**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 condition**s e.g. menopause, diabetes, hyperthyroidism, endocrine causes e.g. phaeochromocytoma, acromegaly, hypoglycaemia.
* **Medication-induced** causes: SSRIs, tricyclic antidepressants, opioids, ACE inhibitors.
* **Generalised Hyperhidrosis:**
* First line- slow-release oxybutynin (lyrinel XL) starting at 5mg, increasing in 5mg increments to a maximum of 20mg od
* Anticholinergic drugs such as propantheline,hyoscine butylbromide 5mg up to tds, increase to 10mg tds if needed (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, Sweatstop cream (patient can purchase, better for non-axillary areas, less irritant)

Ensure skin dry before application. Use twice daily.

It can induce inflammatory reaction – if sore reduce application time or apply eumovate ointment.

* 1. 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.

* 1. 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,
     + Hyperhidrosis UK has links to different machines. Unfortunately, we are no longer able to offer trials of this beforehand.
     + Adding a spoonful of sodium bicarbonate (bicarbonate of soda) to the tap water solution can increase efficacy
     + GP can prescribe as a special prescription 0.05% glycopyrollate in aqueous solution in 500ml as an electrolyte medium to use once a week which can be more effective than tap water (though this is expensive and may need an IFR)
  2. Botox –Twice a year for axillae or possibly scalps; not suitable for palms or soles due to pain and muscular weakness of small muscles.- the patient would need to arrange this privately or would need an IFR and referral to Leeds Vascular service.
  3. Sympathectomy - very rarely performed because of compensatory hyperhidrosis. Most successful for hand hyperhidrosis.
* Surgery to remove sweat glands not available under NHS

**Referral Information**

**Unfortunately, we are no longer accepting referrals for hyperhidrosis management.**

**Patient information leaflets/ PDAs**

* <http://www.bad.org.uk/for>[-the-public/patient-informationleaflets/hyperhidrosis/?showmore=1&returnlink=http%3a%2f%2fwww.bad.org.uk%2ffor-thepublic%2fpatient-information-leaflets%3fl%3d0%26q%3dhyperhidrosis#.VQgAreHG1ns](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%3fl%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.dermnetnz.org/hair-nails-sweat/hyperhidrosis.html>