# Mapping Hidradenitis suppurativa: Prevalence on a worldwide scale: Results of the ALL project



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### RATIONAL & OBJECTIVES

Hidradenitis suppurativa (HS) is a chronic skin disorder characterized by enduringly painful nodules and recurrent abcesses. It deeply impacts patients' wellbeing, causing discomfort, pain, and potentially significant psychological and social difficulties. Assessing its influence across diverse populations could facilitate the development of more effective treatment approaches and customized support interventions.

#### **METHODOLOGY**

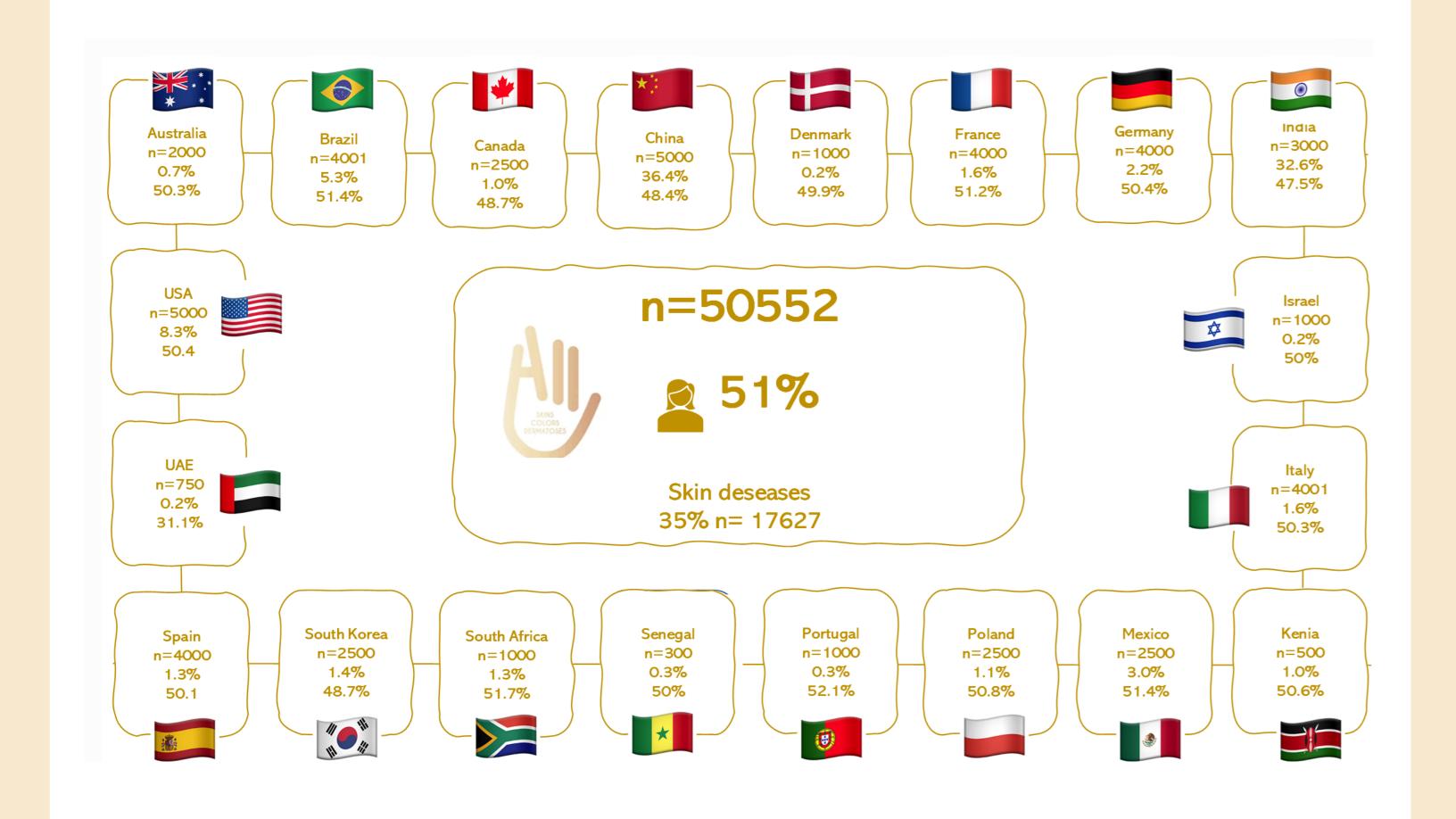
The ALL PROJECT is a large-scale study of individuals representative of the adult population in 20 countries on five continents: Europe [France, Italy, Germany, Poland, Portugal, Spain, Denmark; n=17500], Latin America[LA] [Brazil, Mexico; n=6501], Asia [China, India, South Korea; n=10500], North America [NA] [Canada, USA; n= 7500); Middle East [ME] [Israel, United Arab Emirates; n=2750], Australia [Australia; n=2000] and Africa [Kenya, South Africa, Senegal; n=1800].

