a276>

Accepted: July 18, 2024; **Published:** October 2024

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Funding: None.

Competing Interests: None.

Authorship: All authors have contributed significantly to this publication.

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Introduction

Several studies have reported that hidradenitis suppurativa (HS) greatly impacts work life, finances, and career prospects [1]. Apparently, the majority of HS patients have taken sick leave because of their skin condition at least once, with a mean of three such cases of absence from work, or approximately 34 days, per year [2]. Psoriasis, a similarly chronic and burdensome inflammatory skin disease, also seems to affect work and productivity [3]. A direct comparison of the impact on work between HS and psoriasis, however, has not yet been performed in a real-life setting.

Case Presentation

We used the Work Productivity and Activity Impairment Questionnaire (WPAI, Table S1) in 203 HS patients (mean age 39.7 years, [38.03, 41.38], 51.7% women) and 203 psoriasis patients (mean age 48.96 years, [46.68, 51.23], 42.9%

women), prospectively sourced from a tertiary dermatology hospital from March 2021 until September 2023. We found that significantly more HS patients were unemployed (41.4% vs 28.1%, $P=0.005$), despite being younger on average. A quarter of HS patients (26.1%) and only 3.4% of psoriasis patients had been absent from work because of their disease over the previous week, with 53.2% and 10.8% of those HS and psoriasis patients remaining at work (respectively) reporting low productivity as a result of their symptoms. Last, 53.2% of HS patients and 8.4% of psoriasis patients reported difficulty performing daily activities over the previous week. The percentages of total work impairment, absenteeism, presenteeism, and daily activity impairment (mean values) are presented in Table 1.

Conclusion

The results of our study align with previously published data. According to three studies (The Netherlands,

Table 1. Comparison of Disease Impact on Work and Daily Activities in Hidradenitis Suppurativa and Psoriasis Patients, based on the Work Productivity and Activity Impairment Questionnaire.

	HS Patients ^a	Psoriasis Patients	Difference ^b
Women	105 (51.7%)	87 (42.9%)	<i>P</i> =0.074
Age	39.7 [38.03, 41.38]	48.96 [46.68, 51.23]	<i>P</i> <0.001
IHS4 ^c	4,86 [4.13, 5.59]	n/a	-
Hurley stage I	31 (15.3%)	n/a	-
Hurley stage II	121 (59.6%)	n/a	-
Hurley stage III	51 (25.1%)	n/a	-
DLQI ^d	8.14 [6.79, 9.49]	6.87 [5.92, 8.12]	<i>P</i> =0.04
PASI ^e	n/a	8.21 [7.24, 9.33]	-
Total work impairment	31.12% [26.14%, 36.10%]	4.95% [2.46%, 7.44%]	<i>P</i> <0.001
Absenteeism ^f	10.14% [7.3%, 12.98%]	2.22% [0.64%, 3.79%]	<i>P</i> <0.001
Presenteeism ^g	28.72% [24.1%, 33.34%]	4.43% [2.23%, 6.63%]	<i>P</i> <0.001
Daily activities impairment	27.29% [22.87%, 31.71%]	3.9% [1.77%, 6.02%]	<i>P</i> <0.001

^aHidradenitis suppurativa. ^bDifference is significant if *p*<0.05. ^cHidradenitis Suppurativa Severity Score System. ^dDermatology Life Quality Index. ^ePsoriasis Area Severity Index. ^fAbsence from work. ^gReduced productivity at work.

Denmark, Canada) that calculated WPAI score in a cohort of HS patients, 62%, 57%, and 78% of them, respectively, were employed [1], [4], [5]. The percentages of those having taken sick leave over the previous week were 26%, 6%, and 23.53%, respectively, with mean absenteeism reported as 0% (median, range 0-5.3%), 7%, and 14.5%, respectively [1], [4], [5]. Mean presenteeism was 20% (median, range 0-50%), 21.3%, and 30.1%, respectively [1], [4], [5]. Factors associated with greater work impairment were severe disease, inguinal/gluteal location, depression, anxiety, and worse quality of life [4].

A study that used data from clinical trials to compare HS and psoriasis-induced burden concluded that total work and productivity impairment in HS was double that in psoriasis (35.4% vs 18.2%) [6]. A multinational study investigating work impairment in psoriasis patients found that total impairment, absenteeism, and presenteeism were approximately 19%, 2.5%, and 16.5%, respectively [3]. The aforementioned percentages are higher than those in our study, possibly because Greek patients have easy access to dermatology, while prescription of biologics for psoriasis is quite simple (no case-by-case petition/approval is warranted), meaning that truly severe psoriasis is becoming rarer.

HS and psoriasis share keen similarities in their behavior and ability to cause systemic, debilitating disease. Unlike psoriasis, which often has a more predictable course and can be managed with established treatments, HS patients frequently face unpredictable disease progression and

inadequate treatment options. This could explain the noted disparity between them regarding work impairment. Our findings also underscore the need for targeted interventions to support individuals with HS in the workplace.

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