# Management of excessive sweating

**What can I do myself to improve symptoms of excessive sweating?**

- If possible, try to avoid triggers that you know make your symptoms worse. Common food and drinks that can trigger excessive sweating are:
    - Products that contain caffeine (tea, coffee)
    - Chocolate
    - Spicy or sour foods
    - Hot foods
    - Alcohol
    - Foods or drinks containing citric acid
    - Sweets.
- Use a commercial **antiperspirant** (as opposed to a deodorant) frequently. It says on the spray or roll-on whether it is an antiperspirant or deodorant.
- Avoid tight clothing and man made fabrics like nylon or polyester.
- Wear white (as opposed to blue) shirts or black clothing to minimize the signs of sweating.
- Consider using dress shields (also known as armpit or sweat shields) to absorb excess sweat and protect delicate or expensive clothing. These can be obtained via the internet or the Hyperhidrosis Support Group.
- For people with excessive sweating of the feet:
    - Wear moisture-wicking socks, changing them at least twice daily.
    - Use absorbent soles, and use absorbent foot powder twice daily.
    - Avoid occlusive footwear such as boots or sports shoes; wear leather shoes.
    - Alternate pairs of shoes on a daily basis to allow them to dry out fully before wearing them again.

**What can I do if the above measures don't help?**

Use an antiperspirant roll-on containing 20% aluminium chloride, for example Driclor®, Anhydrol Forte®, **which can be purchased from your local pharmacy or online**. If the main problem of sweating is with the feet, an aluminium salt dusting powder (Zeasorb®) or aluminium chloride spray or lotion, for example Odaban® can be useful alternatives. **These products cannot be prescribed on the NHS.**

**How should I be using these products?**

- Aluminium chloride should be applied at night just before sleep and washed off in the morning.
- Apply to dry skin where you experience excessive sweating: armpits, soles of the feet, hands, or face (avoiding the eyes). Consider soaking lotion pads for application to the face.
- Avoid shaving for 24 hours before and after application.
- Apply aluminium chloride every 1-2 days, as tolerated, until the symptoms improve. From first starting treatment, it can take up to 1-2 months to be able to evaluate the

full effect. If effective, you will need to repeat this when symptoms return, which may be up to every 6 weeks.

**I experience irritation of the skin when using aluminium chloride, what should I do?**

Skin irritation is common when using aluminium chloride products. You can reduce this by:

- Use a soap-substitute for washing instead of soap.
- Reduce the number of days per week that you apply the product.
- Use hydrocortisone cream 1% for up to 2 weeks.

**Where can I find further information and support?**

The Hyperhidrosis Support Group at: www.hyperhidrosisuk.org.
The International Hyperhidrosis Society at: www.sweathelp.org.

**What if the over the counter treatment does not work?**

You must use your over the counter treatment for one month. If you continue to have excessive sweating, your GP will assess you to consider other options for treatment including:

- **Oral medicines**- you must meet specific criteria for this to be considered. This type of medication has many unpleasant side effects including dry mouth, blurred vision and difficulty passing urine.
- **Iontophoresis** is a method of passing a small electric current through areas of skin immersed in a dish of water. It is used for the armpits, palms and soles. You may be referred to the physiotherapists to help you understand how to use this device. **Iontophoresis is not available on the NHS and after a trial period, you will be required to purchase the machine for use at home.**
- If iontophoresis is ineffective or does not work, there are no other routine interventions available on the NHS within Suffolk and North East Essex.

The information in the leaflet has been based on information provided in the Clinical Knowledge Summary on Hyperhidrosis, published by the National Institute for Health and Care Excellence. July 2013.

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