

# The Thalidomide Trust

## Why does my patient with Thalidomide Embryopathy experience hyperhidrosis?

Many thalidomide affected individuals complain of excessive sweating or hyperhidrosis and this will often be present from childhood. For females, this can become worse during the menopause. The sweating can be profuse and marked and can come on with little exertion, for example, when getting dressed.

It is not known whether this is a peripheral issue with the sweat glands or a more central issue due to the autonomic nervous system.

If there is no true armpit, for example if the thalidomide affected individual has amelia, they may complain of excessive sweating elsewhere for example, the face or head.

### Specific issues to consider

Excessive sweating can hugely impact on quality of life as changing clothes, frequent washing and managing with a prosthesis can make living with disability even harder. Treatment and referral options should be explored fully if this is the case.

### What can I do for my patient with hyperhidrosis?

#### Investigation

Consider investigation if the sweating is recent in onset. Thalidomide-associated sweating tends to be there since childhood.

#### Treatment

Consider prescription of high concentration Aluminium antiperspirant<sup>1</sup> – these can be also used at the site of a prosthesis if sweating is problematic here.

Consider a trial of oxybutynin.<sup>2</sup>

#### Referral

Your CCG may allow referrals for Botox administration if conservative measures have failed.

Consider dermatology referral if self-management has failed or if treatments like anti-perspirants are not tolerated or effective.

MiraDry is available privately and works by applying an electromagnetic current to heat the sweat gland so it can no longer produce sweat. Patients often only need one or two treatments of MiraDry. It can only be used in the armpit area so won't be useful for treating excessive sweating elsewhere.

### What self management strategies could I recommend?

- Suggest dietary changes such as reduction in caffeine, alcohol and spicy foods
- Suggest wearing clothes made of natural fibres such as bamboo and cotton
- Sweat protection pads can be bought online and these can help absorb sweat in problem areas like under the armpit
- Sweatbands like the "Bodibelt" are thin absorbent detachable sweatbands designed for the body (waist and chest area) to eliminate the discomfort of sweat dripping down the body under the clothes and these are a good option if amelia is present.



## How can the Thalidomide Trust help?

The Thalidomide Trust has produced a factsheet on excessive sweating which is available here:

<https://www.thalidomidetrust.org/wp-content/uploads/2019/04/Excessive-Sweating-factsheet-April-2019.pdf>

Depending on your CCG, we can also help your practice apply for funding for thalidomide affected individuals to be referred for Botox.

If a beneficiary needs referral to secondary care for assessment and you are facing prolonged NHS waiting lists and/or the need is urgent, the Thalidomide Trust can assist in making a private referral which can generally be funded from an individual's Health Grant (specific funding allocated to each thalidomide affected individual to cover additional costs associated with their thalidomide disabilities).

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Whether you would like general advice or would like to discuss a specific patient, you can speak to one of the **Thalidomide Trust's Medical Advisers** on **01480 474074**.

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<sup>1</sup>Tidy D. Hyperhidrosis. Excessive sweating, hyperhidrosis causes. [Internet]. Patient.info. 2020 [cited 27 May 2020]. Available from: <https://patient.info/doctor/hyperhidrosis>

<sup>2</sup>Campanati A, Gregoriou S, Kontochristopoulos G, Offidani A. Oxybutynin for the Treatment of Primary Hyperhidrosis: Current State of the Art. Skin Appendage Disorders. 2015;1(1):6-13.