SKIN SCHOOL

Evidence-based skincare, explained simply.

HYPERHIDROSIS

THE DEEP DIVE

A comprehensive guide for patients who want to understand excessive sweating in detail.

1. WHAT IS HYPERHIDROSIS?

Hyperhidrosis is a medical condition that causes the body to sweat more than is needed for cooling. It can affect everyday activities, confidence, work and sleep.

It may occur in specific areas or across the body. Hyperhidrosis is common, treatable and nothing to feel embarrassed about.

GOOD NEWS: The right treatment plan can significantly reduce sweating and improve daily comfort.



2. COMMON AREAS AFFECTED

Underarms | Palms | Soles | Face | Scalp | Groin | Whole body

3. WHAT CAN HYPERHIDROSIS LOOK LIKE?

PALMAR — Excessive sweating of the hands.



AXILLARY — Persistent wetness under the arms.



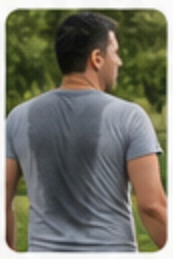
PLANTAR — Sweating of the soles and feet.



CRANIOFACIAL — Excessive sweating of the face or scalp.



GENERALISED — Sweating across large areas of the body.



Sweating may happen even when the weather is cool or the body is at rest.

4. HOW IS HYPERHIDROSIS DIAGNOSED?

- A dermatologist will ask when sweating began, where it occurs and how it affects daily life.
- They may review medicines, family history and other symptoms.
- Blood or urine tests may be needed if an underlying cause is suspected.

Diagnosis is based on your history, symptoms and a physical examination.

5. TYPES OF HYPERHIDROSIS

- **PRIMARY FOCAL** — Excessive sweating in specific areas, often beginning in childhood or adolescence.
- **SECONDARY** — Sweating caused by a medicine or another medical condition.
- **PALMAR** — Mainly affects the hands.
- **AXILLARY** — Mainly affects the underarms.
- **PLANTAR** — Mainly affects the feet.
- **CRANIOFACIAL** — Mainly affects the face or scalp.

6. TREATMENT OPTIONS

Treatment is tailored to the area affected and severity.

- **CLINICAL-STRENGTH ANTIPERSPIRANTS** — Often the first treatment tried.
- **PRESCRIPTION WIPES OR CREAMS** — Reduce sweating in selected areas.
- **IONTOPHORESIS** — A mild electrical current through water, often for hands or feet.
- **BOTULINUM TOXIN INJECTIONS** — Temporarily reduce sweat production.
- **ORAL MEDICINES** — May reduce sweating throughout the body.
- **PROCEDURES OR SURGERY** — Considered only for selected severe cases.

There is no single best treatment. Your dermatologist will personalise your plan.

7. WHAT TO EXPECT WITH TREATMENT

- Improvement may take time.
- Maintenance treatment is often needed.
- Different areas may need different treatments.
- Follow instructions carefully.
- Report side effects to your doctor.

RED FLAGS — SEE A DOCTOR IF:

- Sweating begins suddenly.
- You regularly wake with night sweats.
- Sweating occurs across your whole body.
- You have fever, weight loss, chest pain or a racing heartbeat.
- You think a medicine may be causing it.
- Do not stop prescribed medicine without medical advice.

9. FREQUENTLY ASKED QUESTIONS

Is hyperhidrosis contagious?
No.

Is it caused by poor hygiene?
No.

Can it be cured?
There is no universal cure, but symptoms can often be controlled.

Can stress make it worse?
Yes, but stress is not the only cause.

Can it run in families?
Primary focal hyperhidrosis can have a family link.

10. MANAGING SWEATING EVERY DAY

- Use antiperspirant rather than deodorant.
- Apply antiperspirant to completely dry skin.
- Wear breathable fabrics and change socks regularly.
- Keep a sweat and trigger journal.
- Carry a spare shirt or absorbent pads if helpful.
- Choose footwear that allows feet to breathe.

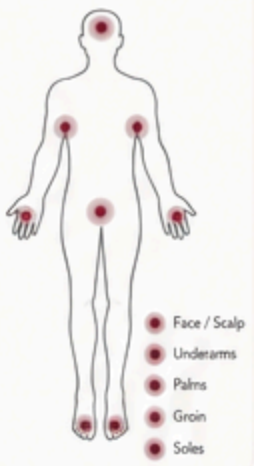


11. PRIMARY VS SECONDARY HYPERHIDROSIS

	PRIMARY FOCAL	SECONDARY
Pattern	One or more specific areas	Often widespread
Typical onset	Childhood or adolescence	Can begin at any age
During sleep	Usually stops	May cause night sweats
Possible cause	Overactive nerve signals	Medicine or medical condition
Next step	Dermatology treatment plan	Identify and treat the cause

12. SYMPTOM CHECKLIST

- Sweating happens at least weekly.
- Both sides are affected similarly.
- It interferes with work, hobbies or relationships.
- Hands make writing or gripping difficult.
- Clothes or shoes become noticeably wet.
- Skin becomes sore, cracked or irritated.



13. LIVING WELL WITH HYPERHIDROSIS

- Protect irritated skin.
- Keep up with treatment.
- Plan for known triggers.
- Seek support if confidence is affected.
- Remember: you are not alone.

KEY TAKE-HOME MESSAGE:
Hyperhidrosis is a real medical condition. Effective options are available, and treatment can make daily life easier.

Important: Use treatments exactly as advised by your dermatologist.

14. BEFORE & AFTER: WHAT TO EXPECT

Results vary depending on the area, severity and treatment.

ANTIPERSPIRANT

Before



After



IONTOPHORESIS

Before



After



BOTULINUM TOXIN

Before



After



Results vary and maintenance treatment may be required.

15. SKIN & LIFESTYLE CONSIDERATIONS

- Sweat can irritate and soften the skin.
- Gentle cleansing and careful drying can help.
- Heat, caffeine, spicy foods, alcohol and stress may trigger sweating for some people.
- Breathable clothing and footwear may improve comfort.
- Ask your dermatologist which options suit your skin and lifestyle.

Your daily habits and treatment plan work together to help keep sweating under control.

16. USEFUL RESOURCES

- DermNet NZ — dermnetnz.org
- International Hyperhidrosis Society — sweathelp.org
- NHS — nhs.uk

17. FINAL TAKE-HOME MESSAGE

- Excessive sweating is a medical condition.
- Track your symptoms and triggers.
- Use treatment consistently.
- Seek medical advice if sweating starts suddenly or occurs at night.
- Comfort, confidence and control are possible.

This information is for educational purposes only and does not replace professional medical advice. Always consult your dermatologist for personalised care.