

From the Executive Director

The International Hyperhidrosis Society, connected through our Philadelphia headquarters to more than 45,000 people in 151 countries, celebrates its global reach this month as we head off to Paris and the European Academy of Dermatology and Venereology conference. We salute Brazil as we welcome Dr. Ada Regina Trindade de Almeida of Sao Paolo to our esteemed board of directors. And we look to Canada, as our newsletter highlights Board Member Dr. Nowell Solish of Toronto. Because hyperhidrosis knows no geographical boundaries, neither do we. Dans la bonne sante. A su salud. In good health.

Lisa J. Pieretti, MBA
Executive Director
The International Hyperhidrosis Society [IHHS]

IHHS Sweat Survey Reveals Many Are Suffering In Silence

Results of the International Hyperhidrosis Society's (IHHS) 2008 Sweat

Survey were significant. We discovered that 33 percent of U.S. adults think they produce too much underarm sweat, yet only five percent have ever contacted a health care professional.



“One of our primary missions here at the IHHS is to help people suffering from excessive sweating find good medical care. So it’s troubling to think there are all these people out there who aren’t accessing that care,” says IHHS Executive Director, Lisa Pieretti. “We know people are reticent to talk to a doctor about sweating. They don’t think anything can be done about it, or they are too embarrassed. And yet, excess sweat, even if it’s never diagnosed as hyperhidrosis, is manageable in the same way that hyperhidrosis is treatable and manageable.”

The IHHS, founded in 2003 by a group of world-renowned hyperhidrosis experts, wants people who suffer from any kind of excessive sweating to know they are not alone. An estimated 9 million people experience the actual medical condition hyperhidrosis (which can be diagnosed by a doctor’s assessment of the amount of sweat a person produces and when that sweat first became a problem) and based on our survey, potentially millions more suffer from too much sweat.

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We want people who suffer from any form of excess sweating to know that treatments are available. For instance, there are newly-developed over-the-counter antiperspirants like Secret Clinical Strength; Botox injections, which temporarily interrupt the action of sweat glands; and a treatment called iontophoresis that (although no one knows the exact mechanism of action) may imperceptibly thicken the skin on hands and feet to keep the sweat from coming to the surface.

We also want those concerned about sweating to know that dermatologists, specially trained in the diagnosis, treatment and care of hyperhidrosis, are available to help. These doctors not only treat underarm sweating, but also excessive sweating wherever it occurs on the body – such as on the hands, feet, groin, head and face, under the breasts, or all over the body.

Visit our Web site at www.SweatHelp.org to find a doctor through our Physician Finder service. Physicians with a gold star next to their names have participated in one of our Continuing Medical Education training sessions, which we offer annually at various conferences throughout the United States and other countries. This year, on Sept. 17th, for example, the IHHS is sponsoring an all-encompassing training session (covering the diagnosis, management, and treatment of hyperhidrosis) in Paris at the annual conference of the European Academy of Dermatology and Venereology (EADV). Physicians who want to reserve a space at this training session can e-mail the IHHS at support@SweatHelp.org. Our Web site also provides an online video library, which directs physicians in the administration of Botox injections – one of today’s most successful and effective hyperhidrosis treatment methods.

“Our hope is that more physicians and healthcare providers will recognize that there is a clear need

for them to become educated in hyperhidrosis research,” says Pieretti. “People are suffering, and they need good, knowledgeable healthcare professionals who can provide them with the latest information on how to manage and care for themselves.”

The Survey

The IHHS Sweat Survey, conducted by Harris Interactive (an American market research company specializing in public opinion research since 1956) polled 2,897 American adults in March 2008 to determine how sweat affects the general population, not just those who suffer from hyperhidrosis.

The online survey revealed that even the threat of sweat concerns most Americans. Here’s an overview of the results:

- More than half of U.S. adults (60 percent) would be embarrassed or “very embarrassed” by visible underarm sweat stains
- More adults would be more embarrassed by visible underarm stains than by having bad acne (58 percent) or being overweight (47 percent).
- Although more men (39 percent of men compared to 28 percent of women) feel they have too much underarm sweat, more women would be embarrassed by underarm sweat than men (68 percent versus 51 percent, respectively).
- Females between the ages of 18 and 34 are particularly affected by underarm sweat, as more than three in four young women (77 percent) say they would be embarrassed by underarm sweat, and about half (49 percent) feel they have too much underarm sweat.

