

Management of Hyperhidrosis

Date:	November 2018	Date of Last Review:	Static Status (This policy applies indefinitely, unless or until new evidence likely to have a material effect on the policy becomes available.)
<p>Policy:</p> <p>Treatment of hyperhidrosis is considered a low priority, requiring prior approval, and will only be commissioned by the NHS on an individual case basis.</p> <p>The CCG will only fund treatment of primary hyperhidrosis if the following criteria are met:</p> <ul style="list-style-type: none"> the patient has documented medical complications due to hyperhidrosis, ie skin maceration with secondary skin infections; and documentation that the patient has failed a 6-month trial of conservative management including the use of topical aluminium chloride or extra strength antiperspirants: <ul style="list-style-type: none"> first line: Aluminum Chloride Hexahydrate 20% (OTC); second line: Oxybutynin 2.5-5mg twice daily (off-label/unlicensed). CCG Formulary <p>Botulinum Toxin injections, for patients who meet the above criteria, a Group Prior Approval (GPA) form should be completed: GPA Botulinum toxin</p> <p>For patients in whom Botulinum toxin injections fail or is contraindicated, surgical excision of sweat glands may be considered if the policy criteria are met. For these patients, clinicians need to apply to the Exceptional Cases Panel for approval of funding by completing the Exceptional/IFR Funding Request Form – click here to access the form.</p> <p>It is the responsibility of referring and treating clinicians to ensure compliance with this policy.</p> <p>Note: Patients who smoke should be advised to attempt to stop smoking and referred to smoking cessation services - see smoking cessation policy.</p>			
<p>No treatments for secondary hyperhidrosis will be funded (the underlying cause should be treated).</p>			
<p>The following treatments for hyperhidrosis will not be funded:</p> <ul style="list-style-type: none"> Iontophoresis Surgical sympathectomy Laser surgery Transcutaneous microwave ablation 			

Background:

Hyperhidrosis is a condition of excessive sweating, in excess of the body's normal response for the regulation of body temperature. Hyperhidrosis may be primary or secondary and affect the whole body (generalised) or specific parts (focal). Primary hyperhidrosis is usually focal and can affect the armpits (axillary), hands, feet and face.

Conventional treatment involves the use of topical medication, such as aluminium chloride at 10-15% or higher concentration. On the failure of topical treatment, further management can involve systemic medications (as specified in the formulary), iontophoresis, botulinum toxin and surgical procedures.

Iontophoresis is a treatment that involves the transport of ions through the skin by a current. The mode of action remains unclear^{1,2} but one hypothesis suggests that charged ions driven into the skin by the current inhibit the function of sweat glands².

Background cont'd	Botulinum toxin therapy involves the injection of botulinum toxin into the skin, blocking the release of acetylcholine from overactive cholinergic nerve fibres ³ . The duration of effect varies, but is approximately 6 months, after which the majority of patients will require ongoing treatment ³ . Surgical procedures include sweat gland excision (primarily for axillary hyperhidrosis) and sympathectomy. Sweat gland excision is a minor surgery that can be done under local anaesthetic ⁴ . It aims to remove the maximum amount of sweat glands possible while maintaining the aesthetic appearance and mobility of the arm ⁴ . Sympathectomy is a procedure that involves dividing the sympathetic nerves that lie along the sympathetic chain beside the vertebral column ⁵ .
Evidence:	There is evidence that botulinum toxin is an effective treatment for primary axillary hyperhidrosis ⁶⁻⁸ . The evidence for the use of iontophoresis ⁹ is low quality and patient compliance may be poor ¹⁰ . Evidence for sympathectomy surgery is also low quality and there is high risk of compensatory hyperhidrosis ^{11, 12} . Case series show beneficial short and longer-term outcomes for surgical excision of sweat glands ¹³⁻¹⁵ . Although it was not shown to be more effective than botulinum toxin injections ¹⁶ , this procedure has been recommended in cases of severe refractory hyperhidrosis ¹³ . NICE Interventional Procedure Guidance 601 states that: "Current evidence on the safety and efficacy of transcutaneous microwave ablation for severe primary axillary hyperhidrosis is inadequate in quantity and quality. Therefore, this procedure should only be used with special arrangements for clinical governance, consent and audit or research ¹⁸ ."
Estimated number of people affected:	It is considered that primary focal hyperhidrosis affects between 1% and 3% of the population ¹⁷ .
Priority:	Low priority treatment.

GLOSSARY

Acetylcholine	An acetic acid, organic compound, secreted in the sweat.
Axillary Hyperhidrosis	Excessive sweating from the armpit.
Botulinum Toxin Therapy	A preparation of protein which when injected in small doses blocks the nerves which supply the eccrine glands (sweat glands), preventing them from producing sweat. This treatment is often referred to as 'Botox'.
Contraindication	A factor that renders the administration of a drug or the carrying out of a medical procedure inadvisable, eg a previous allergic reaction to penicillin is a contraindication to the future use of that drug.
Excision	Removal of any structure from the body.
Hyperhidrosis	Excessive sweating, typically localised to the armpits (axilla), palms, soles or face.
Iontophoresis	A medical device is used to pass a mild electrical current through water and through the skin's surface.
OTC	Available Over the Counter.
Skin Maceration	Softening of the skins due to continual soaking in sweat.
Sympathectomy	The sympathetic nerve (nerve that runs deep in the chest, along the spine) is cut or clamped to prevent nerve signals from passing through it.

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