Government of **Western Australia**
South Metropolitan Health Service
Fiona Stanley Fremantle Hospitals Group

Dermatology pre-referral guidelines – hyperhidrosis (sweating)

Fiona Stanley Hospital Dermatology

Disclaimer

These guidelines have been produced to guide clinical decision making for general practitioners (GPs). They are not strict protocols. Clinical common-sense should be applied at all times. These clinical guidelines should never be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of each patient. Clinicians should also consider the local skill level available and their local area policies before following any guideline.

Introduction

Hyperhidrosis involves excessive and uncontrollable sweating and is classified as either primary or secondary.

Primary (idiopathic) hyperhidrosis: consists of localised sweating of palms, soles or axillae. Generally palmoplantar hyperhidrosis commences in childhood and axillary hyperhidrosis in adolescence, with a tendency to improve with age. Sweating reduces at night and does not typically occur during sleep.

Secondary hyperhidrosis: is due to an underlying medical condition or medications. It usually has a history of recent onset (ie not since childhood) and is often generalised and worse at night. Examples of secondary hyperhidrosis include menopause, hyperthyroidism, diabetes, Parkinson's disease, lymphoma, tuberculosis and other chronic infections, phaeochromocytoma and many medications (including caffeine and other non-prescribed drugs).

Hyperhidrosis can be triggered by exercise, hot weather, anxiety, spicy food and fever.

Hyperhidrosis can result in significant psychosocial burden and can interfere with many daily activities. With axillary hyperhidrosis, clothing becomes damp and needs be changed several times per day. Moist skin folds are prone to chafing, irritant dermatitis and infection. Palmar hyperhidrosis results in slippery hands and difficulty in writing neatly. Plantar hyperhidrosis results in an unpleasant smell, ruined footwear and is prone to secondary infection.

Primary Hyperhidrosis is usually a clinical diagnosis after symptoms have been present for at least 6 months. Diagnostic criteria include:

- Symmetrical involvement
- Weekly symptoms
- Impairment of quality of life
- Diurnal involvement
- Commencement before early adulthood
- Family history.

Pre-referral management

General measures

- Minimising potential triggers.
- Wearing light, loose cotton clothing.
- Change clothes regularly as required. Often having a spare pair of shoes and alternating these can help.
- Apply talcum powder or cornstarch to affected areas after bathing.

- Avoid re-wearing or staying in damp clothes, socks or shoes for long periods.
- Screen of systemic causes of sweating, eg thyroid function, diabetes screen.

Specific measures

Topical anti-perspirants

- Apply topical anti-perspirants that contain 10-25% aluminium chloride hexahydrate to reduce sweating eg No More Sweat.
    - Apply after a shower to dry skin, leave on overnight and wash off in the morning.
    - Use from once weekly to daily if necessary.
    - Often requires long-term use as maintenance treatment.

Topical anti-cholinergics (for children >9 years old)

- Glycopyrrolate 0.5-1% lotion topically to affected areas.
    - Needs to be compounded by a pharmacist.
    - Can be expensive.

Iontophoresis

- Treatment where an electrical current is passed through the affected body part for approximately 20 minutes, 2-3 times per week.
- Mains and battery-powered units are available to be purchased for home use.
- Can be done with tap water or glycopyrrolate solution.

Oral therapies

- Include anti-cholinergics (e.g., oxybutynin and glycopyrrolate) and beta-blockers (e.g., propanolol).
    - Specialist guidance is recommended before prescribing.
- Botulinum toxin is available for axillary hyperhidrosis under the Pharmaceutical Benefits Scheme. See useful resources for more information.

When to refer

- Failed response to conventional treatment.
- Significant psychological impact.

Useful resources

- Hyperhidrosis - RACGP
- Hyperhidrosis - DermnetNZ
- Botulinum toxin for hyperhidrosis - Pharmaceutical Benefits Scheme
- Botulinum toxin for hyperhidrosis - Medicare Benefits Schedule
- Iontophoresis - DermnetNZ

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