PRIMARY CARE DERMATOLOGY SOCIETY

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# What is hyperhidrosis?

Hyperhidrosis is the medical term for **excessive sweating**. It is common and can be **localised** to one area of your body such as your hands or armpits, or **generalised**, affecting the face and body. Hyperhidrosis can be ***primary*** (no cause identified) or ***secondary*** (an underlying cause identified).

# How does hyperhidrosis affect the body?

**Most cases of primary hyperhidrosis are localised to certain body sites**, most commonly the palms/soles, the armpits (axillae), and sometimes the face and scalp. Other areas of the body can also be affected. Typically, it affects both sides of the body equally. People with primary hyperhidrosis do not sweat when asleep. It may persist or improve with age.

**Secondary hyperhidrosis is often generalised** and can affect people when asleep.

**Symptoms** of hyperhidrosis depend on which part/parts of the body are affected:

- **Armpits (axillary hyperhidrosis)** – clothing becomes damp and stained. The skin folds can become sore and sometimes infected, which may cause an unpleasant smell
- **Hands (palmar hyperhidrosis)** – slippery hands can affect writing, use of keyboards and manual activities. People are also more prone to a type of hand eczema causing small or large itchy blisters (pompholyx)
- **Soles (plantar hyperhidrosis)** – the feet can become sore and infected, which may cause an unpleasant smell. As above, people are more prone to pompholyx eczema

# What causes hyperhidrosis?

**Sweating is controlled by the brain**, which sends signals along ***sympathetic nerves*** to the sweat glands in the skin. These nerves are part of **the *autonomic nervous system***, which automatically regulates the internal environment of our body - it is **not something that we can consciously control**. For example, when we overheat, we sweat without thinking about it to lower our body temperature.

In most cases the reason some people sweat more than others is unknown, and this is called primary hyperhidrosis, which tends to start in adolescence or even earlier in childhood. Up to one third of people with primary hyperhidrosis have a family member with the condition.

When excessive sweating **begins later in adult life** it is more likely to be associated with obesity, an underlying medical condition (such as infection, an overactive thyroid gland, diabetes, or nerve damage), menopause, or a side effect of a prescribed mediation (eg certain antidepressants). This type of sweating is called secondary hyperhidrosis. Sometimes no cause can be found.

**Gustatory hyperhidrosis** is a specific type of secondary hyperhidrosis caused by eating and thinking about food (not just spicy food when sweating is normal). Gustatory hyperhidrosis affects the face and scalp (craniofacial region) with excess sweating and facial blushing (reddening of the skin). It can be caused by an underlying medical condition such as diabetes, however, it most commonly results from surgical trauma to the parotid glands, which are salivary glands located on each side of the face.

# Things you can do to help yourself

This depends on the site and severity of the hyperhidrosis.

- **Weight loss** – if you are overweight then weight loss is essential
- **Clothes** – wear loose-fitting clothes made from natural fibres, as opposed to synthetic fabrics such as nylon. Absorbent underlayers such as cotton T-shirts may help
- **Axillary hyperhidrosis (armpits)** – use antiperspirants. Aluminium chloride is the usual active ingredient in commercially available antiperspirants. Some people find adhesive absorbent underarm pads helpful
- **Planter hyperhidrosis (feet)** – wear socks that absorb moisture, changing your socks as often as needed. Cotton, silver, and copper socks appear to be the most effective. Use moisturiser-absorbing insoles. Leather shoes/sandals are much better than enclosed boots or sports shoes, which may cause your feet to sweat more. You may be able to slip your feet out of your shoes during the day
- **Diet** – try and avoid things that might make your sweating worse, for example, drinking alcohol or eating spicy food
- **Washing** – it is best to avoid soap-based products, instead use an emollient as a soap substitute

Many of the products that help with hyperhidrosis can be purchased online from the company *Sweat Help* https://sweathelp.co.uk/, or an alternative company.

