Therapeutics Advisory Group

Improving lives together
Norfolk and Waveney Integrated Care System

Prescribing Guidance Update
Skin and Soft Tissue Infections - Hidradenitis Suppurativa
Version 1.0 – July 2025

Hidradenitis suppurativa (HS) or acne inversa, is a painful chronic inflammatory disease of the apocrine gland, characterised by persistent or recurrent boil-like nodules, scarring, and abscesses in the axillae, groin, and under the breasts.

Diagnostic features of hidradenitis suppurativa

- Typical lesions – inflamed nodules, discharging abscesses, chronic sinus tracts, rope-like scars, and comedones.
- Typical sites – groin and axillae are commonest, but breasts, neck, lower abdomen, and perineum are also recognised sites.
- Typical course – skin lesions recurring or non-resolving at the same sites, despite standard short antibiotic courses. At least two lesions in the past 6 months or a lifetime history of at least five lesions.

The main scoring system used is the Hurley Scale, which is defined as follows:

- Stage 1 (mild) – solitary or multiple, isolated abscess formation without scarring or sinus tracts.
- Stage 2 (moderate) – recurrent abscesses, single or multiple widely separated lesions, with sinus tract formation
- Stage 3 (severe) – diffuse or broad involvement, with multiple interconnected sinus tracts and abscesses.

Management

- Document the Hurley stage at baseline and measure lesion count/number of flares in the last month.
- Screen people with HS for associated comorbidities including depression, anxiety, and cardiovascular risk factors (diabetes, hypertension, hyperlipidaemia, and central obesity).
- Provide a patient information leaflet.
- Provide adequate pain relief to manage acute flares: NSAIDs can be used to treat both pain and inflammation if appropriate.
- Provide dressings for pus-producing lesions.

Additional resources: Management of hidradenitis suppurativa, NHS conditions.

General measures for patients

- Advise patient to lose weight and stop smoking (if relevant)
- Avoid tight clothing
- Reassurance that the condition is not infectious or a result of poor hygiene
- Wash with antiseptic soaps or bath additives
- Stress management
- Consider joining a support group e.g., The HS Support Network (accessed via Facebook or Instagram)

Medical Management

Pus swab should be sent to Microbiology to confirm what infective organism is causing the exacerbation.

Topical antibacterial preparations should be used regularly to reduce the skin carriage of bacteria. Consider both of the following:

- Chlorhexidine 4% wash – can be used as a soap substitute but should be washed off after five minutes Clindamycin 1% lotion twice daily for localised cases – avoid alcoholic preparations due to stinging

- **Systemic antibiotics** (see table below) - the mechanism by which antibiotic therapy improves HS is not definitively known. Antibiotics may help to control skin bacterial load and provide some anti-inflammatory effects.
- **Assess response at 12 weeks:** Assess pain, lesion count/number of flares in the last month.
- **Lack of response:** Refer to the dermatologist-led team.
- **Treatment Success:** Consider treatment breaks to assess the need for ongoing therapy and to limit the risk of antimicrobial resistance.

Antibiotic[1]	**Dosage**	**Duration**
Lymecycline **OR** Doxycycline[2]	**Adults:** 408mg once a day **Adults:** 100mg once a day (increased to twice a day for severe symptoms)	12 weeks 12 weeks
For acute flare-ups, consider stopping lymecycline/doxycycline and give flucloxacillin for no more than 2 weeks. If penicillin allergic, please consider clindamycin.		
Flucloxacillin **OR** Cefalexin *(not suitable in severe pencillin allergy)* **OR** Clindamycin *(if severe penicillin-allergy)*	**Adults:** 500mg four times a day **Adults:** 500mg four times a day **Adults:** 300mg four times a day *(can increase to 450mg four times a day)*	7-10 days 7-10 days 7-10 days
[1]See BNF and BNFC for appropriate use and dosing in specific populations, e.g., hepatic, or renal impairment, pregnancy, breastfeeding. [2]Doxycycline is not suitable for pregnant women		

NOTE: Clindamycin + Rifampicin combination may be initiated by dermatology only

Indications for Referral

- Consider immediate referral to dermatology team for severe (Hurley stage III) disease.
- Consider referral to mental health services if the patient experiences significant psychological distress or a mental health disorder.
- If persistent gastrointestinal symptoms are reported, refer for inflammatory bowel disease screening.
- Where relevant, refer people with HS to smoking cessation services and/or weight management services.

Adapted for local use from document produced by Nottinghamshire Area Prescribing Committee - Hidradenitis Suppurativa (accessed 9/7/2025)

Title	Prescribing Guidance – Hidradenitis Suppurativa
Description of policy	*To inform healthcare professionals*
Scope	*Norfolk and Waveney Integrated Care System*
Prepared by	Norfolk and Waveney ICB Medicines Optimisation Team (adapted from document produced by Nottinghamshire APC
Impact Assessment (Equalities and Environmental)	*Please indicate impact assessment outcome:* *Positive impact* *Adverse impact - low - action plan completed as per guidance* *Adverse impact - medium - action plan completed as per guidance* *Adverse impact - high - action plan completed as per guidance* *No impact* ***No policy will be approved without a completed equality impact assessment***
Other relevant approved documents	See links within main body of the document
Evidence base / Legislation	Level of Evidence: *A. based on national research-based evidence and is considered best evidence* ***B. mix of national and local consensus*** *C. based on local good practice and consensus in the absence of national research based information.*
Dissemination	Is there any reason why any part of this document should not be available on the public web site? ☐ Yes / No ☒
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1.0	Senior I+F Technician, MO Team, NWICB	New document to support clinicians. Adapted from document produced by Nottinghamshire APC. To submit to TAG and MOPB	July 2025