



Hyperhidrosis (Sweaty Palms and Soles)

What is hyperhidrosis and why does it occur?

- Hyperhidrosis means excessive sweating. It can be localised or affect the whole body.
- Sweating is controlled by the brain, which sends signals along nerves (called "sympathetic nerves") to the sweat glands in the skin.
- Sweating is a normal response to an increase in surrounding temperature. It is required to "cool" the body down. Sweating can also occur in response to certain emotions e.g. anxiety.
- It is common for hyperhidrosis to run in families and up to 30% of sufferers may have another family member with the condition.

Types of hyperhidrosis:

- Localised hyperhidrosis is the most common type and affects certain body sites, commonest being the palms, soles, armpits, face and scalp. It usually begins in childhood or adolescence and may improve with age.
- Generalised hyperhidrosis is uncommon and can be caused by some illnesses, e.g. infections and hormonal conditions (menopause, diabetes, hyperthyroidism). Some medications can also cause excessive sweating.

How can hyperhidrosis be treated?

Topical antiperspirants:

- Aluminum chloride is the usual active ingredient in antiperspirants.
- These are usually applied at nights over affected sites (e.g. soles, feet, armpits)
- It is recommended to apply every night until sweating is controlled. The frequency of application is then reduced to control sweating of affected areas.
- Irritation and redness can occur as a side effect. If this occurs, the frequency of treatment can be reduced, or mild topical steroid creams may be applied.
- Treatment has to be continued in order to maintain dryness. Sweating will recur weeks to months after stopping treatment.

Iontophoresis:

- This is a method of passing a small electric current through areas of skin immersed in a dish of water.
- It can be used for the treatment of hyperhidrosis of the palms, soles and armpits.
- Treatment needs to be done regularly (several times a week) and lasts for 10-20 minutes each.
- Iontophoresis can cause a tingling sensation. If this occurs, the current can be reduced. Small, superficial burns can rarely occur.
- Treatment has to be continued in order to maintain dryness. Sweating will recur weeks to months after stopping treatment.
- Treatment can be performed at our Dermatology Service. Equipment for home use can also be purchased if required.

Botulinum toxin ("Botox"):

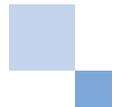
- Derived from bacteria, it can be injected into the skin in very small doses to block the action of the nerves that activate the sweat glands.
- The effects can last from 3 to 12 months.
- It is most commonly used for treatment of the armpits but can also be injected into the palms and soles.
- An anaesthetic cream (EMLA) can be applied before injections to minimise the pain.

Oral medications:

- Medicines that can help to control hyperhidrosis include propantheline, oxybutynin and glycopyrrolate.
- These medications block the chemical signal between the nerves and the sweat glands.
- Side effects of the medications include dry mouth, blurred vision, tummy cramps, constipation and less commonly, difficulty in passing urine.
- A smaller dose is given initially and this is gradually increased.
- Sweating will recur after the medications are stopped.

Sympathectomy:

- This is the only method of treatment to cure hyperhidrosis.
- It is most useful for the treatment of hyperhidrosis of the hands and face, especially after other treatments have failed.
- Sympathectomy is a major surgical operation, performed under general anaesthesia, which carries a number of risks.
- Some patients may develop compensatory sweating at other body sites, and for a proportion of patients, this can be more severe than the original problem.
- The operation is performed by neurosurgeons or cardiothoracic surgeons.



Useful telephone number

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