# Make an appointment at your GP surgery

If your hyperhidrosis does not improve adequately to the measures described above, then make an appointment to see a health professional.

If you have secondary hyperhidrosis your health professional will need to arrange investigations, including blood tests, to see if an underlying cause can be identified.

**Treatment** options depend on the **cause of hyperhidrosis and which body sites** are affected.

For information on **specific treatments** refer to the ***Best Practice Concise Guidelines*** on the homepage of www.pcds.org.uk.

**General notes on treatment**:

- **Antiperspirants** – you may be prescribed an aluminium chloride antiperspirant that is stronger than ones that can be purchased over the counter. To try and reduce skin irritation that can arise from these treatments, they are best used as follows:
    - Apply once a day at night
    - Wash the area then dry thoroughly before applying. Use only one application each time
    - Wash off the following morning
    - Start twice a week, and gradually increase by one night a week
    - If the skin becomes very irritable use a mild-moderate topical steroid (eg Eumovate cream) each morning - this can be purchased without a prescription

- **Anti-cholinergic tablets** – may be offered for more generalised sweating. While these treatments benefit some patients, side effects can include dry mouth, blurred vision, dry eyes, constipation, and urinary retention. They should be avoided in pregnancy and certain medial conditions such as glaucoma. There is a small amount of evidence linking the long-term use of these drugs with an increased risk of developing dementia (a type of memory loss). If you decide to try these drugs, it is best to start at a small dose and increase gradually, as directed by your health professional

# Your mental health

Hyperhidrosis can have a significant psychological impact and may affect many areas of daily life including work and personal relationships. If hyperhidrosis is

affecting your mental health, you should discuss this with a heath professional.

# Referral to a specialist

If you have not responded adequately to the treatments recommended above, you may be referred to a specialist, who will be either a Dermatologist or a Dermatology GPwER/GPwSI (a GP who has been trained in relevant areas of dermatology). Treatment options may include:

- **Iontophoresis for hand/foot hyperhidrosis** – this involves sending a gentle electric current through water to shut down the sweat glands, it is very safe and although it tends to cause a tingling sensation it is not painful. At the end of the course you will be discharged from clinic. Unfortunately, symptoms will return - if the iontophoresis did help you will usually be asked to buy a machine for home use, most hospital departments are physically unable to treat all patients with hyperhidrosis in the long-term
- **Botulinum toxin (one brand name is *Botox*)** – is the same treatment used in the cosmetic industry to reduce skin wrinkles. Botulinum toxin, which is injected directly into the skin, works by blocking the nerves responsible for activating your sweat glands. Botulinum toxin is most effective in axillary (armpit) hyperhidrosis, where it can help reduce sweating for several months (commonly 2-6 months, occasionally longer). Botulinum toxin is not commonly used in the palms and soles because it can cause temporary weakness of hand and foot muscles and is painful. Botulinum toxin treatment is quite widely available privately, but is only available in a few NHS centres - check with a health professional before asking for a referral
- Any patient with persistent moderate-severe hyperhidrosis should be considered for referral to discuss the pros and cons of all relevant treatment options

# What will happen when you are referred?

The appointment may be face-to-face (the person attends the clinic), or a video call (teledermatology).

# Can hyperhidrosis be cured?

When there is an underlying cause which can be treated, hyperhidrosis may be cured. In addition, a surgical treatment known as endoscopic thoracic sympathectomy has been used in some people (usually severe hyperhidrosis of the palms or face) but can cause serious side effects such as lung and nerve damage,

and many patients go on to develop sweating at other body sites. For the majority, the aim of treatment is to control the condition, rather than cure.

## Other resources

- The Hyperhidrosis Support Group at https://hyperhidrosisuk.org/

## Helping with other skin conditions

If you, a family member, or friend have an undiagnosed skin condition; or you want to learn more about how to treat skin conditions, please visit www.pcds.org.uk – if you click the purple tile near the top of the homepage that reads ***Take a Tour*** you can learn how best to use this website.