Table SI. *Background factors and characteristics in hospital hidradenitis suppurativa (HS) subjects, population HS subjects, and population non-HS subjects*

	Hospital HS group *n* = 32	Population HS group *n* = 430	Population non-HS group *n* = 20,780
Age, years, mean (range)	42 (22–64)	48 (22–78)	56 (20–96)
Sex, Female vs. Male % (*n*)	78 vs. 22	68 vs. 32	54 vs. 46
Smoking status, % (*n*)			
Present smoker	55	41	18
Past smoker	42	36	40
Never smoked	3	23	42
Ethnicity, Caucasian, % (*n*)	97	97	99
CRP, mg/l, median (range)	5.1 (0.2–119.0)	2.2 (0.1–38.0)	1.3 (0.1–194.0)
HS severity distribution, %			
Mild	12.5	50	Not applicable
Moderate	15.5	28.5	Not applicable
Severe	72	21.5	Not applicable
Sartorius score, median (range)	29 (5–176)	Not applicable	Not applicable
Number of boils, median (range)	12 (1–171)	3 (2–106)	Not applicable
BMI, kg/m^2, mean (range)	31.3 (21.5–46.5)	28.8 (17.6 – 47.8)	26.7 (14.2 – 57.5)
Diabetes, %	12.5	8	6
Hypertension, %	56	49	61

