and this led to the development of the Psoriasis Rapid Access Clinic (PRAC), an innovative consultant-led, multidisciplinary clinic based within a community setting in Salford, North West England. We aimed to recruit patients who were ≥16 years old, were systemic treatment naive and had developed psoriasis within the previous 2 years. Intervention combined specialist dermatology and health psychology management. The objective of this pilot implementation study was to identify and recruit this target population to the PRAC. We describe the baseline characteristics and clinical needs of participants attending this specialist clinic.

The pilot clinic was fully operational for 7 months prior to the onset of the COVID-19 pandemic. Fifty-three patients were reviewed, of whom 39 met the target characteristics. Of these, 54% (21 of 39) were female; the median age was 34 years and the median disease duration was 21 months at recruitment. The mean Psoriasis Area and Severity Index was 6.4 (SD 4.5) and 90% had psoriasis affecting a high-impact site. Screening for comorbidities revealed hypertension (blood pressure ≥140/90 mmHg) in 36% (14 of 39), total cholesterol >5 mmol L⁻¹ in 50% (17 of 34) and glycated haemoglobin >41 mmol mol⁻¹ (high risk of developing diabetes) in 6% (two of 34). Hospital Anxiety and Depression Scale scores ≥8, consistent with possible mental health impairment, were reported by 36% (14 of 39) for anxiety and 23% (nine of 39) for depression. Overall, 18% (seven of 39) had a Psoriasis Epidemiology Screening Tool score ≥3 when screened, warranting investigation for psoriatic arthritis. The mean body mass index was 28.5 kg m⁻² (SD 6.5). Additional baseline characteristics are summarized in Table 1.

These data reveal that the majority who attended the PRAC were young adults within 2 years of developing psoriasis. Most demonstrated high disease burden and considerable comorbidity risk, making them suitable for early and more effective therapies such as systemic treatment and illness prevention. Behavioural support to minimize long-term psychological and physical consequences of psoriasis. Almost half of those in employment felt that psoriasis had impaired productivity at work. This highlights the impact of psoriasis on physical, mental and socioeconomic wellbeing and further reinforces the need for strategies to reduce delays in referring for specialist management. The analysis of longer-term outcomes of attendees at the PRAC and results of a psychoeducational intervention will form the basis of a subsequent manuscript.

Although to the best of our knowledge this is a world-first multidisciplinary early access clinic for psoriasis, the benefits of early intervention are well established for other immune-
mediated inflammatory diseases such as rheumatoid arthritis and Crohn disease, for which early targeted treatment can potentially modify the disease course.\textsuperscript{6} This has not yet been proven for psoriasis but has been hypothesized.\textsuperscript{6}

A recent priority setting partnership facilitated by the UK Psoriasis Association resulted in the creation of the psoriasis top 10,\textsuperscript{7} a list of current research priorities for psoriasis, to which the PRAC closely aligns. In parallel, national and international healthcare policymakers emphasize the importance of policy change to keep pace with scientific developments and innovative therapies. There is an urgent need to integrate such recommendations into practice. In the case of psoriasis, this means early access to specialist care, at which point more vulnerable patients can be identified and their care escalated, while integrating primary and secondary care services to optimize disease management for individual patients. This approach is exemplified by the PRAC model. Following on from the success of this pilot study, the PRAC has been included in the recently published Dermatology Getting it Right First Time report.\textsuperscript{8}

Early access clinics for psoriasis may prevent long-term sequelae, as the disease is better controlled, and comorbid conditions are screened for and acted upon. Investing in the PRAC model has the potential to save future health and social

