

# Treatment pathway for hyperhidrosis in primary care

## 1. 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)
- Nightsweats (haematological malignancy or TB)
- Weight loss (malignancy)
- Substance misuse (ETOH withdrawal, amphetamines)

Assessment of primary hyperhidrosis

- Assess site – e.g. axillary, palmo-plantar/ craniofacial if focal
- Assess impact on daily life - HDSS score (Hyperhidrosis Disease Severity Scale)

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

If secondary – treat underlying cause

## 2. 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 (to be purchased OTC)\*, avoid occlusive footwear, alternate pairs of shoes daily to allow them to dry out

## 3. Treatment of Primary Hyperhidrosis

Primary focal hyperhidrosis

Primary generalised hyperhidrosis

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

Patient should be asked to purchase OTC\* (see NHSE self-care guidance)

- Instructions for use: use at night 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 for 1 month
  - If there is local irritation, manage with emollients, reduction in frequency of application or apply 1% hydrocortisone cream the morning after the treatment if necessary (also purchased OTC)

\*<https://www.england.nhs.uk/medicines/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/>

If successful after 1 month (reduction in HDSS from 3 or 4 to 1 or 2) – continue and review any prescribed medications regularly

If not successful after one month

Oral anticholinergics:

- Propantheline 15mg three times a day, one hour before each meal, and 30mg at bedtime. May be increased up to 120mg per day. Anti-cholinergic should be taken one hour before the application of aluminium chloride, preventing sweating and irritation – need to counsel patients re: possible side effects e.g. constipation, blurred vision, dry mouth, photophobia, dry skin and urinary retention. Contraindications: significant bladder outflow obstruction, and gastro-intestinal

If NOT successful after 1 month or treatment limiting side effects:

- HDSS 1-2: stop treatment and manage with life style advice and OTC topical treatments
- HDSS 3-4: refer to secondary care for consideration of botox injections/iontophoresis for focal disease or generalised disease unresponsive to above treatments. IFR application by specialist.