

<b>Policy:</b>	<a href="#">Hyperhidrosis</a>			<b>GM Ref:</b>	<b>GM016</b>
<b>First issue date:</b>	<b>November 2014</b>	<b>Current version:</b>	<b>3.0</b>	<b>Last reviewed:</b>	<b>January 2018</b>

### Policy exclusions

Treatment/procedures undertaken as part of an externally funded trial or as a part of locally agreed contracts / or pathways of care are excluded from this policy, i.e. locally agreed pathways take precedent over this policy (the EUR Team should be informed of any local pathway for this exclusion to take effect).

### Policy inclusion criteria

#### Prior to Referral

This policy applies to primary focal (idiopathic) hyperhidrosis and in some cases where the hyperhidrosis is secondary to an underlying cause, provided all steps have been taken to remove or ameliorate the cause and the hyperhidrosis persists:

- Investigate and treat any underlying cause of the hyperhidrosis (see [Appendix 2](#) for a list of potential underlying conditions).
- Provide advice on lifestyle modifications made (see list in [Appendix 2](#)).
- Advise the patient to use (via over the counter purchase) topical aluminium salt + 1% hydrocortisone cream, if necessary.
- If topical treatments do not work after 1 month consider an oral anticholinergic (as advised by [NICE ES10 Hyperhidrosis: oxybutynin](#)<sup>1</sup>).
- If facilities are available, consider tap water iontophoresis.

#### Referral

##### Axillary Hyperhidrosis

- Iontophoresis: the initial schedule of treatment is commissioned for delivery in secondary care - if successful the patient is expected to purchase their own machine for home usage.
- If iontophoresis is not successful then the use of Botox, in line with [GMMMG](#) guidance, is commissioned.
- Where available local surgical management may be considered where none of the above work (laser sweat ablation or retro dermal curettage).

##### Palmar / Planter Hyperhidrosis

- Iontophoresis: the initial schedule of treatment is commissioned for delivery in secondary care - if successful the patient is expected to purchase their own machine for home usage.
- If iontophoresis is not successful, then consider the use of anticholinergics not tried in primary care.
- In exceptional cases consider Botox, in line with [GMMMG](#) guidance (note the significant risk of complications associated with this).

##### Cranio – Facial Hyperhidrosis

- Consider the use of anticholinergics not tried in primary care.
- Consider Botox, in line with [GMMMG](#) guidance.

**NOTE: Thoracic sympathectomy carries risks and is NOT commissioned due to weak evidence of**

<sup>1</sup> Oxybutynin immediate release (IR, off-label) should be prescribed in preference to glycopyrronium bromide (unlicensed) or propantheline bromide (less effective). The level of evidence for oxybutynin IR and glycopyrronium bromide are of similar strength (weak) – please check relevant [GMMMG](#) guidance for up to date information.

success and the high risk of morbidity associated with the procedure.

### **Funding Mechanism**

Monitored approval: Referrals may be made in line with the criteria without seeking funding. **NOTE:** May be the subject of contract challenges and/or audit of cases against commissioned criteria.

**NOTE: Ensure the referral letter / form contains all the management options tried to date, with the outcome for each PLUS comments on all investigations undertaken to rule out an underlying cause for the hyperhidrosis.**

If the patient does not meet the criteria: an individual funding request can be made if there is a good case for clinical exceptionality provided all conservative treatments have been exhausted. Requests must be submitted with all relevant supporting evidence.