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Hyperhidrosis

What is hyperhidrosis?

Hyperhidrosis is the medical term for excessive sweating. It usually starts in childhood or adolescence. It can be generalized throughout the skin or localized to certain areas like the underarms, palms or soles. Underlying diseases (e.g., diabetes, thyroid disorders, infections, medication side effects) are more likely to be associated with generalized hyperhidrosis, than localized forms. Hyperhidrosis is often worsened by anxiety provoking situations.

How is it treated?

There is a step-wise treatment approach for hyperhidrosis. First underlying medical conditions should be searched for, if suspected by history and exam. In some instances laboratory tests will be ordered. However, laboratory testing is not necessary for most patients.

- 1) Apply a strong topical antiperspirant to the affected areas at bedtime (e.g., Certain Dri available without a prescription, and higher strength Drysol requires a prescription.) Beware that if the skin was just shaven that the antiperspirant may sting. To help prevent skin irritation, dry the skin before applying these. Antiperspirants may take several weeks to have greatest impact on the perspiration. If two or three weeks go by without much effect, you can apply it and then cover the area with plastic wrap (e.g., Saran wrap) and leave in place overnight holding it in place with clothing (e.g., a tight fitting tee shirt, socks) or tape. Shower it off in the morning. If you get a good response with this treatment you may use it less frequently to determine how often it will be needed (e.g., every night versus every other night, or twice weekly).
- 2) Iontophoresis (an electrical current that when applied to the skin periodically can decrease perspiration, see http://www.drionic.com/ for additional information). Please check with your insurance company to see if they will pay for purchase of the necessary iontophoresis equipment.
- 3) Anticholinergic medications. These medications can decrease nerve stimulation of sweat glands. Unfortunately side effects limit the usefulness of these medications.
- 4) Botulinum toxin (Botox® or Dysport®) injections. Injections of this agent can decrease perspiration for four to twelve months. Injection into the underarms is very easy and is associated with minimal discomfort. Injection into hands and feet require multiple injections and are painful, requiring anesthetic treatment. Temporary weakness of muscles in the hand, lasting 1-3 weeks has been reported when used Botox in this area. Check with your insurance company to see if they will pay for this treatment, if safer and less costly treatments are ineffective.
- 5) Liposuction of the underarm areas has been helpful in decreasing excessive perspiration at this location.
- 6) Sympathectomy. Surgical destruction of sympathetic nerve fibers is a more risky treatment for hyperhidrosis.
- 7) Surgical excision of the affected skin in the underarms has been used less commonly as a means to diminish excessive perspiration at this location.
- 8) miraDry is a new, minimally-invasive treatment that uses microwave energy to eliminate the underarm sweat glands in people 18 years or older. Two miraDry sessions can reduce underarm sweating by as much as 82 percent. Unlike surgery, minimal downtime is required following miraDry.

Additional treatments for hyperhidrosis include:

- 9) Wearing underclothing and socks made of wicking fabric that wicks perspiration off the skin and promotes skin dryness. Wicking fabric goes by different names including polypropylene and CoolMax® that are available at some department stores, EMS (www.ems.com), Dicks Sporting Goods (www.sierratradingpost.com], [www.roadrunnersports.com].
- 10) Absorbing powders (Zeasorb) can help milder hyperhidrosis, but **do not use corn starch powder** as this promotes growth of bacteria and yeast.
- 11) Daily bathing with an antibacterial soap (e.g., Hibiclens, Dial, Lever 2000, PanOxyl) may help minimize bacterial growth that can promote odor in hyperhidrosis.

