

## **PATIENT INFORMATION ON HYPERHIDROSIS – EXCESSIVE SWEATING**

Hyperhidrosis is a condition where inappropriate excessive sweating occurs. It is classified as being either focal or generalised. The focal hyperhidrosis typically affects the armpits, palms, soles and sometimes the scalp and face; focal hyperhidrosis is most common. Usually there is no identifiable underlying cause. There is often a family history, however, a genetic cause has not been identified. Focal hyperhidrosis is thought to be due to excessive stimulation of part of the nervous system and is usually in response to relatively minor triggers, like intense concentration, emotion, heat and certain foods. Sometimes there is no obvious trigger. Generalised excessive sweating is usually associated with an underlying cause and will not be discussed further.

### **How common is it?**

Focal hyperhidrosis is a relatively common condition occurring in about 1-3% of the adult population. It often starts at the time of puberty but can occur at any age. It affects both sexes equally, although we tend to see more women in clinic. Many people with hyperhidrosis do not report their symptoms either because of ignorance or because of social taboos. Until recently many family doctors did not appreciate the availability of specialist treatment for this condition. Referral to a specialist is recommended in circumstances where excessive sweating is focal in nature and has led to a significant impairment of daily activities and quality of life. In severely affected individuals, excessive sweating could have an impact on the emotional status, comfort in social situations, productivity at work, number of clothing changes per day, sexual relationships and participation in sport. Unfortunately anxiety about sweating can worsen the condition and reinforce the problem.

### **Do you need specialist investigations?**

If the hyperhidrosis is focal, you do not often require any specialised investigations.

## **GENERAL ADVICE FOR PATIENTS WITH FOCAL HYPERHIDROSIS**

1. Avoid clothes that show up sweat marks readily:
  - i. Wear loose fitting clothing.
  - ii. A good choice of colours would include white or black clothing.
  - iii. Avoid manmade fibres such as Lycra and Nylon.
2. Soap substitutes – (eg Emollient washes) can be used in place of soap based cleaners to reduce the chance of skin irritation.
3. Identify and avoid trigger factors – such as specific foods or hot environments.
4. Change socks and use talc at least twice daily.
5. Wear a different pair of shoes on alternate days to allow them to dry fully.
6. Avoid sports shoes or boots as these are likely to result in damage to the skin and bad odour.

## **Use of antiperspirants**

The available antiperspirants are aluminium based. Common formulations in the market include Driclor and Anhydrol Forte. They must be applied to clean, dry skin. A hair dryer can be used to ensure dryness. Ideally it should be applied at night when the sweat glands are not active and wash off in the morning. The area should not be shaved for 24 hours before or after use of preparation. This should be applied every 24-48 hours until the condition improves and then once every 1-3 weeks depending on response. If it is successful, treatment can be continued indefinitely.

## **Adverse effects**

The most common adverse effect is skin irritation and when this occurs, it must be discussed with your doctor and treatment may be reduced and short term treatment with hydrocortisone cream may be necessary.

## **OTHER TREATMENTS AVAILABLE IN SPECIALISED CENTRES**

### **Medicines**

There are very few medicines that have a significant effect on the hyperhidrosis. The few that have been used have significant adverse effects including dry eyes, dry mouth and difficulty with passing urine.

### **Iontophoresis**

This involves passing a weak electric current through a salt solution in contact with the skin. This entails the immersion of the hands or feet in the salt solution which in fact, could be tap water or a solution containing some medication. We do not know exactly how this works. It is however, a cumbersome procedure and the patient has to undergo treatment for 30-40 minutes for each site, repeated daily for at least 4 days a week. It is not advisable for patients who are pregnant or who have a pacemaker or metal implant.

### **Botulinum Toxin**

Commonly known as Botox – has been shown to be very effective, particularly for axillary (armpit) hyperhidrosis. *Please see our leaflet on Botulinum Toxin Treatment for Axillary Hyperhidrosis.*

### **Surgery**

Although local surgery in the armpits has been described it has not become popular. The only currently recommended surgical treatment which has been proven to be effective in focal, palmar and axillary hyperhidrosis, is sympathectomy, which is the division of the specialised nerve trunk controlling the excessive sweating. *Please see the leaflet on sympathectomy for further details of the procedure.*