In each of the 20 countries surveyed, representative and extrapolable samples of the general population aged 16 and over were interviewed.

This methodology ensures that the results of the study can be generalized to the entire population of each country included in the project, thus providing a global and diversified perspective of the subjects studied.

Patients reporting only hidradenitis suppurativa as confirmed by a healthcare professional, were identified to avoid attributing effects to another skin condition.

The results were compared using chi-squared or Fisher's exact test. The alpha risk was set at 5% and two tailed tests were used. Statistical analysis was performed using EasyMedStat (version 3.34; www.easymedstat.com).



# RESULTS

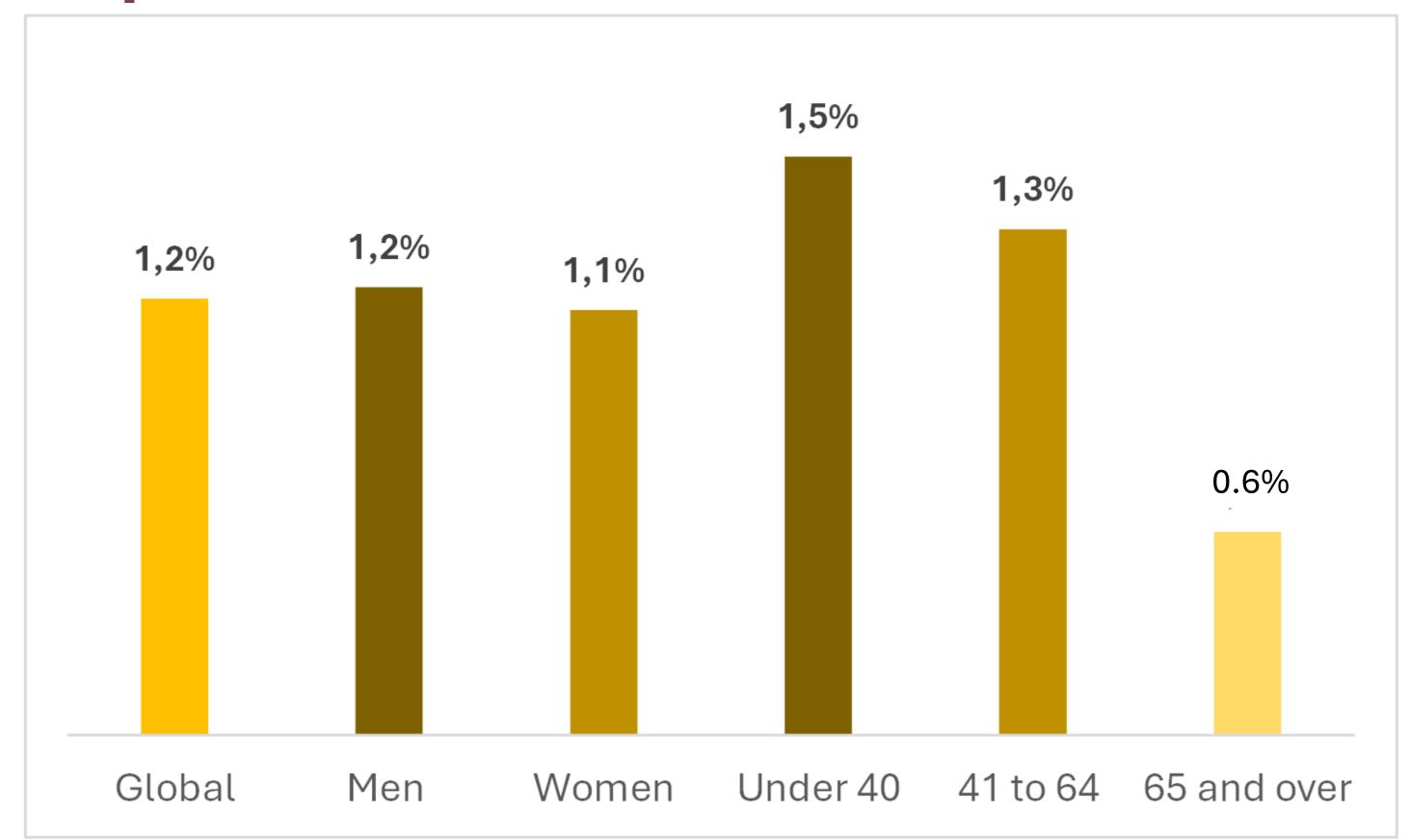
The prevalence of hidradenitis suppurativa disease in Europe is 1% (0.84% to 1.11%). In Asia and the Middle East, the prevalence is 2.0% (1.71% to 2.25%) and 3.3% (2.48% to 4.15%), respectively. These two regions stand out statistically, with significantly higher prevalences than in Europe.

