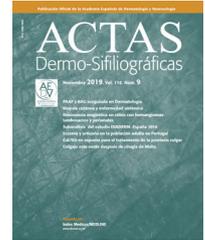




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CASE AND RESEARCH LETTER

[Translated article] Biopsychosocial Complexity in Patients With Hidradenitis Suppurativa: A Pilot Study of a Psychodermatology Assessment Scale



Complejidad bio-psico-social en pacientes con hidradenitis supurativa: un estudio piloto de psico-dermatología

To the Editor,

Hidradenitis suppurativa is a chronic dermatologic disease affecting the hair follicle. It has a considerable effect on quality of life and is associated with marked biopsychosocial comorbidity.¹

Psychodermatology, which aims to favor psychological evaluation and treatment for the care of patients with dermatologic conditions, has become increasingly important in Europe in recent years. Therefore, given the high prevalence of mental health issues among patients with medical and surgical conditions, the European Association of Consultation-Liaison Psychiatry and Psychosomatics created the INTERMED method,² which has been validated in Spanish and recently redesigned in its self-administered format (IM-SA).³ The IM-SA aims to identify and classify biopsychosocially complex patients, enable rapid multidimensional evaluation, and improve the efficiency of the approach to patients requiring more complex medical care and, therefore, greater use of economic resources.

In order to evaluate the usefulness of the IM-SA in patients with hidradenitis suppurativa, we performed a cross-sectional pilot study of a sample of patients ($n=23$), all of whom were adults and in full possession of their mental faculties. The patients consecutively attended a specialist hidradenitis suppurativa clinic in the Dermatology Department of Hospital Clínico Universitario Lozano Blesa in Zaragoza, Spain between the months of March and May 2021. The study was approved by the Research Ethics

Committee of the Autonomous Community of Aragon (CEICA). We collected a series of variables, namely, patients' socioeconomic data, severity of hidradenitis suppurativa (Hurley scale), and score on the Spanish version of the IM-SA, which classifies patients into 4 domains (biological, psychological, social, and health care).

Data were processed using Jamovi 1.8.2. We obtained descriptive and analytical measures for contrast tests. Non-parametric tests were used for the latter, since the sample size was small ($n=23$). Statistical significance was set at $P < .05$.

Women scored higher overall on the IM-SA than men (16.2 [8.8] vs. 11.3 [6.5]), although the differences were not significant ($P = .14$). The analysis by domains yielded statistically significant differences in the psychological domain (history, current state, and prognosis), where women scored higher than men (Table 1).

The IM-SA made it possible to classify patients according to their biopsychosocial complexity as *noncomplex* if they scored <19 points ($n=19$) or as *complex* if they scored ≥ 19 points ($n=4$). Analysis of the overall IM-SA score showed that this was higher in complex patients than in noncomplex patients (28 [4.7] vs. 10.6 [4.1]; $P = .002$). The differences in the mean scores in the different domains are shown in Table 2. The results of the study show that only 17.3% of the patients were complex. The mean (SD) IM-SA score of the 19 noncomplex patients was 10.6 (4.1), whereas that of the 4 complex patients was 28 (4.7), indicating that patients with hidradenitis suppurativa are more complex than those with other entities previously addressed using the INTERMED instrument, such as multiple sclerosis (mean score, 14), rheumatoid arthritis (mean score, 17.2), and liver transplant (mean score, 20).⁴

As expected, some higher IM-SA scores were associated with higher scores in the psychological and social domains ($P = .005$), namely, psychological history, social history, current biological status, current social status, and social and health care prognosis. This association is in line with available data, such as the findings reported by Kouris et al.,⁵ who found that patients with hidradenitis suppurativa experience statistically significantly more anxiety than the control group (6.4 [3.3] vs. 5.0 [1.6]; $P < .001$).

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Table 1 Score in the Psychological Domain of the INTERMED Self-Assessment Questionnaire by Sex.

IM-SA domain	Sex	Score	P
Psychological history	Male	1.3 (1.5)	.005
	Female	3.5 (1.7)	
Current psychological status	Male	0.4 (0.8)	.005
	Female	1.7 (1.2)	
Psychological prognosis	Male	0	.048
	Female	0.4 (0.7)	

Table 2 Score for the Domains of the INTERMED Self-Assessment (IM-SA) Questionnaire by Patient Complexity.

IM-SA domain	Complexity	Score	P		
History	Biological status	Noncomplex	2.1 (1.4)	.125	
		Complex	3.5 (1.7)		
	Psychological status	Noncomplex	1.8 (1.5)	.005	
		Complex	5 (0.8)		
	Social status	Noncomplex	1.3 (1.3)	.010	
		Complex	3.8 (1.3)		
Health care	Noncomplex	0.4 (0.9)	.011		
	Complex	1.5 (0.6)			
Current status	Biological status	Noncomplex	2.5 (1.6)	.039	
		Complex	4.5 (1.3)		
	Psychological status	Noncomplex	0.8 (1.2)	.048	
		Complex	2 (0.8)		
	Social status	Noncomplex	0.2 (0.4)	.009	
		Complex	2.8 (2.5)		
	Health care	Noncomplex	1.2 (0.5)	.143	
		Complex	1.8 (1.0)		
	Prognosis	Biological status	Noncomplex	1.2 (0.4)	.445
			Complex	0	
Psychological status		Noncomplex	0.1 (0.3)	.406	
		Complex	0.5 (1)		
Social status		Noncomplex	0	.002	
		Complex	1.5 (1.7)		
Health care		Noncomplex	0.1 (0.2)	.015	
		Complex	1.3 (1.5)		

Our pilot study showed that the IM-SA instrument can detect and highlight complex patients, thus indicating that patients with hidradenitis suppurativa are more complex than other patient populations previously assessed using IM-SA. Since this is a pilot study, it would be interesting to extend our research in order to improve quality of care and enable care to be provided on an individual basis.

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Conflicts of Interest

The authors declare that they have no conflicts of interest.

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