



Hyperhidrosis “Excessive Sweating”

What is Hyperhidrosis? Hyperhidrosis is increased sweating of the palms, soles or underarms (axillae). Although not a harmful condition, it may affect quality of life, causing social embarrassment and decreased function.

How is Hyperhidrosis treated? Hyperhidrosis may be treated with a variety of means, depending on the area of involvement, response to treatment and severity.

Antiperspirants: First-line therapy involves the application of an aluminum chloride hexahydrate solution. This is available in over the counter as well as prescription strengths such as Drysol. These must be used carefully and exactly. Patient instructions are suggested as follows:

1. The skin must be totally dry before application. Use a blow dryer in the axillae if necessary. Do not apply for 24-48 hours after shaving. In the axillae, apply only to the hairy area.
2. Apply at night to take advantage of reduced nocturnal sweating. It must remain on for 6-8 hours.
3. Wash off aluminum chloride in the morning.
4. If axillary irritation results, apply hydrocortisone 1% cream two times a day.
5. If irritation persists despite use of hydrocortisone cream, reduce the concentration to 6.25% (Xerac AC), available over the counter.
6. If nightly treatment for 1-2 weeks has not reduced sweating, cover the aluminum chloride with gloves (palms) or plastic wrap (axillae, soles). For the axillae, put a rolled-up sock on top of the plastic wrap in the axillary vault, and wear a slightly small T-shirt. This may increase efficacy and decrease irritation.

For hyperhidrosis of the feet, we recommend you wear breathable footwear (leather shoes, cotton socks) and absorbent foot powder. Alternating pairs of shoes to allow previously worn shoes to thoroughly dry is also useful.

Iontophoresis: This involves the use of a medical device that sends a low voltage current through a shallow water bath. This works best on hyperhidrosis of the palms or soles.

Botulinum toxin: Multiple injections of the toxin are injected into the affected areas, causing blockage of the release of a chemical from the nerve ending that stimulates sweating. Treatment lasts a few months and can be associated with pain, discomfort and muscle weakness such as hand weakness for palmar treatment.

Oral Medication: These pills work to block the release of chemicals from nerve endings which stimulate sweating. They are especially useful in persons with hyperhidrosis at multiple sites, but are associated with a variety of side effects including dry mouth, impaired speech, taste disturbance, blurry vision, heart palpitations, urinary retention and constipation.

Surgical Therapy: Surgical options include localized surgeries to remove or destroy sweat glands in a local area or an endoscopic thoracic sympathectomy which involves cutting the nerve stimulation to the sweat glands. Sympathectomy is considered a treatment of last resort, because

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it has a risk of causing compensatory sweating which can sometimes be worse than the original hyperhidrosis.

For additional information about hyperhidrosis, please view the International Hyperhidrosis Society Website: <http://www.sweathelp.com>