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“Racial, Ethnic, and Socioeconomic Representation in GLP-1 Receptor Agonist Research for Hidradenitis Suppurative: A Scoping Review”

Background: Hidradenitis Suppurativa (HS) disproportionately affects Black and Hispanic patients, who also face greater barriers to dermatologic care than White patients. GLP-1 receptor agonists (GLP-1RA) are emerging as a promising adjunctive HS treatment, yet it remains unclear whether populations most affected by HS are represented in this literature. This review evaluated racial, ethnic, and socioeconomic representation in published GLP-1RA/HS studies and assessed whether equity-related variables were reported or analyzed.

Objective: To characterize racial, ethnic, and socioeconomic data reporting and analysis in GLP-1RA HS research.

Methods: A scoping review of peer-reviewed studies evaluating GLP-1RA in HS patients was conducted using PubMed and Embase (171 initial results). Two independent reviewers screened abstracts and full texts, with conflicts resolved by a third reviewer; 25 articles met inclusion criteria. Data were extracted on study characteristics, demographics, and equity-related variables, including race/ethnicity, socioeconomic status (SES), insurance status, geographic region, and analyses of prescription patterns and clinical outcomes.

Results: Of 25 included articles, 3 were single-patient case reports; the remaining 22 were primary observational studies (single-arm cohorts of n=14–45 to retrospective database analyses of up to 20,000 matched pairs). No RCTs were identified. Race was reported in 64% of articles but analyzed against an outcome in only two (treatment response and HS severity), neither showing significant association. SES/income was reported in 24% of articles, with 2 studies noting SES as a cohort limitation. Prescription rates were tested against race or insurance status in two studies; one found significantly lower odds of GLP-1RA prescription among publicly and self-insured patients.

Conclusion: Race and ethnicity were frequently reported but rarely analyzed, including in the largest single-center cohort (n=142), where collected race data were never tested against treatment response. SES was measured in only a minority of studies. Further research on GLP-1RA prescription patterns by race and SES is needed to address disparities in HS care.