

## SWEATING BULLETS: HYPERHIDROSIS FACT SHEET

### WHAT IS HYPERHIDROSIS?

- Hyperhidrosis is a treatable medical condition that results in sweating that exceeds the normal amount required to maintain consistent body temperature.
- It is estimated that up to eight million people or three percent of the U.S. population has this condition.
- Patients with hyperhidrosis produce up to five times the average volume of sweat.
- This excessive sweating occurs regardless of environmental surroundings – people with hyperhidrosis sweat profusely nearly all day, every day.

### CAUSES OF HYPERHIDROSIS

- People with hyperhidrosis are thought to produce too much of a specific neurotransmitter in the sympathetic nervous system, or to have sweat glands that overreact to normal levels of the neurotransmitter. In either case, excessive, profuse sweating is the result.

### TYPES OF HYPERHIDROSIS

- **Primary focal hyperhidrosis** refers to excessive sweating that is not caused by another medical condition or as a result of a medication.
  - This type of sweating always occurs on very specific areas of the body and is usually symmetrical on the body.
  - The most common focal areas are the armpits (axillary hyperhidrosis), palms of hands (palmar hyperhidrosis), the face (facial hyperhidrosis) or the feet (plantar hyperhidrosis)
  - Primary focal hyperhidrosis of the hands and feet most often begins in childhood or adolescence.
  - People with primary hyperhidrosis usually do not experience excessive sweating while sleeping.
  - Research seems to indicate that primary focal hyperhidrosis can be inherited
- **Secondary generalized hyperhidrosis** is excessive sweating that occurs as a symptom of other medical conditions such as anxiety disorders, diabetes, thyroid malfunction, nerve damage, and menopause or as a side effect of medication.
  - People with secondary hyperhidrosis often experience sweating on larger areas of the body (described as generalized).
  - People with secondary hyperhidrosis usually do experience excessive sweating while sleeping.
  - People with generalized sweating should see a physician as soon as possible, as their sweating could be a sign of another serious condition

### CONSEQUENCES

- Hyperhidrosis can significantly injure quality of life, with a huge impact on relationships, career choices and mental well-being.
- The social isolation and limitations caused by hyperhidrosis can take a great psychological and emotional toll on a person's life and the condition may often lead to depression.
- Unfortunately, many people suffer with hyperhidrosis in isolation and silence because they do not believe there is anything that can be done, that it is a diagnosable medical condition, and that they are among millions who suffer the same.



## TREATMENT OPTIONS

- There are a variety of effective treatment options available for hyperhidrosis, and research is ongoing.
- While typically marketed for use on the underarms, high-strength **antiperspirant** products can also be used to help control sweating on the hands and feet.
  - Antiperspirants work by blocking or plugging the sweat ducts, thereby reducing the amount of perspiration that reaches the skin.
  - Antiperspirants are considered by many to be the “first line” of treatment for underarm hyperhidrosis.
  - Sometimes a physician will suggest a prescription-only antiperspirant for people who sweat excessively.
  - Patients will often use high-strength antiperspirants in combination with other treatments to help manage their condition.
- During the **iontophoresis** procedure, a water bath is used to conduct a mild electrical current through the skin’s surface from an electronic device.
  - The exact way in which this helps to limit excessive sweating is not known, but researchers speculate that the electrical current somehow temporarily blocks the sweat gland.
  - A healthcare professional should coach the person on the technique before prescribing the device for home use.
- When antiperspirants are not effective enough, physicians will often administer botulinum toxin type A injections, most commonly known as **Botox®**, into the area that is sweating excessively.
  - Botulinum toxin type A treats hyperhidrosis by blocking the nerves that stimulate the sweat glands.
  - The treatments can be performed in a physician’s office, and results may last an average of six to seven months.
  - Botox® was approved by the FDA to treat severe primary underarm hyperhidrosis last year.
- Endoscopic thoracic sympathectomy, or **ETS surgery**, aims to interrupt the transmission of nerve signals from the spinal column to sweat glands, thus preventing the sweat glands from being “turned on.”
  - Surgical treatment carries a high risk of serious long-term side effects such as severe compensatory sweating.
  - Used mostly to treat hyperhidrosis of the palms, ETS has been shown to be less successful in those suffering solely from underarm hyperhidrosis and is not used for hyperhidrosis of the face or feet.
- The International Hyperhidrosis Society provides patient support and physician education on an ongoing basis in an effort to improve the quality of life for those affected by excessive sweating.
- The International Hyperhidrosis Society’s Web site, [www.SweatHelp.org](http://www.SweatHelp.org), is an online support community with many helpful tools:
  - A physician finder - an international index of physicians who treat hyperhidrosis
  - Up-to-the-minute updates of relevant news
  - A self-assessment tool that people can use if they think they may have hyperhidrosis
  - Information about treatment options
  - Patient testimonials
  - A monthly newsletter called *SweatSolutions*
  - Information about relevant clinical trials
  - Information for healthcare professionals
  - Insurance coverage tools
- If someone feels they sweat excessively, they should see a physician.
- In general, dermatologists are the best trained to diagnose and treat hyperhidrosis, although general practitioners, podiatrists and neurologists may also be able to accurately diagnose the condition.

## WHERE TO GO FOR INFORMATION AND TREATMENT

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