Treatment guideline for hyperhidrosis

This guideline provides primary care clinicians with guidance on how to manage hyperhidrosis in adults.

Initial assessment

Determine if hyperhidrosis is primary (focal or generalised) or secondary (see below)

- Pregnancy
- Anxiety
- Drug history (anticholinesterases, antidepressants, propranolol)
- Irregular periods (menopause)
- Palpitations and heat intolerance (thyrotoxicosis)
- Diabetes (autonomic neuropathy, hypoglycaemia)
- Night sweats (haematological malignancy or TB)
- Weight loss (malignancy)
- Substance misuse (alcohol withdrawal, amphetamines)

Assessment of primary hyperhidrosis

Assess site, e.g., axillary, palmo-plantar - Hyperhidrosis
Assess impact on daily life using the **Hyperhidrosis Disease Severity Scale (HDSS Score):**

- **Score 1:** My sweating is never noticeable and never interferes with my daily activities
- **Score 2:** My sweating is tolerable but sometimes interferes with my daily activities
- **Score 3:** My sweating is barely tolerable and frequently interferes with my daily activities
- **Score 4:** My sweating is intolerable and always interferes with my daily activities

Secondary hyperhidrosis

If secondary hyperhidrosis, treat underlying cause.

Lifestyle advice for primary hyperhidrosis

- Avoid known triggers (e.g., crowded rooms, caffeine, spicy foods etc.) where possible
- For axillary hyperhidrosis - avoid tight clothing and manmade fabrics, wear white clothing to minimise signs of sweating, consider armpit shields.
- For plantar hyperhidrosis – moisture-wicking socks, changing socks twice daily, absorbent soles, absorbent foot powder e.g., Zeasorb® dusting powder Over the Counter (OTC), avoid occlusive footwear, alternate pairs of shoes daily to allow them to dry out.

Treatment of Primary Focal Hyperhidrosis

Treatment option 1

Topical strong antiperspirants (20%-25% aluminium salts) e.g., Driclor ®, Anhydrol Forte®.

- Patients should be asked to purchase OTC. Refer to NHS SWL Self Care Guidance for Clinicians.
- Instructions for use: use at night on bone dry skin in a cool environment and wash off in the morning. For the first week it should be applied for 3 to 5 consecutive nights, then once or twice a week.
- If there is local irritation, manage with emollients, reduction in frequency of application or apply hydrocortisone 1% cream the morning after the treatment if necessary (also purchased OTC).

Review after 1 month

- If successful after 1 month (reduction in HDSS from 3 or 4 to 1 or 2), continue and review medications regularly
- If not successful after one month of treatment, **consider treatment option 2**

Treatment option 2

Oral anticholinergics: Propantheline15mg three times a day, one hour before each meal, and 30mg at bedtime. May be increased up to 120mg per day.

- Anticholinergics should be taken one hour before the application of aluminium chloride, preventing sweating and irritation.
- Counsel patients as regards possible side effects e.g., constipation, blurred vision, dry mouth, photophobia, dry skin, and urinary retention.
- Contraindications include significant bladder outflow obstruction, and gastro-intestinal obstruction.

Review treatment option 2 after 1 month

- If successful after 1 month (reduction in HDSS from 3 or 4 to 1 or 2), continue and review medications regularly
- If **NOT** successful after 1 month or treatment limiting side effects:
    - HDSS 1-2: stop treatment and manage with lifestyle advice and OTC topical treatments.
    - HDSS 3-4: refer to secondary care for consideration of other medical treatments if unresponsive to the above treatments.

Treatment of Primary Generalised Hyperhidrosis

Oral anticholinergics: Propantheline15mg three times a day, one hour before each meal, and 30mg at bedtime. May be increased up to 120mg per day.

- Anti-cholinergics should be taken one hour before the application of aluminium chloride, preventing sweating and irritation.
- Counsel patients as regards possible side effects e.g., constipation, blurred vision, dry mouth, photophobia, dry skin, and urinary retention.
- Contraindications include significant bladder outflow obstruction, and gastro-intestinal obstruction.

Review after 1 month

- If successful after 1 month (reduction in HDSS from 3 or 4 to 1 or 2), continue and review medications regularly
- If **NOT** successful after 1 month or treatment limiting side effects:
    - HDSS 1-2: stop treatment and manage with lifestyle advice and OTC topical treatments.

- HDSS 3-4: refer to secondary care for consideration of other medical treatments if unresponsive to the above treatments.

Axillary hyperhidrosis: SWL ICB will only treat axillary hyperhidrosis as per the criteria detailed in the Evidence Based Intervention (EBI) Policy: NHS-South-West-London-evidence-based-interventions-policy-4.1.pdf.

To the best of our knowledge, the information provided in this guideline is accurate and reliable as available at the time of issue. Always consult the Summary of Product Characteristics for full prescribing information.

References/resources

- Hyperhidrosis Patient Information leaflet
- NICE CKS Hyperhidrosis
- Hyperhidrosis UK

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