

## **HYPERHIDROSIS THERAPY**

Hyperhidrosis is excessive sweating. Sweating is necessary to keep the body cool; however, it should not interfere with a person's ability to interact and function. Hyperhidrosis affects quality of life. It may cause embarrassment and frustration. It can impact one's ability to carry out routine chores and may be an occupational hazard. There are three types of hyperhidrosis: primary focal, generalized idiopathic, and secondary generalized.

Primary focal hyperhidrosis is a true medical condition not caused by medication or another medical problem. It occurs on specific areas of the body (focal), usually appearing on both sides equally. The most commonly affected areas are the feet, hands, underarms, head, and face. Primary focal hyperhidrosis frequently begins in childhood or adolescence, often starting with excessive sweating on the hands and feet that occurs at least once a week while the person is awake. There may be a hereditary component.

Generalized idiopathic hyperhidrosis is a true medical condition in which large areas of the body sweat. This is usually treated with oral medication.

Secondary generalized hyperhidrosis may be caused by a medical condition, such as menopause, an overactive thyroid, diabetes (peripheral neuropathy), or stroke. Medications (antihypertensives or antidepressants), exercise, and heat also cause secondary generalized hyperhidrosis. Unlike primary hyperhidrosis, sweating involves large areas of the body and may occur during sleep. This condition must be investigated by a dermatologist for proper diagnosis and treatment.

### **Why treat primary hyperhidrosis?**

Primary hyperhidrosis may affect a person's quality of life, interfering with work and social activities. It causes emotional embarrassment and isolates people. It is psychologically unsettling and may be associated with depression and anxiety. Also physically debilitating, it may cause discomfort and skin irritation, which can lead to bacterial and fungal infections.

## **How is primary hyperhidrosis treated?**

Antiperspirants – Available by prescription and non-prescription, these topical sprays, gels, roll-ons, and lotions decrease sweating. The most common ingredient is aluminum chloride hexahydrate. Antiperspirants should be applied at bedtime on dry skin, covering the hair-bearing areas of the underarm (axillae) and washed off in the morning. Occlusion (covering the area) with plastic wrap may be necessary.

Iontophoresis – Used to treat sweaty hands and feet, this treatment requires the patient to immerse the hands or feet in a shallow pan filled with water. A medical device sends a low-voltage current through the water. This process is used every other day for about six to ten treatments until sweating decreases. Repeat treatments are necessary to maintain results. The patient administers the treatments at home. A prescription is necessary for the machine.

Botulinum toxin type A – A dilute concentration of this medication is injected by the dermatologist into the axillae (underarms), palms, or soles to decrease sweating. The medication blocks the release of a neurotransmitter (acetylcholine) and is an effective treatment that may last four to eight months. Re-treatment is necessary.

Oral medication – Taken by mouth, the medications (glycopyrrolate and propantheline bromide) are used to prevent the stimulation of sweat glands. They block “cholinergic” receptors in the glands and other areas of the body, such as smooth muscle and heart muscle. Beta blockers (propranolol) also may be used and can be helpful in treating stress-induced sweating. Since all medications have potential side effects, the benefits should outweigh the potential risks.

Sympathectomy – This surgical procedure interrupts the autonomic nervous system impulses to the sweat glands. A potential side effect is compensatory sweating, excessive sweating that may be even more debilitating than the hyperhidrosis. Because of this side effect, which can occur in up to 80% of patients, sympathectomy should be considered only for those patients who fully understand the risk and in whom other treatments have been properly tried and have failed.

Surgical intervention – Axillary (underarm) sweat glands can be removed by curettage (scraping), liposuction, or surgical excision. There may be scarring or compensatory sweating, excessive sweating that may be even more debilitating than the hyperhidrosis.

### **New Image Dermatology**

5534 Gulf Drive, Suite 1, New Port Richey, FL 34652 | 727-847-3992  
7509 State Road 52, Suite 150, Bayonet Point, FL 34667 | 727-863-8884