REFERENCES

1. Miller IM, Jemec G. Maturation of an idea: a historical perspective on the association of psoriasis with the metabolic syndrome and cardiovascular disease. Arch Dermatol 2012; 148: 112.
2. Miller IM, Skaaby T, Ellervik C, Jemec GB. Quantifying cardiovascular disease risk factors in patients with psoriasis: a meta-analysis. Br J Dermatol 2013; 169: 1180–1187.
3. Miller IM, Ellervik C, Yazdanyar S, Jemec GB. Meta-analysis of psoriasis, cardiovascular disease, and associated risk factors. J Am Acad Dermatol 2013; 69: 1014–1024.
4. Dervisoglu E, Akturk AS, Yildiz K, Kiran R, Yilmaz A. The spectrum of renal abnormalities in patients with psoriasis. Int Urol Nephrol 2012; 44: 509–514.
5. Jemec GB. Clinical practice. Hidradenitis suppurativa. N Engl J Med 2012; 366: 158–164.
6. Fimmel S, Zouboulis CC. Comorbidities of hidrdaenitis suppurativa (acne inversa). Dermatoendocrinol 2010; 2: 9–16.
7. Vinding GR, Miller IM, Zarchi K, Ibler KS, Ellervik C, Jemec GB. The prevalence of inverse recurrent suppuration: a population-based study of possible hidradenitis suppurativa. Br J Dermatol 2014; 170: 884–889.
8. Sabat R, Chanwangpong A, Schneider-Burrus S, Metternich D, Kokolakis G, Kurek A, et al. Increased prevalence of metabolic syndrome in patients with acne inversa. PloS One 2012; 7: e31810.
9. Gold DA, Reeder VJ, Mahan MG, Hamzavi IH. The prevalence of metabolic syndrome in patients with hidradenitis suppurativa. J Am Acad Dermatol 2014; 70: 699–703.
10. Miller IM, Ellervik C, Vinding GR, Zarchi K, Ibler KS, Knudsen KM et al. Association of metabolic syndrome and Hidradenitis Suppurativa. JAMA Dermatology. 2014; 150: 1273–1280.
11. Danby FW, Jemec GB, Marsch WC, von Laffert M. Preliminary findings suggest hidradenitis suppurativa may be due to defective follicular support. Br J Dermatol 2013; 168: 1034–1039.
12. Bergholdt HK, Bathum L, Kvetny J, Rasmussen DB, Moldow B, Hoeg T, et al. Study design, participation and characteristics of the Danish General Suburban Population Study. Dan Med J 2013; 60: A4693.
13. Redal-Baigorri B, Rasmussen K, Heaf JG. The use of absolute values improves performance of estimation formulae: a retrospective cross sectional study. BMC Nephrology 2013; 14: 271.
14. Sartorius K, Lapins J, Emtestam L, Jemec GB. Suggestions for uniform outcome variables when reporting treatment effects in hidradenitis suppurativa. Br J Dermatol 2003; 149: 211–213.
15. Singh AK, Kari JA. Metabolic syndrome and chronic kidney disease. Curr Opin Nephrol Hypertens 2013; 22: 198–203.
16. Thomas G, Sehgal AR, Kashyap SR, Srinivas TR, Kirwan JP, Navaneethan SD. Metabolic syndrome and kidney disease: a systematic review and meta-analysis. Clin J Am Soc Nephrol 2011; 6: 2364–2373.
17. Kurella M, Lo JC, Chertow GM. Metabolic syndrome and the risk for chronic kidney disease among nondiabetic adults. J Am Soc Nephrol 2005; 16: 2134–2140.
18. Yoon YS, Park HS, Yun KE, Kim SB. Obesity and metabolic syndrome-related chronic kidney disease in nondiabetic, nonhypertensive adults. Metabolism 2009; 58: 1737–1742.
19. Okada R, Yasuda Y, Tsushita K, Wakai K, Hamajima N, Matsuo S. Glomerular hyperfiltration in prediabetes and prehypertension. Nephrol Dial Transplant 2012; 27: 1821–1825.
20. Brenner BM, Lawler EV, Mackenzie HS. The hyperfiltration theory: a paradigm shift in nephrology. Kidney Int 1996; 49: 1774–1777.
21. Cases A, Coll E. Dyslipidemia and the progression of renal disease in chronic renal failure patients. Kidney Int Suppl 2005: S87–S93.
22. Gluba A, Mikhailidis DP, Lip GY, Hannam S, Rysz J, Banach M. Metabolic syndrome and renal disease. Int J Cardiol 2013; 164: 141–150.
23. Carrero JJ, Stenvinkel P. Persistent inflammation as a catalyst for other risk factors in chronic kidney disease: a hypothesis proposal. Clin J Am Soc Nephrol 2009; 4 Suppl 1: S49–S55.
24. Kasiske BL, Crosson JT. Renal disease in patients with massive obesity. Arch Int Med 1986; 146: 1105–1109.
25. Ribstein J, du Cailar G, Mimran A. Combined renal effects of overweight and hypertension. Hypertension 1995; 26: 610–615.
26. Locatelli F, Pozzoni P, Del Vecchio L. Renal manifestations in the metabolic syndrome. J Am Soc Nephrol 2006; 17: S81–S85.
27. Markham T, Watson A, Rogers S. Adverse effects with long-term cyclosporin for severe psoriasis. Clin Exp Dermatol 2002; 27: 111–114.
28. Maza A, Montaudié H, Sbidian E, Gallini A, Aractingi S, Aubin F, et al. Oral cyclosporin in psoriasis: a systematic review on treatment modalities, risk of kidney toxicity and evidence for use in non-plaque psoriasis. J Eur Acad Dermatol Venereol 2011; 25 Suppl 2: 19–27.
29. De Vriese AS, Robbrecht DL, Vanholder RC, Vogelaers DP, Lameire NH. Rifampicin-associated acute renal failure: pathophysiologic, immunologic, and clinical features. Am J Kidney Dis 1998; 31: 108–115.
30. Eckel RH, Grundy SM, Zimmet PZ. The metabolic syndrome. Lancet 2005; 365: 1415–1428.
31. Miyamoto T, Carrero JJ, Stenvinkel P. Inflammation as a risk factor and target for therapy in chronic kidney disease. Curr Opin Nephrol Hypertens 2011; 20: 662–668.
32. Shikata K, Makino H. Microinflammation in the pathogenesis of diabetic nephropathy. J Diabetes Investig 2013; 4: 142–149.
33. Anders HJ, Muruve DA. The inflammasomes in kidney disease. J Am Soc Nephrol 2011; 22: 1007–1018.
34. Tintut Y, Patel J, Parhami F, Demer LL. Tumor necrosis factor-alpha promotes in vitro calcification of vascular cells via the cAMP pathway. Circulation 2000; 102: 2636–2642.
35. Metcalfe W. How does early chronic kidney disease progress? A background paper prepared for the UK Consensus Conference on early chronic kidney disease. Nephrol Dial Transplant 2007; 22 Suppl 9: ix26–30.
36. Oh DJ, Kim HR, Lee MK, Woo YS. Profile of human β-defensins 1, 2 and proinflammatory cytokines (TNF-α, IL-6) in patients with chronic kidney diseas. Kidney Blood Press Res 2013; 37: 602–610.
37. Helal I, Fick-Brosnahan GM, Reed-Gitomer B, Schrier RW. Glomerular hyperfiltration: definitions, mechanisms and clinical implications. Nat Rev Nephrol 2012; 8: 293–300.
38. Cox HJ, Bhandari S, Rigby AS, Kilpatrick ES. Mortality at low and high estimated glomerular filtration rate values: a 'U' shaped curve. Nephron Clin Pract 2008; 110: c67–72.
39. Eriksen BO, Løchen ML, Arntzen KA, Bertelsen G, Eilertsen BA, von Hanno T, et al. Subclinical cardiovascular disease is associated with a high glomerular filtration rate in the nondiabetic general population. Kidney Int 2014; 86: 146–153.
40. Park M, Yoon E, Lim YH, Kim H, Choi J, Yoon HJ. Renal hyperfiltration as a novel marker of all-cause mortality. J Am Soc Nephrol 2015; 26: 1426–1433.