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Of the 33 percent of people who say they sweat too much, 70 percent say they cope in various ways – mostly by altering activities (47 percent) and by making certain clothing choices (49 percent). They may also avoid raising their arms (35 percent). They don't hug or put their arms around people (18 percent). They avoid participating in sports or athletic activities that may induce sweating (17 percent). And they try to avoid giving presentations at work or in school for fear of revealing underarm sweat stains (5 percent).

Regarding clothing: People who suffer from excessive sweat avoid certain fabrics (25 percent). They avoid certain colors (21 percent). They choose black, thinking it will hide their sweat (19 percent). They carry additional clothing (12 percent). And they change clothes several times a day (11 percent).

The IHHS commends people for doing what they need to do to manage their sweating and also has the following helpful sweat-management tips: drink lots of water during the summer to keep the internal air conditioning system working; wear loose, natural fabrics to wick away moisture from the skin; stay out of direct sunlight, especially in the summer; use a soft-solid antiperspirant twice a day, such as the aforementioned Secret Clinical Strength, which received the first IHHS Seal of Recognition this year; choose lightweight, breathable shoes, absorbent foot powders and shoe inserts such as Summer Soles. For a discount on Summer Soles and other products that help manage sweat, see our "Deals and Discounts" section at www.SweatHelp.org. And be on the lookout for our new "Sweat Testers" program, through which readers will be able to receive free consumer products to review for upcoming newsletters and our Web site. We are still building this reader panel and invite anyone with excessive sweating to participate by e-mailing us at support@SweatHelp.org.

Please also remember to take advantage of all the information and resources we have to offer on our Web site, www.SweatHelp.org.

And, as much as anything else, we recommend that anyone who thinks he or she sweats too much talk to a dermatologist about the effective treatments available.

"People who suffer from excessive sweat do not have to upturn their lifestyles to accommodate their condition, or suffer in silence," says Pieretti. "The IHHS can offer various online tools to help. But the most important help we can offer is in the way of specific advice: See a doctor."

In addition to our Physician Finder service, the IHHS offers suggestions on how to prepare for your doctor's appointment. Suggestions include bringing a support system with you and making sure you know the treatment options available to you so that you can speak to your doctor knowledgeably. Additionally, comprehensive information about insurance and reimbursement is available on SweatHelp.org, including downloadable forms that can help sufferers work with their physicians and health insurance plans to get the correct coverage for necessary treatments.

The IHHS is here to help not only adults, but also young people. Because hyperhidrosis usually starts in the teen years, we have created an entire section on our Web site devoted to teens and our "Teen Sweat 101" book to help teenagers learn how to cope with their condition and find effective solutions. We also produce our informative Sweat Solutions newsletter several times a year, which, as a Sweat Solutions reader you already know, hyperhidrosis sufferers – whether young, old or in between – receive via e-mail, keeping them current on hyperhidrosis news

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and medical breakthroughs.

“There’s never a great time to have hyperhidrosis or a problem with excess sweat,” says Pieretti. “But new treatments and management tools are being researched and developed every day. The IHHS is here to help. Doctors are available to help. All these people who are sweating excessively do not have to suffer in silence.” ●

(For complete results of our Sweat Survey, including weighting variables, please contact Katie Saleem at KSaleem@ccapr.com.)

Board Member Dr. Nowell Solish Setting Trends in Hyperhidrosis Treatment

Despite more than a decade of being on the leading edge of hyperhidrosis and research, Dr. Nowell Solish doesn’t like to boast about his professional accomplishments. Indeed, it is only at the end of a 30-minute interview that he opens up about the defining characteristics of his unique hyperhidrosis practice.



“I’m pretty sure I was the first person in Canada to inject Botox for sweating,” Dr. Solish, 43, tells us from one of his two Toronto offices. “As for my Sweat Clinics of Canada, we are a dedicated hyperhidrosis center, and hyperhidrosis is all we do, which means we do the most treatments in Canada by far. Our doctors have each done hundreds and hundreds of treatments. They’ve treated palms, soles of the feet, groin, forehead, upper lip. They’ve seen everything and have a lot of experience.”

