

## **Position Statement: Prescribing HidraWear for Hidradenitis Suppurativa**

### **What is Hidradenitis suppurativa?**

Hidradenitis suppurativa (HS) is an incurable, debilitating chronic skin disease, reported to affect 1-4% of the general population<sup>1</sup>, with disease onset occurring typically in young adulthood. The average diagnosis time is 7-10 years and the exact cause is unknown. Dysregulation of the immune system plays a role and the underlying mechanism of HS is believed to involve a dysfunction of sweat glands or hair follicles - causing deep-seated inflammatory skin lesions, tunnelling, sinus tracts and open wounds. These are mainly found in the armpit, chest, groin, thigh and buttocks. HS mutilates the skin, causing irreversible skin damage and high levels of patient pain and distress. Patients with HS have a higher risk of anxiety, depression and suicide<sup>2</sup>. HS lesions constantly weep exudate and continuously drain, requiring frequent dressing changes (average 3-4 times/day) and a considerable wound care effort by the patient<sup>3</sup>.

### **What is HidraWear?**

HidraWear is the only HS-specific wearable wound care system available, intended for home use by patients who change their own dressings. It comprises of a non-adhesive super absorbent dressing and a reusable retention garment which enables patients to manage wounds in difficult to dress areas of the body, such as axilla, groin and buttocks. It is available on FP/GP10 prescription, but it is very expensive and should only be prescribed when clinically appropriate for patients and specifically recommended by clinicians working in secondary care. HidraWear garments are latex-free. HidraWear may be used by adults and adolescents, whose disease severity warrants use of the product, and if sizing is suitable.

### **When is it appropriate to prescribe HidraWear?**

HidraWear should not be prescribed for those patients considered to have mild HS which can be adequately managed without the use of the product. However, if the condition, and its management, is impacting on quality of life (which may include difficulty performing daily activities; an impact on personal and work life; pain, scarring, areas leaking fluid/pus; embarrassment and psychological strain; depression) it would be appropriate to prescribe HidraWear on an individual patient basis following assessment in a secondary care dermatology clinic.

### **Aims of treatment**

The management of HS can be very challenging. Treatment aims are to try and control the condition or to reach remission as there is no cure. The hope is that patients reach a point where they no longer need to use HidraWear. However, some patients will require garments long term for one or two lesions that occur despite clinical improvement.

### **Who should initiate HidraWear?**

Clinicians and the nursing team within the secondary care dermatology clinic are responsible for assessing the patient and deciding that HidraWear garments are indicated. The nursing team will also be responsible for measuring the patient to see which size should be prescribed. This information will be provided to GP practices via a separate clinic letter.

### Recommendations for prescribing HidraWear

Two garments are required for either the upper and/or lower part of the body – one to wash and one to wear. HidraWear garments are reusable and should be washed daily. They are guaranteed for 90 washes or 6 months' use.

A box of dressings based on using two per day will last for approximately one month (the frequency of dressing changes will be detailed in the clinic letter).

Prescribe two boxes of dressings initially where the patient has multiple wound sites and/or a high level of exudate. Depending on the wound site, it can be more appropriate to select the men's shorts for ladies. Further prescriptions for dressings need to be made available on repeat prescription for the ongoing management of the wounds and in the event of a flare up. HidraWear use will be reviewed at each dermatology clinic appointment. If the patient fails to respond to first-line wound management in two-four weeks, refer to a tissue viability nurse<sup>4</sup>.

For additional prescribing information/help, contact Daylong Direct Customer Service (Monday to Friday, 9am-5pm on 01159 320144).

	<b>HIDRAWEAR ORDERING INFORMATION</b>
<b>Product</b>	<b>Size/Product code</b>
<b>AX T-Shirt (Unisex)</b>	<b>Small (GAX002-01), Medium (GAX002-02), Large (GAX002-03), XLarge (GAX002-04), XXLarge (GAX002-05).</b>
<b>AX Women's Crop Top</b>	<b>Small (GAX001-01), Medium (GAX001-02), Large (GAX001-03), XLarge (GAX001-04), XXLarge (GAX001-05).</b>
<b>BB Men's Boxer Briefs</b>	<b>Small (GBB002-01), Medium (GBB002-02), Large (GBB002-03), XLarge (GBB002-04), XXLarge (GBB002-05).</b>
<b>BB Women's Briefs</b>	<b>Small (GBB001-01), Medium (GBB001-02), Large (GBB001-03), XLarge (GBB001-04), XXLarge (GBB001-05).</b>
<b>HidraWear Superabsorbent Dressing</b>	<b>7.5cm x 12cm (pack of 60) (BHD001) 13.5cm x 19cm (pack of 10) (BHD002)</b>

### Exclusion criteria

The following patient groups should not be prescribed HidraWear garments:

Patients with a mild condition which can be managed without using HidraWear Patients with unsuitable wounds. HidraWear is only intended for use on wounds

in difficult to dress areas of the body, such as the armpit, buttocks & groin Patients unable to use/ apply HidraWear garments.

**Acknowledgement - (adapted by the Dermatology department of Est Lancashire Hospitals Trust from original statement from NHS UHB&W Foundation Trust in collaboration with NHS BNSSG ICB Medicines Optimisation Team)**

### **Useful resources**

British Association of Dermatologists HS PIL: <https://www.bad.org.uk/pils/hidradenitis-suppurativa/>

HS Foundation: <https://www.hs-foundation.org/>

Skin support: <https://skinsupport.org.uk/conditions-details/hidradenitis-suppurativa>

Support groups: <https://www.thepmfajournal.com/features/post/support-groups-for-hidradenitis-suppurativa>

HidraWear videos and downloads: <https://www.daylong.co.uk/info/hidrawear/>

### **References**

1. Jemec, G. B. (1996). The prevalence of hidradenitis suppurativa and its potential precursor lesions. Journal of the American Academy of Dermatology
2. Matusiak Ł. Profound consequences of hidradenitis suppurativa: a review. Br J Dermatol. 2018 May 9
3. Moloney S., McGrath B.M., Roshan D., Gethin G. 2021 The Personal Impact of Daily Wound Care for Hidradenitis Suppurativa
4. Optimising Hidradenitis Suppurativa Care: a Multi-Professional Consensus Statement BDNG 2022