

Letter

Characterizing barriers to care in patients with hidradenitis suppurativa

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To the Editor

Patients with hidradenitis suppurativa (HS) face barriers to receiving healthcare.^{1,2} Patients experience symptoms of HS for an average of 2 years before seeing a physician and for more than 7 years before receiving a diagnosis.^{2,3} Poor understanding of treatment options, unpleasant interactions with healthcare workers, and inadequate health insurance are common obstacles, yet barriers to care for HS patients have not been thoroughly characterized.² We sought to characterize healthcare barriers faced by HS patients and to describe how these barriers are distributed based on socioeconomic background.

After Institutional Review Board approval, we recruited patients at the Department of Dermatology, Wake Forest University School of Medicine to complete a survey. Patients were recruited in person and over the phone. Of 56 patients invited to participate, 44 completed the survey (78%). In-clinic participants completed the survey during their office visit (n = 37), whereas phone-recruited patients mailed their survey (n = 7). The survey assessed 14 common healthcare barriers: inconvenience of visiting an office, inadequate insurance, lack of transportation, pain, language barrier, unpredictable schedule, lack of healthcare options, lack of culturally competent care, cost, concern about judgment by providers, lack of trust in providers, symptoms too mild to seek care, lack of understanding of treatment options, and fear of a dangerous diagnosis. Participants indicated which barriers were current hindrances and which had ever been hindrances. Patients also selected their most significant barrier overall. Demographic and socioeconomic information was collected. χ^2 tests for proportions were used for statistical analysis where applicable.

Patients were predominantly female (86%) with a mean age of 40 years. Over half (55%) had experienced HS for more than 10 years, and the average time from symptom onset to seeing a dermatologist was 7 years. The most common current healthcare barriers were cost

(37%), pain (29%), and inadequate insurance coverage (26%). The most common prior barriers included cost (51%), inadequate insurance coverage (37%), pain (35%), and lack of options (35%). Seven patients (16%) ranked cost of care as their most significant barrier, and 5 patients (11%) ranked insurance status as most significant. No other barrier was ranked as highly as these 2. Patients with low household income (less than \$10,000 annually) more frequently experienced lack of healthcare options (56% versus 23%; $P < .05$), lack of culturally competent care (22% versus 5%; $P < .05$), and fear of a dangerous diagnosis (33% versus 12%; $P < .05$) (**Figure 1**).

Healthcare barriers are disproportionately faced by HS patients with low household income, and these patients often experience insufficient options for care. Cost was consistently the highest barrier cited, likely because HS increases a patient's annual healthcare costs by approximately \$2,000 to \$3,000.⁴ A limitation of this study is the small sample size. More importantly, this study examined patients who had already established care for HS. The barriers faced by individuals with HS who are not yet patients remain undefined.

Potential conflicts of interest

Rita O. Pichardo, MD, has served on the advisory board for Novartis and UCB and is a consultant for Sanofi. Steven R. Feldman, MD, PhD, has received research, speaking, and/or consulting support from multiple companies, including Galderma, GSK/Stiefel, Almirall, Leo Pharma, Boehringer Ingelheim, Mylan, Celgene, Pfizer, Valeant, AbbVie, Samsung, Janssen, Lilly, Menlo, Merck, Novartis, Regeneron, Sanofi, Novan, Quriert, National Biological Corporation, Caremark, Advance Medical, Sun Pharma, Suncare Research, Informa, UpToDate, and the National Psoriasis Foundation. He is also the founder and majority owner of www.DrScore.com and founder and part owner of Causa Research, a company dedicated to

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enhancing patient adherence to treatment. The remaining authors declare no conflicts of interest.

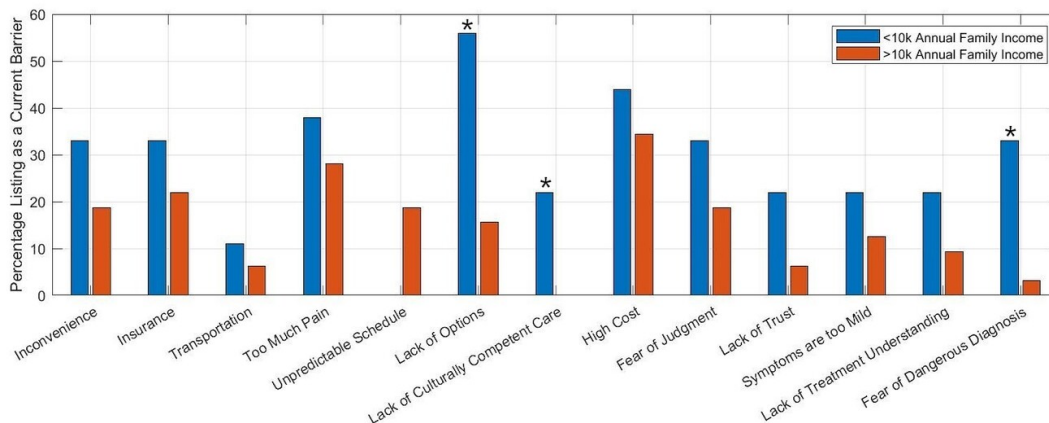


Figure 1. Current barriers to care for patients with less than \$10,000 versus greater than \$10,000 annual household income.

* Denotes statistical significance at $P < .05$.

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