Dr. Solish, who invites doctors throughout Canada to watch and learn from the physicians at his clinic, has a passion for helping hyperhidrosis sufferers that he stoked a few years ago by taking a closer look at the daily habits of 400 hyperhidrosis patients. Working with fellow International Hyperhidrosis Society founding Board Member, Dr. Dee Anna Glaser of St. Louis, Dr. Solish collected hundreds of painful anecdotes that opened his eyes to the often paralyzing difficulties of daily life with excess sweating.

“We’d get letters from patients who said they were contemplating suicide,” says Dr. Solish. “They were so desperately embarrassed, they’d sew towels in their front pockets to dry their hands before they shook hands. They were depressed, never went on dates. This study made me realize I could have an impact.”

Dr. Glaser says Dr. Solish’s signature compassion is part of what sets him apart. “He is kind, compassionate, hard working, and intelligent -- the kind of physician I would recommend to my family,” says Dr. Glaser. “He has been involved in the care of hyperhidrosis patients since the beginning and has helped to educate many others about the disease and treatment options. We are lucky to have him in the IHHS.”

Among the estimated one million Canadians who suffer from hyperhidrosis are two of Dr. Solish’s three children. His son, 7, has plantar hyperhidrosis. And his daughter, 9, has both plantar and palmar hyperhidrosis. But while his children remind him on a daily basis of the value of his professional pursuits, they were born and diagnosed only after he had already begun his life’s work.

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Graduating with honors from the University of Toronto's Medical School in dermatology, Dr. Solish went on to accept two fellowships, one at the University of Toronto and one at the University of British Columbia in Vancouver with Dr. Alastair Carruthers. A maverick in his own right, Dr. Carruthers is known as the first physician anywhere to begin using the medical drug, Botox, cosmetically. He is today considered a pioneer with Botox and hyperhidrosis in the Vancouver area.

During his Vancouver fellowship, Dr. Solish was trained in both cosmetic dermatology and Mohs surgery (Mohs is an advanced and highly effective microscopic surgery for skin cancer). When Dr. Solish returned to Toronto, he was able to practice both disciplines at the Women's College Hospital at the University of Toronto while also becoming an assistant professor of dermatology.

In 1996, soon after beginning to practice dermatology, Dr. Solish met his first patient with severe hyperhidrosis. He also happened upon an article in *The British Journal of Dermatology* about the effective use of Botox with hyperhidrosis patients. Although this treatment application had yet to be approved by the Health Protection Branch, Canada's equivalent of the U.S. Food and Drug Administration, it was considered an off-label use, which means some physicians had deemed it a safe and effective use and had begun administering it to patients suffering from excess sweating. Those physicians included Dr. Solish, whose hyperhidrosis practice ultimately became so big that he had to train three more doctors to help him. Thus began Sweat Clinics of Canada, which last year saw 400 patients, including the more

difficult cases other dermatologists aren't always equipped to treat.

Sweat Clinics of Canada may, for example, see patients who have resorted to endoscopic thoracic sympathectomy surgery (ETS) (which has been known to create more problems than it solves and is not recommended by the IHHS or most doctors). During ETS surgery (not to be compared with local surgery techniques, which excise or cut sweat glands in the very area where the excessive sweat is being produced) physicians interrupt the transmission of nerve signals from the spinal column to the sweat glands. This prevents those nerve signals from "turning on" the sweat glands in one part of the body.

But, to compensate, sweating often subsequently erupts on other parts of the body, thus creating a new problem – one that Dr.

Solish can often correct at his dedicated facility.

"We have the staff," says Dr. Solish. "We have an office set up just for treating hyperhidrosis, which makes it so much easier."

Canadian patients don't pay for their first office visit. Unlike in the United States, for example, where insured patients pay a co-pay and uninsured patients pay full price, Canada's medical system is socialized, meaning that a lot of medical treatment is free, including initial consultations. Medications are paid for through the patient's employment insurance, although the administration of medicines like Botox is paid for by the patient. If a patient requires Botox treatments, for example, the Botox itself is paid for by the insurance company, while the doctor's fee for administering the drug is paid for out-of-pocket.

Dr. Glaser says Dr. Solish's signature compassion is part of what sets him apart.

