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Nonattendance in an Outpatient Clinic among Patients with Hidradenitis Suppurativa

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Dear Editor,

Nonattendance is of great practical and economical importance to patients and the health care system alike. The degree of nonattendance may vary according to patients' characteristics and may therefore influence the diagnosis and diagnostic delay. Nonattendance is associated with a low socioeconomic status, alcohol consumption, and obesity [1]. Patients with hidradenitis suppurativa (HS) often have a low socioeconomic status, suffer from obesity and related comorbidities [2]. Furthermore, a recent study has discovered a higher prevalence of substance use disorder in HS patients [3]. HS patients also use emergency rooms more often [4], which may be due to a lower show-rate in scheduled outpatient visits. Generally, HS patients experience a significant delay of diagnosis [5]. In accordance with the aforementioned literature on the characteristics of HS patients, we hypothesized that HS patients may have higher rates of no-shows compared with other dermatologic patients.

We conducted a prospective study at the Department of Dermatology, Zealand University Hospital, Roskilde, Denmark, and registered all no-shows of planned visits from February 26, 2018 to April 6, 2018. No-show rates in HS-specific clinics were compared with general dermatology outpatient clinics. Nursing clinics and surgeries were excluded. No-show rates were compared using the χ^2 test. A total of 744 patients were included, hereof 113 (15%) were HS patients and 631 had other dermatologic conditions (Table 1). We found no significant difference in no-show rates between HS

patients and other dermatologic patients ($p = 0.688$). Despite their comorbidities, obesity, lower socioeconomic status, and higher consumption of alcohol and other substances among HS patients, they manage to attend their scheduled outpatient visits to the same extent as other dermatologic patients. Several factors contribute to the prediction of no-show rates. A Danish study on nonattendance in dermatology found that erroneous scheduling was one of the main reasons for not showing up. The authors also investigated if the diagnosis was associated with no-show rate. However, HS patients were categorized as "other skin diseases" [6].

In our study, we did not confirm the diagnosis of each patient, but all patients attended specialist clinics. We assumed that every patient scheduled for treatment on the HS program had HS, and patients scheduled in other outpatient programs did not have HS. Thereby, there may have been a small fraction of patients with other diagnoses in the HS program and vice versa. This limitation does not bias our study design. However, HS patients attending specialist clinics may have a more severe disease and thereby possibly a stronger motivation for attending scheduled visits. This may have contributed to our results showing that HS patients have the same no-show rates as other dermatologic patients.

Statement of Ethics

Studies of this type do not need an approval from the Institutional Review Board according to Danish law.

Disclosure Statement

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Table 1. Nonattendance versus attendance of HS patients at outpatient visits

Total number of planned visits ($n = 744$)	Nonattendance ($n = 103$)	Attendance ($n = 641$)	% (95% CI)
HS patients ($n = 113$)	17	96	17.7 (10.7–24.1)
Other dermatologic patients ($n = 631$)	86	545	15.8 (12.9–18.6)

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