**Material and Methods**

*Sample*

Consecutive outpatients with HS attending the Istituto Dermopatico dell’Immacolata (IDI-IRCCS, Italy) between December 2017 and October 2018 were included in the study. Inclusion criteria were: (1) age 18 years or more; (2) a new diagnosis of HS or presenting for the first time to the hospital with HS; (3) history of at least 6 months of nodules, abscesses, fistulae, and secondary retracting scars, affecting intertriginous sites, including the axillae, breasts, groin, buttocks, and perineum; (4) signed, written, informed consent. Exclusion criteria were: (1) presence of lesions associated with HS (nodular acne associated with macrocomedones, single pilonidal cysts, recurrent necrotic folliculitis of the scalp) in the absence of other criteria to fulfill the diagnosis of HS; (2) presence of major diseases of the central nervous system (e.g., dementia or Parkinson’s disease); (3) presence of speciﬁc medical conditions, such as hypertension, diabetes mellitus, dyslipidemia, or other immune-mediated diseases (e.g., Crohn’s disease, multiple sclerosis, psoriatic arthritis, or rheumatoid arthritis); (4) current major psychiatric disorders (e.g., schizophrenia or bipolar disorder) or hallucinatory and delusional phenomena; (5) inability to complete the assessment (e.g., denial of informed consent). The study was approved by the local Ethics Committee (No. 459/1) and was carried out in accordance with the 1964 Helsinki Declaration.

*Study Design*

This is a cross-sectional, observational study on patients with HS.

*Setting and Data Collection*

Study participants were enrolled at the dedicated HS outpatients clinic of IDI-IRCCS.

Using standardized data collection forms, we gathered information on sex, age, marital status, education, body mass index, cigarette smoking, pain, and disease duration. Pain was assessed with a visual analogue scale (0–10) [20], while disease severity was determined using the Hurley Staging System [21], the Sartorius score [22], and the more recent International HS Severity Scoring System [23]. Two dermatologists, L.F. and D.C., collected clinical data.

*Outcome Measures and Other Self-Reported Measurements*

Alexithymia was the primary outcome measure of this study. It was assessed using the 20-item Toronto Alexithymia Scale (TAS-20), a reliable and valid instrument composed of 20 items rated on a 5-point Likert-type scale (from 1, *strongly disagree,* to 5, *strongly agree*). The TAS-20 measures 3 dimensions of alexithymia: (1) diﬃculty identifying feelings; (2) diﬃculty communicating feelings; (3) externally oriented thinking. According to the accepted standard, a total score equal to or greater than 61 indicates alexithymia, a total score from 52 to 60 suggests intermediate/borderline alexithymia, and a score equal to or less than 51 indicates absence of alexithymia [24]

Dermatology-specific HRQoL was assessed using the Dermatology Life Quality Index. It consists of 10 questions with answers ranging from 0 (*not at all*) to 3 (*very much*). The total score is obtained by adding the score of each item. Higher scores indicate worse HRQoL [25]. Dermatology-specific HRQoL was also assessed with the Skindex-17 questionnaire [26], which measures symptoms and psychosocial aspects. Answers are given on a 3-point scale (0: *never*; 1: *rarely/sometimes*; 2: *often/always*), with higher scores indicating a higher effect of skin disease on quality of life.

General health status was measured with the 36-item Short-Form Health Survey [27]. It includes 8 dimensions related to physical functioning, role limitations due to physical health problems, bodily pain, general health perception, vitality, social functioning, role limitations due to emotional problems, and mental health. The first 4 dimensions are combined to give a physical component summary, and the remaining 4 dimensions are combined to provide a mental component summary. Scores for each domain range from 0 to 100, with higher scores indicating better status.

The 12-item General Health Questionnaire (GHQ-12) was used to assess psychological distress. The GHQ-12 is a self-administered instrument designed to detect nonpsychotic and minor psychiatric disorders. Answers are given on a 4-point scale. People scoring 4 or more with the dichotomous scoring system (0-0-1-1) were defined as GHQ cases [28].

*Statistical Analysis*

Categorical variables were described as counts and percentages, and continuous variables as mean and standard deviation. Categorical variables were compared using the χ2 test and continuous variables using the *t* test or ANOVA. The Mann-Whitney U test was used to compare two subgroups of patients. In all cases, a *p* value <0.05 was considered statistically significant. All analyses were performed using the Statistical Package for the Social Sciences (SPSS), version 19.0 (IBM Corp., Armonk, NY, USA).