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Like doctors who treat hyperhidrosis in the United States and in other parts of the world, Dr. Solish's clinic also treats patients with over-the-counter and prescription antiperspirants and, in rare cases, systemic prescription drugs. Dr. Solish will also write a prescription for iontophoresis equipment, which costs about \$675, and he will show a patient how to use it at home. The Canadian government does not reimburse for this treatment in the doctor's office, so he does not administer it there. Iontophoresis is a treatment that uses water to conduct a mild electrical current through the skin's surface. It is believed to microscopically thicken the outer layer of skin on the hands or feet, thus blocking the flow of sweat to the skin's surface.

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These days, Dr. Solish spends much of his time guiding University of Toronto dermatology residents through best practices and treatments for various dermatological illnesses. He is active with the Canadian Society for Dermatologic Surgery, which counts him as past president. He works with skin cancer patients, and lectures throughout the continent and the world. He also does research and writes – to date he has written four textbook chapters and 19 original works published peer-reviewed journals.

But when all is said and done, when Dr. Nowell Solish looks in the mirror at the end of the day, it is the hyperhidrosis patient, he says, who provides the greatest reward.

“It changes their life when you can do any kind of treatment for them,” says Dr. Solish. “They are more grateful, even, than patients when I remove skin cancers out of them.”

Grateful for Physician Training

The IHHS is grateful to Dr. Solish for his contributions to the hyperhidrosis community. We are particularly grateful for his interest in training other physicians – a mission we take on, as well, with our Continuing Medical Education sessions held at annual conferences in the United States and internationally.

This month, for example, on Sept. 17th, we will offer a four-hour ancillary session at the European Academy of Dermatology and Venereology's (EADV) annual conference, held in Paris. Our session will

be wide-ranging, covering all aspects of hyperhidrosis management and care, including understanding the psycho-social and

occupational impact of hyperhidrosis. We also will offer training on the administration of various types of hyperhidrosis treatments, including local surgery, topical treatment, systemic medication, and Botox. Physicians interested in attending this session can e-mail us at support@SweatHelp.org, and we will be happy to reserve a space at the session.

For those healthcare professionals who can't attend our session in Europe, we suggest keeping an eye on our aforementioned Continuing Medical Education opportunities, updated regularly, for other upcoming conferences, including the American Academy of Dermatology (AAD) annual meeting in March 2009.

Physicians may want to keep in mind that any doctor who attends one of our training sessions can be registered on our Physician Finder pages, which patients use to find doctors in their local areas. Those

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physicians who have participated in our training sessions can receive a gold star beside their names, indicating they are up-to-date on the latest techniques in hyperhidrosis treatment.

As always, physicians unable to attend our training sessions can review our new online library, which offers training videos in Botox injections for submammary, craniofacial, palmar, plantar, and axillary hyperhidrosis. ●

Good, Bad or Bogus? Let's find out!

Several times a year, the International Hyperhidrosis Society (IHHS) is asked to check out promising new consumer products designed to help manage hyperhidrosis. We want to spread the news within our community about these products. But first we have to know how well they work -- which is why we are creating our first-ever Sweat Testers Review Panel, comprised of the people who know best: You!

"While we are certainly blessed at IHHS with a willing staff who can help us review these products, the people who know best about consumer product effectiveness are those who actually suffer with the condition," says IHHS Executive Director, Lisa Pieretti. "To that end, we are looking for a wide range of hyperhidrosis sufferers - teenagers who are at least 14, as well as

adults, male and female, sufferers of underarm hyperhidrosis, as well as those who suffer from head/face, hands, feet, and all-over hyperhidrosis."

Panelists will be asked to review no more than a few products per year. Those reviews will then be published in upcoming newsletters and on our SweatHelp.org Web site. From time to time, says Pieretti, the panel may also be called on to participate in brief opinion polls or reader interest surveys.

"Everybody wins," says Pieretti. "Our consumer panel gets new products to try. The rest of our community gets quality feedback to help them make good choices when considering products to help them in their daily lives."

The IHHS Has a Responsibility

The IHHS takes seriously its role at the center of the hyperhidrosis community, where sufferers go for trusted, well-researched and up-to-the-minute information related to hyperhidrosis support and treatment. Part of our mission includes acting as a clearinghouse for the many products and medical treatments that promise to manage hyperhidrosis symptoms.

If you see medical treatments such as Botox and iontophoresis discussed on our Web site, it is only because these treatments have been carefully studied and clinically tested and approved, not only by our own world-renowned board of dermatologists, but by the U.S. Food and Drug Administration (FDA) and dermatologists worldwide.

