

Referral Support Service

Dermatology

D09 Hyperhidrosis

Definition

- May be generalised or localized excessive sweating. It is predominantly a subjective problem and perceptions of normal sweating vary considerably.

Exclude Red Flag Symptoms

- Consider underlying causes-see management section below. See websites below for other associated conditions.

Management

- **General advice:** wearing cotton socks and leather shoes, removing footwear when possible, keeping generally cooler, minimising spicy foods, hot drinks etc.
Rule out **hormonal conditions** e.g. menopause, diabetes, hyperthyroidism, endocrine causes e.g. pheochromocytoma, acromegaly, hypoglycaemia.
Medication-induced causes: SSRIs, tricyclic antidepressants, opioids, ACE inhibitors.
- **Generalised Hyperhidrosis:**
Can be treated with oxybutynin (2.5mg bd and increasing as tolerated/if required to maximum of 20mg daily – 5mg qds,)
Anticholinergic drugs such as propantheline (warn re anticholinergic side effects),
B-blockers- if anxiety is a significant precipitant eg propranolol.
- **Localised hyperhidrosis** – try the following:
 1. Aluminium chloride- e.g. Driclor
Ensure skin dry before application. Use twice daily.
It can induce inflammatory reaction – if sore reduce application time or apply eumovate ointment.
 2. Formaldehyde solution
For soles of feet to harden skin and block sweat glands-prescribe 3% solution to be used daily to the feet, soak feet for up to 15mins/day
See BNF for additional prescribing information.
 3. Iontophoresis = method of passing small electric current through water,
 - Can be effective for palms of hands and soles of feet and pads for axillae,
 - Equipment for home use can be bought for a few hundred pounds,
 - Dermatology clinic offers trial of treatment before purchase - needs referral
 4. Botox –Twice a year for axillae or possibly scalps; not suitable for palms or soles due to pain and muscular weakness of small muscles.
 5. Sympathectomy - very rarely performed because of compensatory hyperhidrosis.
- Surgery to remove sweat glands not available under NHS

Referral Information

Information to include in referral letter

- Effects on daily living, treatments tried and their effects.
- Relevant past medical/surgical history
- BMI/smoking status

Investigations prior to referral

- Consider below conditions as possible causes.

Referral Criteria

- Generalised – failure to respond to the 3 oral treatments over 1 month each (or detailed contraindications to prescribing if appropriate).
- Localised – failure to respond to the 2 topical treatments over 1 month each for feet, failure to respond to 1 topical treatment over 1 month for other sites.

Patient information leaflets/ PDAs

- <http://www.bad.org.uk/for-the-public/patient-information-leaflets/hyperhidrosis/?showmore=1&returnlink=http%3a%2f%2fwww.bad.org.uk%2ffor-the-public%2fpatient-information-leaflets%3f%3d0%26q%3dhyperhidrosis#.VQgAreHG1ns>
- <http://www.patient.co.uk/health/excessive-sweating-hyperhidrosis>
- <http://www.hyperhidrosisuk.org/> information for patients and clinicians

References

- <http://www.dermnetz.org/hair-nails-sweat/hyperhidrosis.html>