

EXCESSIVE SWEATING FACTSHEET

Many beneficiaries tell us they're experiencing excessive sweating - or Hyperhidrosis, to give it its medical name. Hyperhidrosis is the general term which covers all causes of excessive sweating-including sweating caused by Thalidomide.

Hyperhidrosis can be uncomfortable and embarrassing; especially in social situations. It can often mean you have to change your clothes a lot, which can be problematic if you can't dress and undress without help, or the use of an aid. Beneficiaries tell us that the sweating can come on without any exertion or effort, that it can be profuse and widespread and that it can make things, like getting dressed in the morning, even harder.

Excessive sweating can stop people going out and doing the things they enjoy, affect their self-confidence, and cause low mood and anxiety. Physically, it can also cause irritation or slippage of the gel-liner if it happens at the site of a prosthesis or artificial limb; which means they might not fit as well.

Thankfully, there are things you can do to ease the problem of excessive sweating. No matter the cause of the sweating, many of the treatments are the same.

Some of these you can do at home, but you may have to see a specialist or attend a clinic for others. If you can't get the treatment you want on the NHS, you might find your Health Grant comes in handy.

This factsheet tells you what you need to know.

Q Why do we sweat?

A Sweating is a normal bodily response to cooling down - on a hot day or after exercise. It can also happen when we're embarrassed or anxious.

When we get too hot, nerve signals switch on our sweat glands, which are found just under the surface of the skin. They produce sweat or moisture. Heat is lost through this sweat via evaporation and this allows the body's temperature to fall.

Q Why is it an issue for Thalidomide Survivors?

A In Thalidomide survivors, the sweat glands can be over-active and produce too much sweat; without the usual triggers of heat or exercise. There are different theories as to why Thalidomide Survivors sweat more and the sweating will often have started in childhood.

Excessive sweating can happen in specific parts of the body (e.g. the armpits) or all over and can be profuse; some Thalidomide survivors, who don't have armpits, find they may sweat more on the face or head. Some beneficiaries find they can also sweat when they are cold. The profuse sweating can also affect those beneficiaries who limbs aren't affected and have sight and/or hearing issues.

It can be worse for women going through the Menopause. For sweating made worse by the Menopause, some people find benefits from complementary therapy such as evening primrose and acupuncture although the evidence to support these is limited.

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Q What lifestyle changes can I make to help with excessive sweating?

A Changes in your diet may help reduce sweating, such as reducing caffeine by swapping to decaffeinated tea and coffee, reducing how much spicy food you have, and cutting down on your alcohol intake. Many beneficiaries find making sure they are well hydrated can help to reduce sweating.

The right clothes can also help. Wearing clothes made of natural fibres, such as bamboo or cotton, or loose-fitting clothing, will allow the skin to “breathe”. Sweat patches can be more obvious on coloured clothing so wearing black or white clothes can help disguise sweat patches. Stick to natural fibres for shoes and for socks choose cotton, bamboo, silver or copper, which can be bought online. Some people find wearing sports socks helpful as these can help absorb the sweat. If possible it’s helpful to change socks frequently for freshness.

Sweat protection pads can be bought online and these can help absorb sweat in problem areas like under the armpit. They can be really useful if you have a big occasion coming up, like a wedding or party, and can help prevent visible sweat patches forming. Click on the links below to see where you can buy these, and the other items mentioned.

Sweatbands are thin absorbent detachable sweatband designed for the body (waist and chest area) to eliminate the discomfort of sweat dripping down your body under your clothes and these are a good option if you don’t have armpits.

<https://sweathelp.co.uk/clothing>

<https://www.sweateasy.co.uk/>

<https://bambooclothing.co.uk/>

Q What deodorant should I use?

A Choose a deodorant that says “antiperspirant” on the label. A deodorant just helps mask the smell of sweat, without preventing sweating, whereas antiperspirants help minimise the sweating itself.

The most effective antiperspirants contain aluminium so look for this on the label. Aluminium is thought to work by creating a blockage to the sweat gland, preventing it releasing the moisture or sweat.

Antiperspirants aren’t just for your armpits. They can be useful in other areas such as your feet or hands, or even the hairline; but do test them on a small patch of skin first, to make sure they don’t cause irritation.

Q Can my GP help?

A Your GP can definitely help with some of the issues around excessive sweating. If you find normal, shop-bought antiperspirants aren’t working, your GP can prescribe you one with a higher concentration of aluminium. This type of antiperspirant is usually put on at night and washed off in the morning.

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The higher amount of aluminium can cause some skin irritation, but your GP can treat this with a low dose steroid cream. You can also help by using the antiperspirant less frequently e.g. once or twice a week.

Increased aluminium antiperspirants can work well, but if they don't work for you your GP might consider trying you on a medication called **Oxybutynin** which you take in tablet form, twice a day.

Oxybutynin is a licensed medication generally used in treating other conditions, such as an overactive bladder, but is also very effective in blocking the messenger that 'switches on' your sweat glands.