We recently created our Seal of Recognition program for over-the-counter antiperspirants that

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meet or exceed IHHS and/or FDA standards for their sweat-fighting abilities. This spring, our first award went to Procter and Gamble's Secret Clinical Strength, a product deemed excellent only after our Board carefully researched its ingredients, efficacy data, safety elements, and clinical claims.

As for other non-medical products, the IHHS does not shy away from discussing those we believe are worthy of consideration. Among our favorite products are the Original PEET Shoe Dryer, which uses thermal convection to dry the insides of sweaty shoes; Summer Soles peel-and-stick absorbent shoe liners for sweaty feet; and a variety of computer keyboard covers, both disposable and long-lasting, which protect keyboards from excessively sweating hands. We even go so far as to help offer a discount on some products, such as the aforementioned Summer Soles, in our Deals and Discounts area.

We also do not avoid reviewing products we are not so crazy about, including the book *Stop Sweating and Start Living: A Practical Guide to Ending Your Sweating Problem Naturally*, by Mike Ramsey of Humble, Texas. The author of the 14-page e-book, which costs \$34.95 to download, says the book has been endorsed by the IHHS, when it has not. A review of the book by an IHHS staffer actually says that it comes up short. The book's triple approach (shunning soap, quitting antiperspirants, and using a loofah under the arms) does not work, writes the author of the review, a stance supported by IHHS Board Member Dr. Dee Anna Glaser.

Teaming with our staff and our medical Board of Directors, the Sweat Testers review panel will be a panel that reviews consumer products. Readers interested in reviewing products should e-mail support@SweatHelp.org (type "Sweat Testers" in the subject field) by the

end of September, with their names, ages and contact information, along with background information about their experiences with hyperhidrosis. We particularly need to know what areas of their bodies are most affected by sweating so we can send the products that are most relevant. (Underarm products will go to underarm sufferers, hand products will go to those who suffer from palmar hyperhidrosis, etc.) Once we choose a panel for each product under review, we will let panelists know when to expect their first product and when we need their review information.

Our first exciting new products will be two different kinds of gloves generously donated for our review by Occupational Textiles Solutions LLC. Designed to either be worn on their own or under latex or rubber gloves (for electricians, plumbers and medical and other practitioners), the gloves promise to help people who suffer from palmar hyperhidrosis. The first pair, called Cotton Stretch DUGS, is made of cotton and Spandex and is designed to absorb moisture. The second is COOLMAX, made of Spandex and a special COOLMAX fiber designed to wick moisture away. Both sets of gloves can either be single-use or multi-use, says company President Annie Golding.

"A person could wear one or the other to help manage their symptoms of excessive sweating," says Golding.

Other products we plan to review soon include Garment Guard underarm shields developed by The Pond, Inc. and The BedFan Personal Cooling System, a sleek cooling system that fits at the foot of the bed between the sheets to push out the heat that gets trapped under blankets. Night sweating is not a common symptom for people with primary hyperhidrosis, which is defined as an excessive sweating problem unrelated to any other medical

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condition. But people with secondary hyperhidrosis, which is excessive sweating related to an underlying medical condition or a medication, may sweat at night and need relief.

Once panelists receive the products, they will have 10 days to review and answer pre-established questions such as: How easy was the product to use? How effective was it? Would you recommend it to a friend? What improvements would you suggest? Is it worth the money?

Reader comments will be published on our Web site (www.SweatHelp.org) and in upcoming editions of our Sweat Solutions newsletter. (If you're not subscribed, go to www.SweatHelp.org and subscribe for free!)

Panelists, free to opt out at any time, would never be asked to test a medical product such as Botox, or even a topically applied ointment. As mentioned above, the IHHS absolutely will not discuss medical products without our physician Board of Director's review and/or published findings in scientific literature. Nor would we ask the reader review panel to consider products that make false or unrealistic claims. Before considering a product for reader review, the IHHS will contact the company making the product and

review product literature to try and ensure the product is worthy of the Society and the panel's consideration.

We hope you are as excited about this as we are. We look forward to hearing from readers who want to participate.

We also welcome communication with manufacturers of consumer products designed to help people with hyperhidrosis. Contact Executive Director Lisa Pieretti at LJP@ihhs.net if you want your product in the queue for upcoming review! ●

Children and Teenagers with Hyperhidrosis May Suffer the Most

A 7-year-old is afraid to play soccer because his sweaty feet will slip around in his cleats.