| Table 1 Baseline characteristics of patients attending the Psoriasis Rapid Access Clinic |
|---------------------------------|--------|
| **Psoriasis location at baseline assessment** |        |
| Scalp | 85% (33/39) |
| Nails | 23% (9/39) |
| Face | 21% (8/39) |
| Palms and/or soles | 18% (7/39) |
| Genitalia | 13% (5/39) |
| Psoriasis affecting at least one high-impact site\textsuperscript{a} | 90% (35/39) |
| Psoriasis affecting at least two high-impact sites\textsuperscript{a} | 46% (18/39) |
| **Psoriasis treatment history** |        |
| Ever prescribed phototherapy, or systemic or biologic therapies for psoriasis | No: 100% (39/39) |
| Ever nonadherent to prescribed topical therapy for psoriasis | Yes: 69% (27/39); No: 10% (4/39); Not applicable: 21% (8/39) |
| **Work productivity and activity impairment** |        |
| Currently employed | 69% (27/39) |
| Time missed from work due to psoriasis or its treatment over the past 7 days | 7% (2/27) |
| Psoriasis or treating psoriasis impaired productivity while working over the past 7 days | 48% (13/27) |
| Psoriasis or treating psoriasis affected ability to do regular daily activities other than work at a job over the past 7 days | 59% (23/39) |
| **Lifestyle behaviours** |        |
| Current or past smoking | 56% (22/39) |
| What age did the patient start smoking (years), mean (SD) | 16.6 (3.5), n = 22 |
| Consume any alcohol | Yes: 79% (31/39); No: 1% (1/39) |
| Greater than recommended limit of 14 units per week | 35% (11/31) |
| Achieve Department of Health recommended adult guidelines for exercise (moderately active 2.5 h or vigorously active 75 min each week) | 51% (20/39) |
| Body mass index (kg m\textsuperscript{-2}), mean (SD) | 28.5 (6.5) |
| Psoriasis: traditional disease severity scores |        |
| Psoriasis Area and Severity Index, mean (SD) | 6.4 (4.5) |
| Dermatology Life Quality Index, mean (SD) | 9.3 (6.2) |
| **Comorbidity screening** |        |
| New diagnosis of hypertension (blood pressure \(\geq 140/90\) mmHg) | 33% (13/39) |
| Inadequately controlled pre-existing hypertension | 3% (1/39) |
| New diagnosis of hypercholesterolaemia (total cholesterol \(>5\) mmol L\textsuperscript{-1}) | 41% (14/34) |
| Inadequately controlled hypercholesterolaemia | 9% (3/34) |
| HBA\textsubscript{1c} \(>41\) mmol mol\textsuperscript{-1} (high risk of developing diabetes) | 6% (2/34) |
| HADS \(\geq 8\) (consistent with possible mental health impairment) for anxiety | 36% (14/39) |
| HADS \(\geq 8\) (consistent with possible mental health impairment) for depression | 23% (9/39) |
| Psoriasis Epidemiology Screening Tool score \(\geq 3\) | 18% (7/39) |

The data are presented as % (n/N) unless stated otherwise. Five of the 39 patients (13%) chose not to provide an optional blood sample for cardiovascular risk factor screening. HADS, Hospital Anxiety and Depression Scale; HBA\textsubscript{1c}, glycated haemoglobin. \textsuperscript{a}High-impact site is defined as scalp, face, palms, soles, genitalia or nails.
It is not surprising that patients with devolved health and social care budgets.

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Data Availability Statement: Author elects to not share data.

Identification of clinical features affecting diagnostic delay in paediatric hidradenitis suppurativa: results from a multicentre observational study

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Dear Editor, Hidradenitis suppurativa (HS) is a chronic recurrent immune-mediated skin disease usually observed during the second and third decades of life, but it can also occur in children and adolescents. HS has an unpredictable course and is challenging to treat due to the limited therapeutic options and long diagnostic delay.1 It is not surprising that patients with younger age at disease onset and with severe forms are at risk of higher disease burden.2

Thus, we aimed to better characterize the clinical features of paediatric-onset HS. Data from 56 patients with HS (28 male, 28 female) aged ≤18 years, from four different European Union centres were collected and analysed (Table 1). Informed consent was obtained from each participant in the study, which was approved by local ethical committees (IRB approval numbers CEAVC 19799, Florence, Italy; AKS-A 20/16, Dessau, Germany; A12, Attikon University General Hospital, Athens, Greece; KB-520/2018, Wroclaw, Poland).

At onset, HS affected one to two body areas (mostly axillary and inguinal regions, 54% and 45% of patients, respectively) in 77% of patients, with a significant increase in the number of sites affected by HS over a median period of 1 year. At least one acute severe flare per year requiring systemic treatment adjustment was observed in 73% of patients. The male patients were generally older than the female patients [median 16.5 years, interquartile range (IQR) 15.3–17 vs. 15.5; IQR 14.3–16; P = 0.006] and had also a later age at HS onset (15 years, IQR 13.3–16 vs. 14, IQR 12.3–15; P = 0.05). However, HS duration at the first visit (median 1 year, IQR...