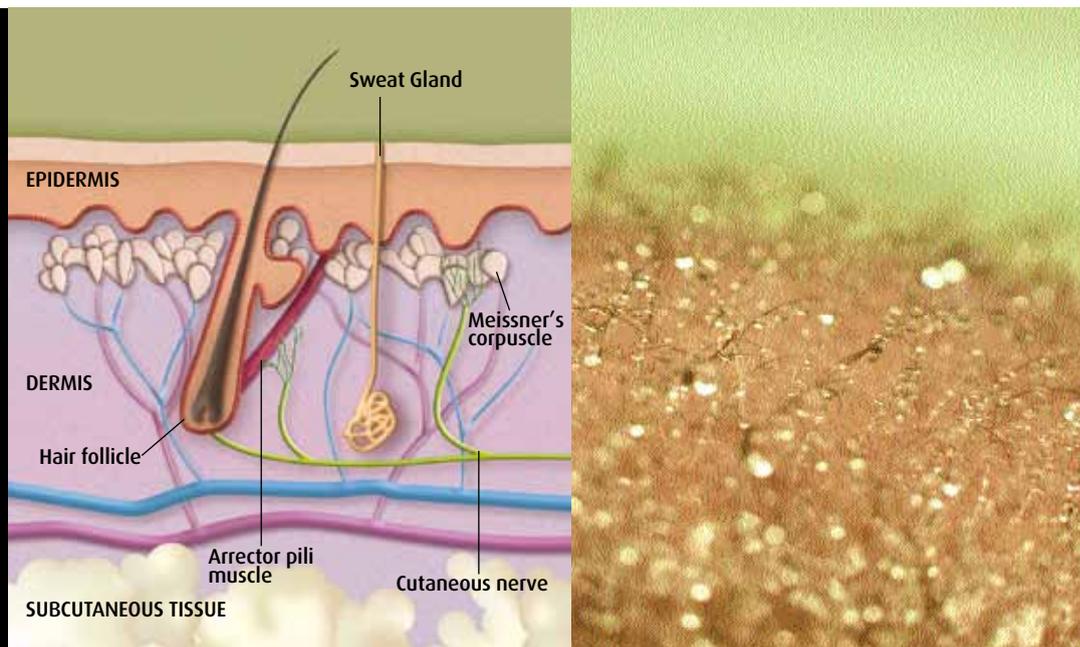


What you need to know about...

HYPERHIDROSIS

Sweat glands (yellow) occur all over the body, producing beads of perspiration



getty images/johnny zygo

WHAT IS IT?

- Hyperhidrosis is excessive sweating as a result of overactivity of the eccrine (sweat) glands in the affected area, triggered by the sympathetic nervous system.
- The condition can be idiopathic (spontaneous) or pathological. It is a chronic condition that may be localised (focal) or generalised.
- It will usually have significant social and professional consequences and therefore reduce the overall quality of life.

AETIOLOGY

- Idiopathic focal hyperhidrosis most commonly affects the palms and/or feet, followed by the axilla (armpit). Some people experience hyperhidrosis of the face, which may be accompanied by blushing.
- Although the exact cause is unknown, it is thought to be physiological rather than psychological and family history is present in 30 to 50 per cent of cases.
- Generalised hyperhidrosis, where excessive sweating occurs all over the body, may be idiopathic or have a pathological cause, including diabetes, chronic infection, malignancy or a reaction to drugs.

SIGNS AND SYMPTOMS

- The main symptom is excessive sweating that impacts upon the person's quality of life.
- It occurs for no apparent reason and due to the embarrassment it causes, may lead to social phobias.
- If untreated, hyperhidrosis can lead to dehydration and maceration of the skin, resulting in infection.

TREATMENT AND THERAPIES

Medical and surgical treatments are:

- Topical anti-perspirants – aluminium chloride-based treatments can be effective;
- Oral anticholinergics provide dose-related inhibition of sweating but severe side-effects/poor success;
- Lontophoresis – the topical introduction of salt ions with or without anticholinergic drugs into the skin by an electrical current. It can be time consuming and uncomfortable;
- Botulism toxin – can be used to block the chemical transmitters that cause sweating. Most effective in axillary hyperhidrosis, less effective on the palms;
- Surgery – endoscopic thoracic sympathectomy cuts or clips a section of sympathetic nerve. This is a potentially permanent solution that is particularly successful for hyperhidrosis of the palms.

NURSING IMPLICATIONS

- Nurses should be aware of the social and psychological implications of hyperhidrosis and be able to address patient needs in a sensitive manner. People with this condition may be embarrassed to shake hands or remove their jackets and it can lead to anxiety disorders.
- Many of the treatments have side-effects. Surgery often results in compensatory sweating, which can be severe, in another part of the body.

RESEARCH AND DEVELOPMENT

- Minimally invasive techniques have improved the surgical outcomes of thoracic sympathectomy and this technique continues to evolve.
- The more limited sympathectomy procedure, involving only T2 and T3 ganglia, has recently been reported as effective in reducing the frequency of postoperative compensatory hyperhidrosis (Johnson et al, 2002). Treatment with botulism toxin is also proving to be effective and popular with patients (Naumann et al, 2001).

REFERENCES

- Johnson, P.J., Patel, N.P. (2002) Uniportal and biportal endoscopic thoracic sympathectomy. *Neurosurgery*; 51: (5 Suppl), 79-83.
- Naumann, M., Lowe, N.J. (2001) Botulinum toxin type A in treatment of bilateral primary axillary hyperhidrosis: randomised, parallel group, double blind, placebo-controlled trial. *British Medical Journal*; 323: 7313, 596-599.

FURTHER READING

- Naumann, M. et al (2001) *Hyperhidrosis: current understanding, current therapy*. Online resource: www.medscape.com