A 16-year-old high school sophomore, fearing he will sweat all over his dance partner, has never been to prom.

A 14-year-old girl writes to tell us that she never wears anything but layers of black clothes to hide her sweat. She tries to tell her mother about the extent of her suffering, but her mother tells her "It's just hormones."

"I suffer from really sweaty hands, underarms, and feet," writes 14-year-old Jennifer. "I have been to see my doctor, and he prescribed [a prescription antiperspirant] but this hasn't worked. He said that there is nothing else that can be done. My mom keeps telling me that it's natural to sweat and that it's only my hormones! It's not my hormones – it's stained

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clothes, wet paper and me having to wear (layers of) dark colors all the time to hide sweat patches! This isn't due to exercise or living in a hot place, and I'm not overweight at all! Please help!"

The very real symptoms suffered by someone with hyperhidrosis – 9 million people in the United States alone – are the same, no matter their age. What makes

hyperhidrosis particularly difficult for young people is that they are at a vulnerable and dependent stage in their lives. Embarrassed by anything that makes them different, they are afraid to tell anybody that they think they sweat too much. And when they do open up to their parents or even their doctors, these adults may unwittingly dismiss their concerns.

Hyperhidrosis is, in fact, a true medical condition. While it can be made worse by exercise, stress, or heat, it is not caused by any of these factors. Nobody knows why some people sweat four to five times more than others on their hands or feet, in their underarms or groin, under their breasts, or on their head or face. What experts do know is that hyperhidrosis is often hereditary, meaning it is passed down from grandparents to parents to children. It is not life threatening. It won't kill you. But it can be debilitating, making even adults want to stay home and hide. And it often starts in childhood or adolescence.

"We hear stories every day about how holding hands, chalk, baseballs, crayons, musical instruments – you name it – is nearly impossible," says IHHS Executive Director Lisa Pieretti. "School papers get soaked and ruined. Children's hands slip out of their mother's grasp. Kids can't play on the monkey bars on the playground. Puddles are left on the floor from sweaty feet during gymnastics or dance. The letters and e-mails we see are heartbreaking, as humiliation

is a daily occurrence, as children retreat into themselves and try to be invisible."

Even if and when a young person does muster up the courage to tell a parent, and even if that parent ends up taking the child to a physician, many doctors, like Jennifer's, are not trained to deal with hyperhidrosis.

And so the patient ends up getting treatments that don't work. Or they get no treatment at all.

"We are not pointing fingers at parents or even at doctors," says Pieretti. "Public awareness on this issue has a long way to go. Still, regardless of who is and is not to blame, this leaves the child or the teenager feeling alone – without an advocate and without hope."

Hope is Here

But in fact there is hope. More and more doctors are educating themselves about the diagnosis, treatment, and management of hyperhidrosis as the IHHS hosts annual Continuing Medical Education training sessions throughout the country and the world, including one in Paris this September at the European Academy of Dermatology and Venereology conference (EADV). (To find a doctor trained in hyperhidrosis treatment based on your zip code, go to our Physician Finder service. A gold star next to the physician's name means he or she has attended our sessions and is up to date on the latest hyperhidrosis treatments.)

More and more treatment options are being developed all the time. For instance, there's now a highly effective over-the-counter antiperspirant, called Secret Clinical Strength, that you can buy right in your drug store. There's also Botox injections, which temporarily interrupt the action of sweat glands, and

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a treatment called iontophoresis that imperceptibly thickens skin in hands and feet to keep the sweat from coming to the surface of the body.

Finally, there's the IHHS itself, an organization created in 2003 for the sole purpose of helping hyperhidrosis patients, with a particular emphasis on children and teens.

"We support hyperhidrosis patients by supporting research and training doctors," says Pieretti. "We advocate for patients and look for new consumer products that will help patients feel better in their daily lives. We offer our award-winning Web site www.SweatHelp.org, which is chock full of information, including one whole section devoted to teens and a workbook called Teen Sweat 101."

The IHHS is also seeking a funding partner to help create a public awareness campaign, specifically directed at helping doctors, parents, and the general population understand the effects of hyperhidrosis on teens and children.

"We want young people – and the people who advocate for them – to know we care and we are not going to stop caring."

