

Palmar hyperhidrosis

Also known as sweaty hands

What is palmar hyperhidrosis?

Palmar hyperhidrosis, or excessive hand sweating, is a common condition affecting 1-3% of the population. It usually starts in childhood or adolescence. Sweaty hands can significantly affect a person socially and emotionally.

What causes palmar hyperhidrosis?

Many factors can contribute to the condition, including genetic influences as well as physical and emotional stress. A family history is present in up to 30% of cases.

What does palmar hyperhidrosis look like?

Palmar hyperhidrosis affects both hands equally and can range from mild clammy hands to severe sweating. It stops when sleep.

What other problems can occur with palmar hyperhidrosis?

Most cases are not associated with an underlying illness.

Sweaty hands can be associated with increased sweating in other parts of the body including underarms (axillary hyperhidrosis), face and scalp (craniofacial hyperhidrosis) and feet (plantar hyperhidrosis).

The condition can be very distressing due to its impact on quality of life.

How is palmer hyperhidrosis diagnosed?

The diagnosis is usually made based on a history of excessive sweating. No investigations are needed.

Further investigations are considered when larger areas of the body are affected or if hyperhidrosis occurs during sleep.

How is it palmer hyperhidrosis treated?

Treatment will depend on how severe the sweating is and which previous treatments have been successful.

Topical treatments

Some mild to moderate cases can respond to topical treatments such as aluminium chloride hexahydrate (Driclor).

Driclor should always be applied to skin that is as dry as possible in order to maximise the benefit and minimise potential side effects. Ideally, it should be applied just after a shower prior to bedtime. Dry the area off with a hairdryer on the cool setting then apply Driclor. Wash your hands first thing in the morning with plain water (no soap). If irritation develops, applying a corticosteroid cream intermittently can be useful (this needs to be used under the guidance of a health professional).

Anticholinergic creams such as glycopyrolate (0.5-3%) can also be effective. A compounding

pharmacist can make up these creams. Side effects are uncommon. How often the cream is applied will depend on the individual.

Iontophoresis

Iontophoresis may be considered for cases which do not respond to topical treatments. Treatments are individualised. The affected area is immersed in tap water, salty water or glycopyrrolate solution. Then a gentle electric current is passed across the skin surface for 10 to 20 minutes.

Glycopyrrolate iontophoresis has the highest success rate – up to 80% of affected people respond well to this treatment. The time between treatments will vary. Treatments will need to be repeated every 2 to 14 days.

Botulinum toxin type A (botox) injections

Botox injections can treat sweaty hands safely and effectively. However, the treatment is not subsidised under Medicare-PBS and the cost limits its wider use.

Most treatment is performed under a nerve block. Approximately 100 units of botox will be needed in each hand. The treatment is usually effective for 3 to 5 months. Side effects include temporary muscle weakness.

Oral medications

Anticholinergic tablets (such as oxybutynin and propantheline bromide) can be useful in treating palmar hyperhidrosis. However, side effects such as constipation, dry mouth and drowsiness are common.

Other medications reported to be useful include oral glycopyrrolate (not available in Australia), propranolol, clonazepam and gabapentin.

Medications can be a viable short-term option for several days to weeks and give people a “break” from their sweating.

Surgery

Endoscopic thoracic sympathectomy (ETS) is a surgical treatment option for various forms of hyperhidrosis. It is conducted by a vascular or neurosurgeon under general anaesthesia. It has a very high success rate for treating palmar hyperhidrosis but carries a significant risk of compensatory or “rebound” sweating. Compensatory sweating occurs in areas such as the back or lower limbs weeks to months after ETS surgery. Compensatory hyperhidrosis can be difficult to treat and usually persists for life.

An in-depth discussion with your vascular surgeon or neurologist is needed prior to considering ETS surgery.

What is the likely outcome of palmar hyperhidrosis?

Palmar hyperhidrosis will often need ongoing and persistent treatment. However, some people may notice the amount of sweating decreases as they get older.