Pain management in patients with hidradenitis suppurativa

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Hidradenitis suppurativa (HS) is a chronic, relapsing, and painful inflammatory disease. HS patients' quality of life is severely impaired, and this impairment correlates strongly with their pain. Pain in HS can be acute or chronic and has both inflammatory and noninflammatory origins. The purpose of this review is to provide a summary of the existing literature regarding pain management in patients with HS. While there are no formal studies investigating pain management in HS, existing recommendations are based on general pain guidelines and expert opinion. Documentation of pain requires an assessment of the severity and timing of the pain. Although anti-inflammatory drugs and surgery for HS can alleviate pain, adjunctive pain medications are typically necessary. Topical analgesics, oral acetaminophen, and oral nonsteroidal anti-inflammatory drugs are considered first-line agents for the treatment of pain in patients with HS. If pain management is ineffective with those agents, oral opiates can be considered. In addition, anticonvulsants and selective serotonin reuptake inhibitors/serotonin-norepinephrine reuptake inhibitors possess neuropathic pain-relieving properties that offer not only control of HS-associated pain but beneficial effects on itch and depression. There is clearly a need for additional studies on pain management in patients with HS. (J Am Acad Dermatol 2015;73:S47-51.)

Key words: anti-inflammatory drugs; hidradenitis suppurativa; pain management; quality of life; topical analgesics.

INTRODUCTION

Hidradenitis suppurativa (HS) is a chronic, painful, and inflammatory disease with acute exacerbations. The 1994 International Association for the Study of Pain states that "pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage."[1]

The quality of life of patients with HS is severely impaired, and this disability correlates strongly with pain, odorous discharge from abscesses, and discomfort.[2] The pain has both inflammatory and noninflammatory bases. Chronic pain affects everyday functioning, leading to extensive burden of the disease.[3] In addition to chronic pain, there is also acute pain during flares of disease or dressing change.

Different types of pain in HS are reported: nociceptive, neuropathic, inflammatory, noninflammatory (essential), ischemic, and pain related to arthritis and depression.[4] With no formal HS pain studies in the literature, the treatment of pain in HS is based on general pain guidelines, expert opinion, and patient preference. The approach to pain management requires documentation of the cause of the pain (ie, inflammatory vs infectious triggers), the presence of external or topical triggers, and the need for surgery (ie, drainage of an abscess, deroofing procedures with removal of an amorphous proliferative gelatinous substance, or wider excision). Although anti-inflammatory medications can decrease pain in HS, additional pain medication is usually necessary to manage pain in HS patients.

DOCUMENTATION OF PAIN

The documentation of pain first requires an assessment of pain severity. The numerical rating scale (NRS), where 0 denotes no pain, 5 denotes

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moderate pain (eg, a bee sting), and 10 denotes severe pain, is a reliable tool that can provide a baseline pain assessment. Patients are also asked to rate the intensity of their pain at the present time. Most individuals can complete activities of daily living with a NRS score of 3 to 4.

Gathering information about the timing of the pain is significant. Does it occur with acute nodules or abscess formation where spontaneous or surgical drainage often relieves suffering? Is there a background pain from contracted scars or chronic low-grade inflammation? Does friction from wearing tight clothing aggravate the problem? Is there increased discharge and odor that may indicate a secondary infection? The description of the pain will distinguish between stimulus-dependent nociceptive pain, which is characterized by gnawing, aching, tenderness, and throbbing, and spontaneous, neuropathic pain, which is characterized by burning, stinging, shooting, and stabbing.

CAPSULE SUMMARY

- Hidradenitis suppurativa is a chronic, relapsing, and painful inflammatory disease.
- Anti-inflammatory medications and surgery are first-line treatments for hidradenitis suppurativa.
- Topical analgesics, oral acetaminophen, and oral nonsteroidal anti-inflammatory drugs are first-line treatments for hidradenitis suppurativa-associated nociceptive pain; additional agents are often required for the neuropathic component.

TREATMENT

Topical analgesics, oral acetaminophen, and oral nonsteroidal anti-inflammatory drugs (NSAIDs) are first-line agents for the treatment of pain in patients with HS. If pain reduction is insufficient with these therapeutic choices, oral opiates may be selected. Caution should be exercised, however, because of the potential risks of opioid dependence and withdrawal syndromes. Anticonvulsants, tricyclics, and serotonin–norepinephrine reuptake inhibitors (SNRIs) are antidepressant medications that can offer long-term pain control and that respond to any co-occurring depression. Because the management of pain in patients with HS is complex and challenging, it is vital that it is met with a multidisciplinary approach that features collaboration of health care professionals, including a pain specialist and psychologist, who are members of an HS team, to achieve optimal care.

STRATEGY OF PAIN MANAGEMENT

Treatment of both chronic and acute pain is essential. It is also advised to combine topical and systemic agents to increase efficacy. A wide array of topical agents are available, varying in compound, vehicles, benefits, and limitations.[5] Table I outlines the topical agents and Table II outlines the systemic agents that are most often used in the management of pain related to HS.

Management of acute pain

Sharp pain related to acute HS flares accounts for numerous emergency room visits. Acetaminophen or NSAIDs can be administered to treat this pain. The maximal effect of anti-inflammatory and pain medications is not reached quickly, and therefore acute surgical interventions (ie, incision and drainage of inflammatory nodules) provide the only rapid solution for pain associated with HS flares. Inflammatory nodules can be infiltrated with corticosteroids alone (triamcinolone acetonide) or mixed with xylocaine 1%.

Management of pain in the chronic continuous phase

The European Dermatology Forum (EDF) guideline recommends the management of chronic pain in patients with HS according to the World Health Organization (WHO) pain ladder.[6,7] The use of acetaminophen and NSAIDs (effect requires active inflammation) in the usual dosages are first-line options to treat nociceptive pain. These medicines produce analgesic and antipyretic effects; NSAIDs also have anti-inflammatory properties. Acetaminophen may provide pain relief by elevating the pain threshold through blocking the nitric oxide pathway. NSAIDs inhibit inflammation and pain through inhibition of the prostaglandin synthesis. Acetaminophen has a mild to moderate analgesic effect and is often recommended for patients who cannot tolerate NSAIDs. Alternatively, it can be given as an adjunct with NSAIDs to achieve superior pain control. Several NSAIDs are available to address HS-related pain, including ibuprofen, naproxen, and celecoxib. There is no evidence that any of these agents is superior to the others. Before prescribing NSAIDs to treat pain, assess the use of any other medications, the presence of any existing conditions that may contraindicate NSAID use, such as gastrointestinal bleeding or peptic ulcers, and evaluate liver and renal function. Clinicians should exercise caution with the prescription of cyclooxygenase-2