

Stepwise approach to hyperhidrosis management

Avoid any identified triggers, where possible.

Identify any **underlying cause** and optimally manage as far as reasonable to alleviate the hyperhidrosis, e.g. anxiety, heart failure, infections, malignancy, endocrine or metabolic conditions, Parkinson's disease, epilepsy, drugs or alcohol.

This may involve investigations and/or specialist referral if a diagnosis of secondary hyperhidrosis is suspected.

Advise on self-care management strategies:

- <https://cks.nice.org.uk/topics/hyperhidrosis/management/management/>

This in turn has links to the 'International Hyperhidrosis Society', 'The British Association of

Dermatologists' information leaflet Hyperhidrosis':

- <http://www.bad.org.uk/shared/get-file.ashx?id=93&itemtype=document>

and 'The NHS information leaflet Excessive sweating (hyperhidrosis)':

- <https://www.nhs.uk/conditions/excessive-sweating-hyperhidrosis/>



Advise on the use of topical aluminium salt preparations such as roll-on antiperspirants and sprays, for symptom relief.



Arrange referral to a dermatologist to consider specialist management if self-care measures and topical drug treatments are ineffective after six weeks or not tolerated.

Specialist management may or may not include the use of botulinum toxin.

For more detailed information on the diagnosis and management of hyperhidrosis, please refer to the NICE CKS Health topic <https://cks.nice.org.uk/topics/hyperhidrosis/>.