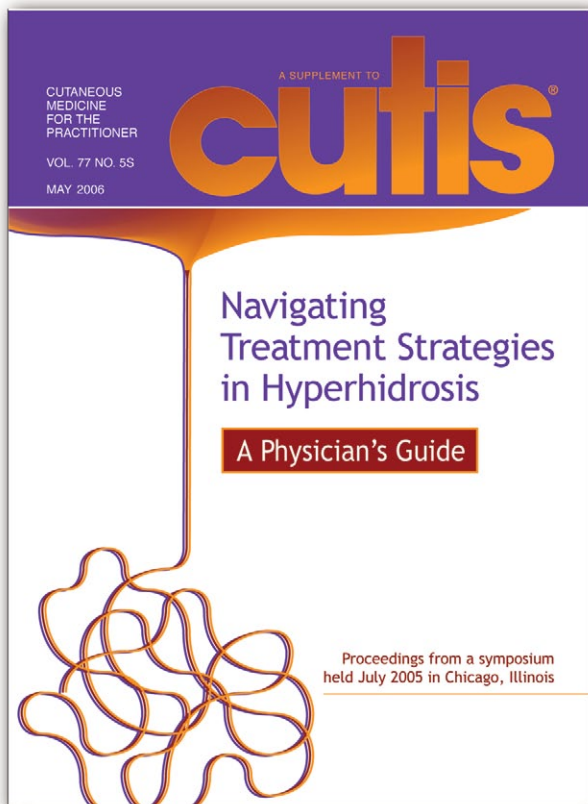


Contents



Navigating Treatment Strategies in Hyperhidrosis

A Physician's Guide

Proceedings from a symposium held July 2005 in Chicago, Illinois

Supported by an independent educational grant from Allergan, Inc.

Introduction

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Dee Anna Glaser, MD

Primary Focal Hyperhidrosis: An Underdiagnosed Disorder

page 9

Adelaide A. Hebert, MD

Primary focal hyperhidrosis (HH) is characterized by bilateral and relatively symmetric sweating in excess of what is needed for normal physiologic functioning. There are physical, psychological, social, and occupational implications for individuals with HH. Although the etiology and pathophysiology of primary focal HH have not been fully elucidated, there appears to be a genetic component and

probable central sympathetic nervous system dysfunction involving the hypothalamic nuclei and/or prefrontal areas. Underdiagnosis and undertreatment of primary focal HH are common and attributable to several factors, including a lack of physician and patient education; a lack of communication on the part of the patient; and a historic lack of safe, efficacious, and convenient treatment options. The diagnosis of primary focal HH is relatively straightforward. Recent diagnostic guidelines, as well as expanded awareness of the condition and improved therapeutic options, have enabled physicians to better treat patients with primary focal HH.

Assessing Hyperhidrosis Disease Severity and Impact on Quality of Life

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Nowell Solish, MD

Although primary focal hyperhidrosis (HH) occasionally may be associated with physical complications, this condition primarily affects the functional and psychosocial realms. Individuals with HH may encounter numerous difficulties, including embarrassment in social situations, impairment of work and/or leisure activities, discrimination, anxiety, low self-esteem, depression, and social discomfort/withdrawal.

Recently, attempts have been made to develop validated methods to quantify health-related quality-of-life (QOL) issues with HH. A number of these tools have been successfully used to evaluate adults with HH, including the Medical Outcomes Trust Short Form 12 Health Survey (SF-12®), the Dermatology Life Quality Index (DLQI), the Hyperhidrosis Impact Questionnaire (HHIQ), and the Hyperhidrosis Disease Severity Scale (HDSS). Many studies that use these tools have documented the dramatic negative effects of HH on QOL parameters and the positive impact of treatment. These QOL findings support the categorization of HH as a medical, not cosmetic, condition and aggressive treatment in patients with HH that interferes with their daily activities.

Treatment of Primary Focal Hyperhidrosis

page 28

Dee Anna Glaser, MD

Treatment options for primary focal hyperhidrosis (HH) historically have been lacking safety, efficacy, and convenience; however, with the introduction of new therapeutic alternatives, this trend is changing. Furthermore, a multidisciplinary task force of experts recently published comprehensive evidence-based

treatment recommendations/algorithms for axillary, palmar, plantar, and craniofacial forms of primary focal HH. This new information will be of great value to practicing physicians.

This article explores the utility of and options available for quantifying and mapping primary focal HH in order to optimize treatment regimens and document therapeutic outcomes. In addition, the advantages, disadvantages, and data supporting or recommending against the use of specific therapies, including topical agents, tap water iontophoresis (TWI), oral agents, botulinum toxin types A (BTX-A) and B (BTX-B), and surgical options, are presented. The task force treatment recommendations/algorithms also are reviewed.

Importance of Patient Access to Care and Insurance Reimbursement

page 42

David M. Pariser, MD

Numerous therapies are now available for the treatment of primary focal hyperhidrosis (HH), and treatment recommendations/algorithms are making it easier to sort through these options. Insurance reimbursement for HH treatment, however, is lagging; older, more expensive, last resort therapies, such as endoscopic transthoracic sympathectomy, often are more easily reimbursed, while insurance reimbursement for newer, proven, less invasive therapies, such as tap water iontophoresis (TWI) and botulinum toxin type A (BTX-A) injections, may be more of a challenge. However, recent changes, such as the designation of codes for the chemodenervation of eccrine glands, should simplify the insurance reimbursement process. In addition, there are numerous strategies physicians can use to help the insurance reimbursement process and thus ensure that appropriate medically necessary care is available to patients.

Clinical Considerations for the Treatment of Hyperhidrosis: Case Reports

page 47

David M. Pariser, MD

Numerous therapeutic options are available for the treatment of primary focal hyperhidrosis (HH). This article presents case reports illustrating the day-to-day use of these treatments and details how they are used in the author's clinical practice.