

## Management of Hyperhidrosis

<b>Date:</b>	July 2021	<b>Date of Last Review:</b>	<b>Static Status</b> (This policy applies indefinitely, unless or until new evidence likely to have a material effect on the policy becomes available.)
<p><b>Policy:</b></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"> <li>the patient has documented medical complications due to hyperhidrosis, ie skin maceration with secondary skin infections; <b>and</b></li> <li>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"> <li>first line: Aluminium Chloride Hexahydrate 20% (OTC);</li> <li>second line: Oxybutynin 2.5-5mg twice daily (off-label/unlicensed). <a href="#">CCG Formulary</a></li> </ul> </li> </ul> <p>Botulinum Toxin injections, for patients who meet the above criteria, a Group Prior Approval (GPA) form should be completed: <a href="#">GPA Botulinum toxin</a></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 <a href="#">Exceptional/IFR Funding Request Form</a></p> <p><b>It is the responsibility of referring and treating clinicians to ensure compliance with this policy.</b></p> <p><b>Note:</b> Patients who smoke should be advised to attempt to stop smoking and referred to smoking cessation services - see <a href="#">smoking cessation policy</a>.</p>			
<p><b>No</b> treatments for secondary hyperhidrosis will be funded (the underlying cause should be treated).</p>			
<p>The following treatments for hyperhidrosis <b>will not be funded</b>:</p> <ul style="list-style-type: none"> <li>Iontophoresis</li> <li>Surgical sympathectomy</li> <li>Laser surgery</li> <li>Transcutaneous microwave ablation</li> </ul>			

**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 of remains unclear<sup>1,2</sup> but one hypothesis suggests that charged ions driven into the skin by the current inhibit the function of sweat glands<sup>2</sup>.

<b>Background cont'd</b>	<p>Botulinum Toxin A therapy is a temporary treatment where the medication is delivered into the affected area by multiple intradermal injections. It temporarily blocks the chemical (acetylcholine) that innervate the sweat glands preventing the glands from producing sweat. Treatment lasts between 6-9 months</p> <p>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. It aims to remove the maximum amount of sweat glands possible while maintaining the aesthetic appearance and mobility of the arm<sup>3</sup>. Sympathectomy is a surgical procedure performed under a general anaesthesia that involves dividing the sympathetic nerves that lie along the sympathetic chain beside the vertebral column which stops the production of sweat<sup>5</sup>.</p> <p>Transcutaneous microwave ablation<sup>4</sup> is done under local anaesthesia using a machine with a hand-piece that emits microwaves with the intention of ablating the sweat glands. Patients typically have a second treatment session to attain the maximum benefit.</p>
<b>Evidence:</b>	<p>There is evidence that botulinum toxin is an effective treatment for primary axillary hyperhidrosis<sup>5-10</sup>. The evidence for the use of iontophoresis<sup>11</sup> is low quality and patient compliance has been reported to be poor<sup>12</sup>. Evidence for sympathectomy surgery is also low quality with a high risk of compensatory hyperhidrosis and serious complications<sup>13, 14</sup>. A meta-analysis of 9 trials of thoracic sympathectomy for palmar hyperhidrosis with pre and post-operative quality of life measurements found significant improvement in quality of life post operatively, not dependent on number of segments on which the procedure was performed (sub group analysis)<sup>15</sup> Case series show beneficial short and longer-term outcomes for surgical excision of sweat glands<sup>12-14</sup>. Although it was not shown to be more effective than botulinum toxin injections<sup>16</sup>, this procedure has been recommended in cases of severe refractory hyperhidrosis<sup>12</sup>. Evidence on the safety and efficacy of transcutaneous microwave ablation for severe primary axillary hyperhidrosis is inadequate in quantity and quality, as determined by NICE. Therefore, this procedure should only be used with special arrangements for clinical governance, consent and audit or research<sup>4</sup>.”</p>
<b>Estimated number of people affected:</b>	<p>It is considered that primary focal hyperhidrosis affects between 1% and 3% of the population<sup>17</sup>.</p>
<b>Priority:</b>	<p>Low priority treatment.</p>

## GLOSSARY

<b>Acetylcholine:</b>	An acetic acid, organic compound, secreted in the sweat.
<b>Axillary Hyperhidrosis:</b>	Excessive sweating from the armpit.
<b>Botulinum Toxin Therapy:</b>	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'.
<b>Contraindication:</b>	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.
<b>Excision:</b>	Removal of any structure from the body.
<b>Hyperhidrosis:</b>	Excessive sweating, typically localised to the armpits (axilla), palms, soles or face.
<b>Iontophoresis</b>	A medical device is used to pass a mild electrical current through water and through the skin's surface.
<b>OTC:</b>	Available over the counter.

<b>Skin Maceration:</b>	Softening of the skins due to continual soaking in sweat.
<b>Sympathectomy:</b>	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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