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Evaluation and Treatment of Hyperhidrosis

	Primary Hyperhidrosis* (≈ 93%) patients	Secondary Hyperhidrosis
Distribution	Bilateral/symmetric Typical distribution (>90%): - axillae - palms/soles - craniofacial	Often generalized; can be unilateral or asymmetrical
Age of onset	Axillary: adolescence Palmoplantar: childhood Craniofacial: < 25 years	Variable, but more likely to be > 25 years old
Family History of Hyperhidrosis	Often [>30%]; may not discuss with family members	No
Features	Cessation during sleep	"Night sweats"

*Data in this table adapted from: Walling H.W. J Am Acad Dermatol 2011.

Most Common Secondary Causes:

Medications
- antidepressants, stimulants

Systemic
- thyroid dysfuntion
- malignancy
- brain injury/infarction

Treatment basics:

Axillary Hyperhidrosis
- use antiperspirant before bed AND in AM– consider Hydrosal at night
- Botox for refractory disease

Palmoplantar Hyperhidrosis
- oral anticholinergics (oxybutynin, glycopyrolate) are effective at low doses
- Botox if patient can tolerate weakness
- warn patients of compensatory hyperhidrosis associated with sympathectomy

Craniofacial Hyperhidrosis
- Very responsive to anticholinergics (consider topical)
- Botox if anticholinergics fail/patient not good candidate

International Hyperhidrosis Society: www.sweathelp.org