In, North America, Africa and Australia, the prevalence is significantly lower, with respective values of 0.7% [0.51% to 0.88%] for the first, 0.5% [0.17% to 0.83%] for the second and 0.4% [0.12% to 0.68%] for the third.

The prevalence of Latin America was also lower, at 0.8% [0.57% to 1.00%]. There was no significant difference observed between the prevalence rates for men and women.

In Europe, the prevalence rates for men were higher than for women (1.2% vs. 0.7%), as were the rates in North America (0.8% vs. 0.6%), Australia (0.6% vs. 0.2%) and Latin America [0.9% vs 0.7%].. In Asia, the difference between the sexes is reversed, with a prevalence rate of 2.6% for women compared with 1.4% for men.

The same is true in Middle East [3.5% vs 3.2%]. Overall, a significant difference [<0.001] was observed, with a prevalence of 1.5% in urban areas, 0.7% in rural areas and 0.7% in semi-urban areas. Furthermore, no significant difference was observed between fair skin (1.2%) and dark skin (1.1%) overall.[P-value =0.33]



		Global Population		ſ	Men	Women		
		n	%	n	%	n	%	
<b>GLOBAL POPULA</b>	TION	586	1,2%	302	1,2%	284	1,1%	
North America		52	0,7%	30	0,8%	134	0,6%	
Asia		208	2,0%	74	1,4%	22	2,6%	
Latin America		51	0,8%	29	0,9%	75	0,7%	
Europe		200	1,0%	125	1,2%	2	0,7%	
Australia		8	0,4%	6	0,6%	3	0,2%	
Africa		9	0,5%	6	0,7%	26	0,3%	
Middle East		58	3,3%	32	3,2%	284	3,5%	

	Under 40		41 to 64		65 and over	
	n	%	n	%	n	%
GLOBAL POPULATION	276	1,5%	204	1,3%	106	0,6%
North America	20	0,8%	21	1,1%	11	0,4%
Asia	86	2,1%	81	2,3%	41	1,5%
Latin America	32	1,1%	15	0,7%	4	0,3%
Europe	100	1,7%	51	0,9%	49	0,6%
Australia	3	0,4%	5	0,9%	0	0,0%
Africa	7	0,7%	2	0,4%	0	0,0%
Middle East	28	3,7%	29	4,4%	1	0,3%

	Urban areas		Semi-Urban areas		Rural areas	
	n	%	n	%	n	%
GLOBAL POPULATION	429	1,5%	98	0,7%	59	0,7%
North America	25	1,0%	17	0,5%	10	0,6%
Asia	177	2,1%	23	1,8%	8	1,3%
Latin America	41	0,8%	8	0,7%	2	0,8%
Europe	128	1,3%	42	0,8%	30	0,6%
Australia	6	0,9%	1	0,1%	1	0,3%
Africa	3	0,4%	2	0,2%	4	1,5%
Middle East	49	3,6%	5	2,2%	4	2,6%

Global Population		Fair Skin		Dark skin	
n	%	n	%	n	%
586	1,2%	475	1,2%	111	1,1%
52	0,7%	44	0,7%	8	0,6%
208	2,0%	174	2,2%	34	1,2%
51	0,8%	35	0,8%	16	0,9%
200	1,0%	169	0,9%	31	1,2%
8	0,4%	8	0,5%	0	0,0%
9	0,5%	2	0,3%	7	0,6%
58	3,3%	43	3,2%	15	3,8%
	n 586 52 208 51 200 8 9	n % 586 1,2% 52 0,7% 208 2,0% 51 0,8% 200 1,0% 8 0,4% 9 0,5%	n       %       n         586       1,2%       475         52       0,7%       44         208       2,0%       174         51       0,8%       35         200       1,0%       169         8       0,4%       8         9       0,5%       2	n       %       n       %         586       1,2%       475       1,2%         52       0,7%       44       0,7%         208       2,0%       174       2,2%         51       0,8%       35       0,8%         200       1,0%       169       0,9%         8       0,4%       8       0,5%         9       0,5%       2       0,3%	n       %       n       %       n         586       1,2%       475       1,2%       111         52       0,7%       44       0,7%       8         208       2,0%       174       2,2%       34         51       0,8%       35       0,8%       16         200       1,0%       169       0,9%       31         8       0,4%       8       0,5%       0         9       0,5%       2       0,3%       7

## DISCUSSION

For the first time, our study provides a global view of the prevalence of HS. The results are consistent with multiple published studies, but provide robust information because a single methodology is used.

The differences in results between continents indicate mutual challenges and the potential for collaborative solutions. These results underline the need for increased commitment to international research, greater awareness and standardised treatment methods.