Male adolescents: hyperhidrosis

Hyperhidrosis, the term used to describe excessive perspiration due to overactive sweat glands, is a fairly common and troublesome condition that may cause great emotional and social distress and embarrassment, especially to teenagers.

A person who suffers from this condition experiences the secretion of more sweat than is necessary for the regulation of body temperature in general, or it can be confined to axillae (armpits), palms of the hands, soles of the feet or groin. Generalised hyperhidrosis is often accompanied by a fever, or it may be the cause of an endocrine dysfunction or even a central nervous system disorder. Severe sweating limited to the soles and palms can sometimes be linked to a psychological response. The cause of localised hyperhidrosis is, however, unknown as it usually occurs in otherwise healthy individuals.

To confirm a diagnosis of hyperhidrosis, a patient should have experienced visible, excessive sweating for at least six months without an apparent cause, plus two of the following characteristics:

- The perspiration impairs daily activity
- It occurs at least once a week
- Onset is before the age of 25
- There is a family history of hyperhidrosis
- The sweating stops during sleep
- The sweating is bilateral and relatively symmetrical

In patients who suffer from generalised hyperhidrosis, the underlying systemic disease should be treated accordingly. For localised hyperhidrosis, to reduce the flow and production of perspiration, antiperspirants can be used, while deodorants can mask the smell or reduce the decomposition of perspiration that causes the odour by reducing the flora present on the skin. For most people, a good hygiene routine and the use of antiperspirants and deodorants are sufficient to control the situation.

Specially formulated products are also available for the treatment of hyperhidrosis. These products usually contain aluminium salts, e.g. Drichlor®, Perspirex® and Zeasorb®. To prevent skin irritation, these products should be applied to dry skin between episodes of sweating. These products are usually applied at night when perspiration is at a minimum and washed off again in the morning. Should irritation occur, the patient should switch over to another product.

Other oral treatments for hyperhidrosis, e.g. anticholinergics, are not always that successful. Often, the dose required to reduce the sweating is accompanied by various unpleasant side effects like a dry mouth, blurred vision or urinary retention.

More recently, the botulinum toxin has been used to treat hyperhidrosis of the axillae and palms. Although this has caused dramatic improvement, its effect is not always permanent.

In many cases, the last resort for upper extremity hyperhidrosis is endoscopic transthoracic sympathectomy (ETS). A chain of specialised nerves runs along each side of the spine. One controls functions on the right side of the body, and the other on the left. Selectively destroying the parts of the sympathetic chain that supply the sweat glands to the face, armpits and hands can often cure or improve excessive sweating.

Call your health care provider if you have:

- Prolonged, excessive, and unexplained sweating
- Sweating with or followed by chest pain or pressure
- Sweating with weight loss
- Sweating that most often occurs during sleep
- Sweating with fever, weight loss, chest pain, shortness of breath, or a rapid, pounding heartbeat – these symptoms may be a sign of an underlying disease, such as hyperthyroidism