# HYPERHIDROSIS

## What are the aims of this leaflet?

This leaflet has been written to help you understand more about hyperhidrosis. It tells you what it is, what causes it, what can be done about it, and where you can find out more about it.

## What is hyperhidrosis?

Hyperhidrosis means more sweating than usual. It can be localised or affect the whole face and body.

Sweating is controlled by the brain, which sends signals along nerves called “sympathetic nerves” to the small sweat glands in the skin. These nerves are part of the “autonomic nervous system”.

Sweating is a normal response to a rise in body temperature, and to emotions such as anxiety.

A treatment which reduces sweating is called an antiperspirant. This is different from a deodorant, which reduces smell. The two are often combined in the same product.

## What causes hyperhidrosis?

The most common type of hyperhidrosis affects certain body sites only. The palms, soles, armpits, face and scalp, or a combination of these are common places. The cause is not known. It usually begins in childhood or teenage years and may improve with age.

Sweating all over can be without a cause or can be caused by some illnesses including infections, and by hormonal conditions including the menopause, diabetes, and an overactive thyroid gland. Some medicines can also cause the problem, including fluoxetine and similar antidepressants.

Rarely, increased sweating can be caused by nerve damage.

Anxiety can worsen sweating, and so worrying about sweating can make the problem worse.

**Is hyperhidrosis hereditary?**

Hyperhidrosis is a feature of some rare inherited conditions. Up to a third of people with hyperhidrosis may have a family member with the condition.

**What are the symptoms of hyperhidrosis?**

Visible sweat, wet clothes and clammy palms are common symptoms. People often find this embarrassing and it can affect work and personal relationships. Sweaty hands can cause problems with shaking hands, writing on paper, using keyboards, playing musical instruments, and playing racquet sports.

Hyperhidrosis affects the water-producing ("eccrine") sweat glands, and not the "apocrine" sweat glands which produce the oilier type of sweat and cause odour, especially under the arms. Therefore, bad odour is not a direct result of hyperhidrosis; however, if your feet sweat excessively, an overgrowth of harmless skin bacteria can cause an unpleasant smell.

**How will hyperhidrosis be diagnosed?**

Your doctor will assess which kind of hyperhidrosis you have. The doctor may rarely suggest you have tests for an infection, diabetes, thyroid overactivity, or other conditions.

**Can hyperhidrosis be cured?**

Hyperhidrosis seems to get better with increasing age and is uncommon in the elderly. There are many treatments that help reduce sweating.

Surgical treatment, such as a sympathectomy, can help some people, but is often associated with serious side effects, so is not usually recommended.

**How can it be treated?**

Most people with hyperhidrosis will have tried commercial antiperspirants. If these fail, and if the sweating is troublesome, you should ask your doctor for advice. The doctor will assess whether there might be an underlying cause and may start treatment. If necessary, you may be referred to a dermatologist.

- *Aluminium chloride* is an antiperspirant. Stronger preparations of aluminium chloride can be prescribed. They should be applied at night only, to dry skin. Sore red skin is a common problem, especially if used on wet skin when you start using it. Hydrocortisone cream can help. It is also advisable to avoid shaving the area shortly before or after (within 12 hours) to reduce the risk of sore skin.
- *Glycopyrrolate topically* can reduce sweating in areas such as the scalp, forehead, and armpits, and new treatments are being developed. In the US, there are also now wet wipes with a type of antisweat drug available ("Qbrexza"). However, these are currently not available in the NHS.
- *Iontophoresis* is a method of passing a small electric current through areas of skin immersed in a dish of water. It is used for the armpits, palms, and soles. You can read more about this method in the patient information leaflet on iontophoresis for hyperhidrosis here.
- *Anticholinergic drugs* block the nerves that set off sweating. Propantheline, oxybutynin and glycopyrrolate are examples of these tablet medications. A dose is taken that is sufficient to reduce sweating without causing too much of a dry mouth, blurred vision, tummy cramps, constipation, and difficulty in passing urine. A small dose is used at first and gradually increased.
- *Botulinum toxin* derived from bacteria (one brand name is "Botox") can be injected into the skin to block sweating. This treatment usually works very well, is widely available privately, but rarely available on the NHS. The effect usually lasts 2-6 months, although some patients may continue to benefit for 12 months, and the treatment can be repeated. 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.
- *miraDry*® is a new treatment that uses controlled microwave technology to destroy sweat glands without the need for surgery. This is not usually available as an NHS treatment in the UK.
- *Endoscopic thoracic sympathectomy* (an operation to cut the sympathetic nerves that are triggered to produce sweating) may be considered for localised hyperhidrosis when other treatments have failed. It is most useful for severe hyperhidrosis of the palms and face. This is a major operation, performed under general anaesthetic and carries a number of risks. These include nerve and lung damage during the surgery, as well as the risks of any general anaesthetic. In addition, many individuals go on to develop compensatory sweating at other body sites (very common). In some individuals, this is more severe than the original problem and is very difficult to treat. Careful selection and counselling before surgery is important.

- Other medications such as beta blockers, clonidine and anxiolytics may be useful as a treatment in some patients.
- Other surgical methods apply only to the underarm skin, especially when only a small area is involved. They include the removal of an area of skin containing the overactive sweat glands. In other cases, the sweat glands are scraped away from an area of the skin, or from the underside of the skin through a small hole, which is then repaired.

**Self-care (What can I do?)**

There are several ways you can help yourself. You should try to avoid situations, which you find trigger your sweating, such as hot places or rushing about. Alcohol and spicy foods can also bring on an episode of hyperhidrosis.

Absorbent underlayers such as cotton T-shirts (wicking fabrics) can help hyperhidrosis of the body. Adhesive absorbent underarm pads for clothing are available. Loose fitting clothes made of natural fibres and leather shoes/sandals are also beneficial. Changes of clothes may be necessary during the day. Some colours show sweat more than others (white and black are better than blue, for example).

If your feet are the main problem, you may need to change socks and shoes during the day. You may be able to slip your feet out of your shoes even for short periods. Avoid tight-fitting shoes such as boots or sports shoes; leather shoes are generally better. You should have several pairs of daytime shoes so that each pair has a few days to dry out. There are many good, absorbent insoles available that will also help. Cotton, silver, and copper socks are also helpful for many, those may work by helping to reduce sweating or to reduce odour secondary to the excessive sweating.

Often anxiety can also play a role; in this case relaxation techniques and counselling can help.

**Where can I get more information?**

*Web links to detailed leaflets:*

http://dermnetnz.org/hair-nails-sweat/hyperhidrosis.html

*Links to patient support groups:*

Hyperhidrosis Support Group (UK)
www.hyperhidrosisuk.org

International Hyperhidrosis Society (USA)
www.sweathelp.org

**Please note that the British Association of Dermatologists provides web links to additional resources to help people access a range of information about their skin condition. The views expressed in these external resources may not be shared by the Association or its members.**

**This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.**

*This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel*

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