PRIMARY HYPERHIDROSIS
Prevalence and impacts for the individual

Alexander Shayesteh Afshar
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Akademisk avhandling

som med vederbörligt tillstånd av Rektor vid Umeå universitet för avläggande av medicine doktorsexamen framläggs till offentligt försvar i Lionsalen, byggnad 7, målpunkt Y22, fredagen den 20 april, kl. 09:00.
Avhandlingen kommer att försvaras på svenska.

Fakultetsopponent: Professor Lennart Emtestam,
Institutionen för medicin, Karolinska Institutet, Stockholm, Sverige.
Primary hyperhidrosis, excessive sweating, is a condition with unknown prevalence in many parts of the world. The disease debuts in adolescence and it affects men and women in equal proportions. A genetic background exists and the most common localisation on the body for excessive sweating is the axillary region. It is known that primary hyperhidrosis reduces quality of life and interferes with daily activities. Affected individuals often hide their sweating problems and the disease may lead to social withdrawal and isolation. Although botulinum toxin is an effective and available treatment, relatively few persons with primary hyperhidrosis seek medical healthcare and a minority of those are men.

We investigated the prevalence of primary hyperhidrosis in Sweden and how the disease impairs quality of life, changes in daily activities, signs of depression and anxiety and alcohol consumption before and after treatment with botulinum toxin. The severity of hyperhidrosis according to the affected body sites was also investigated. Further on we explored mens experiences living with primary hyperhidrosis by interviews and content analysis.

Our results showed that primary hyperhidrosis occurs in 5.5% of the Swedish population. The disease reduces quality of life and affects mainly the psychological health of the individuals. Persons with palmar and axillary hyperhidrosis rated their symptoms more severe and with much higher impact on their quality of life compared to persons suffering from hyperhidrosis elsewhere on the body. Individuals with axillary hyperhidrosis more often reported a later debut and signs of peripheral vasoconstrictions were more common in this group compared to individuals with palmar hyperhidrosis. This made us believe that factors other than genetics seem to play a role in triggering axillary hyperhidrosis. Treatment with botulinum toxin A had a significant effect in reducing the symptoms and their interferences on daily life while increasing the overall quality of life. Signs of depression, stress and anxiety were also significantly reduced by treatment. This treatment was safe and no serious side-effects were noted. Qualitative content analysis of interviews with 15 men suffering from primary hyperhidrosis resulted in the theme: To be captured in a filthy body. The experiences of men with excessive sweating were thus interpreted as stigmatising. Stigma has a negative effect on mental health which reinforces our findings in quantitative studies when investigating quality of life. It is our assumption that the symptoms act as a vicious circle reducing quality of life, stigmatising the individual and limiting daily interactions. Addressing hyperhidrosis with information when the disease debuts in young people could reduce the stigma and enable early intervention via healthcare which may have a significant effect on the life of those affected.

Keywords
Primary hyperhidrosis; prevalence; characteristics; localization; quality of life; botulinum toxin; depression and anxiety; stigma; content analysis