Like any medication it can cause some side effects, which include a dry mouth, or constipation. Let your GP know if you experience any of these. When people are over the age 65, there are some concerns about Oxybutynin and a possible link to dementia, so if you do want to take it longer term, it's worth discussing these risks with your GP.

You may have had problems with sweating for a long time, but you should also see your GP if you develop new sweating that you didn't have previously to rule out any other medical conditions that cause excessive sweating. You should also consult you GP if you develop new, persistent night sweats.

If your sweating is particularly problematic, your GP may refer you to a dermatologist but, unfortunately, reduced NHS funding may prevent this in some areas.

However, you can either see a dermatologist privately (using your Health Grant) or ask the Trust to help your GP apply for special funding.

Q What can I do if I sweat at my prosthesis site?

A Sweating at the site of a prosthesis can cause a number of problems. It can cause the gel-liner to slip and the prosthesis not to fit correctly and can also lead to skin breakdown which might cause infection.

There are some things you can do to help and the first is making sure your gel liner is in good condition and fits the prosthesis well. A poorly fitting gel liner can cause the sweat to "pool". If you need advice about this ask the prosthetics team at your hospital.

The night before you are going out, apply an antiperspirant with a higher concentration of aluminium (one from your GP) to the prosthetic site and then wash it off in the morning.

It's important to do this at night when you're not wearing your prosthesis as some of the chemicals used can cause damage to the gel liner.

Don't apply the antiperspirant if there is broken skin or signs of infection at the stump. When you go out, take a wash-cloth with you so you or your carer can wipe the sweat off the prosthesis, particularly if you experience chafing or irritation. Be sure to check your stump for signs of redness or irritation if the feeling persists.

If you have a below-the-knee amputation, you can wear an absorbent band (such as a headband) above the gel liner to absorb any sweat that trickles down.

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Q Can Botox help?

A You may have heard about Botox being used to get rid of wrinkles, but Botox injections can also be used for excessive sweating. Botox is the brand name for botulin toxin, and it is licensed to be given via a small injection into the armpit area. It works by stopping the signal that tells the sweat glands to produce sweat.

The effects of Botox can last from four months to a year, although it does vary from person to person, and will then need to be repeated. Botox injections are generally thought to be safe, but can be expensive with treatments costing between £250-500 per treatment. Some GPs are able to apply for funding for their patients to have Botox on the NHS and the Trust can help with the application.

Some clinics will also consider using Botox at the site of a prosthesis to reduce sweating as well as under the arms. If you do attend a clinic privately for Botox, make sure the clinic you attend is registered with the Care Quality Commission (CQC).

Q I've heard about Iontophoresis-what's that?

A Iontophoresis (pronounced ahy-on-tuh-fuh-ree-sis) is a treatment that involves reducing excessive sweating by immersing affected areas in a bath of salty water while a small electric current is passed through. There are various theories about how it works, but it can significantly reduce sweating. Iontophoresis seems to be most effective for treating excessive sweating of the feet, hands or under-arms. You need to have seven initial sessions over a four week period and then "top-up" sessions every 1-2 weeks. Each session lasts 20-30 minutes. The treatment is offered by dermatologists in the first instance, but then you can buy your own machine for use at home.

Iontophoresis should not be used in anyone who's had a joint replacement or cardiac (heart) device and in all cases should never be used without specialist guidance.

More information can be found here

<http://www.bad.org.uk/shared/get-file.ashx?id=3849&itemtype=document>

Q Is there anything else I can try?

A "MiraDry" is a relatively new treatment which is FDA (American Food and Drug Agency) approved. It is also recommended by the International Hyperhidrosis Society.

It is a relatively painless procedure, lasting about an hour, which involves applying an electromagnetic current to heat the sweat gland so it can no longer produce sweat. The sweat glands are not believed to grow back and so MiraDry can be seen as a permanent solution.

Patients often only need one or two treatments of MiraDry and you may need two treatments to get the best results. It can only be used in the armpit area so won't be useful for treating excessive sweating elsewhere.

Prices vary but typically start at around £1500 per treatment.

People who have had MiraDry treatment report a 70-80% reduction in sweating.

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Q Can I have surgery?

A Surgery is only ever considered a “last resort”, in extreme cases of sweating.

One type of surgery removes the sweat glands; another option involves cutting the nerve that supplies the sweat gland, and is known as **Endoscopic thoracic sympathectomy**.

Endoscopic thoracic sympathectomy doesn't always solve the overall problem as you may find you just sweat more in a different location. The operation also carries other risks; of nerve damage and damage to the lung; and is reserved for the most severe cases.

Q Where do I find out more?

A If you would to discuss your sweating problem or discuss any of the treatments in this fact sheet, call the Health and Wellbeing team on 01480 474074 or email us at hello@thalidomidetrust.org

If you've got any useful tips for dealing with sweating do share them with us at the above email address – we'd love to hear them and can put them on the website, so that everybody benefits.