HYPERHIDROSIS

WHATITIS

It is a condition when one excessively sweats beyond what is physically required often resulting in social, emotional, work impairment. Epidemiologic studies have found that the condition affects about 1% of Singapore's population. It is made worse due to our hot and humid climate.

WHAT TYPES ARE THERE?

Primary Hyperhidrosis

The majority of those with hyperhidrosis fall into this category. It is currently unknown what the exact cause of Primary Hyperhidrosis is but it mostly affects the hands, face, underarms and the sole of one's feet (Places where sweat glands are concentrated in)

Secondary Hyperhidrosis

Only affects one particular site of the body and is caused by an underlying medical condition (Diabetes Mellitus, Menopause, Acute respiratory failure) or

medication use

(Antidepressants, Hypoglycemics, Cholinergic agonists).



Hyperhidrosis Disease Severity Scale (HDSS) is a single question survey with 4 grades of tolerability of sweating and impact on quality of life which is used to measure the severity of the disease. It can also be used to estimate the response to treatment, thus, successful treatment leads to a drop in the HDSS score. It is scored as such:



Normal body condition

Sweating that is not noticeable and does not interfere with daily activities



Mild hyperhidrosis

Sweating that is tolerable but sometimes interferes with daily activities



Moderate hyperhidrosis

Sweating that is barely tolerable and often interferes with daily activities



Severe hyperhidrosis

Intolerable sweating that always interferes with daily activities



TREATMEN

Step 1: Topical 20% aluminium chloride (Drysol) is applied to affected

areas

Step 2: Botox injections

Moderate/Severe (HDSS = 3 or 4)

Step 1: Drysol or botox injections

Step 2: Consider doing both aluminium chloride and botox injections in

combination

All severities Step 3: Consider microwave therapy in which microwave energy

destroys the sweat glands

Step 4: Local surgery like liposuction, curettage (removal of axillary

sweat glands, skin excision

Step 5: (last resort): Sympathetic denervation (i.e., endoscopic thoracic sympathectomy, ETC) in which a portion of the sympathetic nerve (nerve

that causes sweating) trunk in the thoracic region is destroyed

Carnofacial

(Sole of

foot)

Axillary

(Underarm)

Step 1: Drysol or topical 2% glycopyrrolate

(Face)

Step 2: Consider onabotulinumtoxinA (botox) injection Step 3 (last resort): Sympathetic denervation (ETC)

Mild (HDSS = 2)

Step 1: Drysol is applied to affected areas

Step 2: If topical treatment fails, consider Botox injections or Palmar iontophoresis (transdermal drug delivery by use of an electric field on (Hand) & the skin) Plantar

<u>Moderate/Severe (HDSS = 3 or 4)</u>

Step 1: Drysol plus Botox injection or iontophoresis; all three are considered first-line treatment All severities

Step 2:(last resort for Palmar **ONLY**): Sympathetic denervation (ETC)