What to Do

If you are a child or a teenager suffering with excessive sweating, or you are someone intent on helping that young person, we suggest the following first steps:

1. If you haven't already done so, subscribe to our free newsletter, *Sweat Solutions*. This newsletter, which goes out via e-mail several times a year, is full of up-to-the-minute news on the latest research, tips, personal life and treatment opportunities related to

hyperhidrosis.

2. Gather a support team to include a physician, who, as mentioned above, can be found through our Physician Finder service. Make sure your support team includes family members and close friends who are willing to listen to you talk about the effects of this condition.

3. Start keeping a daily journal – or ask your child to keep one – of when excessive sweating occurs and what it's volume is like, how it feels emotionally and physically, and how it affects daily living. Take notes on treatments or antiperspirants that have been tried, and their effectiveness, so you can tell your doctor and so you can be aware of where you stand.

4. Acquaint yourself with the above-mentioned treatment options and plan to ask your doctor about each of them when you see him or her. Make an appointment with a physician you've found using our Physician Finder service. And keep it. Before you go, read our tips on preparing for the doctor appointment, including making sure you bring your diary and your insurance information with you. Check our section on insurance, which includes downloadable forms that can help sufferers work with their physicians and health insurance plans to get the correct coverage for necessary treatments. A special note: If you are seeking reimbursement for treatment with Botox specifically, you may find help through Allergan's Botox Reimbursement Hotline. Call toll-free 1-800-530-6689 in the United States, send a fax to 877-530-6680, or send an e-mail to Botox.Reimbursement@covance.com. You can also watch for clinical trials, related to hyperhidrosis and Botox. Such medical trials, where patients are treated free with certain drugs under certain conditions to see how they work, are important as they help further our understanding of hyperhidrosis treatment, while potentially

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providing free help for participants.

5. In addition to seeing a doctor, you can help yourself or your loved one by acquainting yourself with the many ways sweat can be managed. Check out our Deals and Discounts section of our site, where you will find discounted products like Summer Soles inserts for your shoes. Stay tuned for our upcoming “Sweat Testers” consumer product review panel, whereby readers will receive free consumer products to review for our newsletter and Web site. If you suffer from excessive sweating, and you’re interested in being part of this panel, please e-mail us at support@SweatHelp.org. We need young people on this panel! Also, familiarize yourself with everyday solutions – tips that include drinking lots of water during the summer to keep the internal air conditioning system working; wearing loose, natural fabrics (NOT heavy, dark clothes!) to wick away moisture from the skin; staying out of direct sunlight, especially in the summer (sorry, tanning lovers!); using a soft-solid antiperspirant twice a day, such as the aforementioned Secret Clinical Strength; and choosing lightweight, breathable shoes if you have plantar hyperhidrosis, also absorbent foot powders and shoe inserts such as Summer Soles (that fashionistas can place in those strappy sandals!)

6. Check out the rest of our Web site to feel more and more comfortable about what’s going on in your body. Pay particular attention to our Teen section, which includes a column called “Ask Frances,” written by a real teen who has hyperhidrosis, too. Also check out our Teen Sweat 101 Online, where you can find out how to order a free copy of our award-winning workbook. Both Teen Sweat 101 Online and the 50-page, full-color workbook provide useful information on how to tackle hyperhidrosis as well as thought-provoking, engaging exercises that can help teens gauge and discuss how sweating impacts their lives.

7. If you are an adult who has been suffering from hyperhidrosis since you were a child, consider writing a “Letter to a Teen” who has hyperhidrosis. Tell the teen what it was like when you first began suffering from hyperhidrosis, what you did to help yourself and how you learned to live with your condition. We will publish winning letters in an upcoming newsletter. Please send submissions to LJP@ihhs.net and type “Letter to a Teen” in the subject field.

8. If you are a corporate sponsor with a foundation interested in helping promote public awareness of this debilitating medical condition, especially related to children, please e-mail our Executive Director, Lisa Pieretti via LJP@ihhs.net. Children and teens with hyperhidrosis need to know they can live a normal life. The more adults know about this disorder, the more we can help them.

Please, all hyperhidrosis sufferers everywhere, young, old and in between, remember: You are not alone. You do not have to suffer. Drop us a line at support@SweatHelp.org and let us know how you are doing. We care. ●