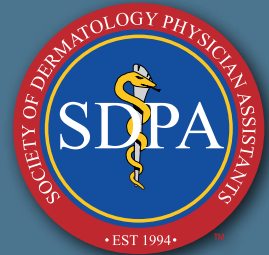


# JDPA

Journal of Dermatology for Physician Assistants



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## CLINICAL DERMATOLOGY

# FROM THE PATIENT'S PERSPECTIVE

## *Traveling Far and Wide to Better Understand, Care For, and Cope With Hyperhidrosis*

By Samantha Spenser

I do not remember when I first heard the word hyperhidrosis, but I've been aware of my sweaty hands and feet for my entire life. My mother recalls having to ring out my socks as an infant. When I played sports, racquets and bats would fly out of my hands unless I wore gloves or had an extra grip. In school I had trouble holding onto a pen and would lay a towel atop my notebook so as not to moisten the paper or smudge the ink. After years of misunderstandings and trial and error with innumerable treatments, I am finally on a path to better understand, care for, and cope with hyperhidrosis.

In my case, hyperhidrosis affects the palms of my hands, soles of my feet, and underarms. Excessive sweating can occur at any time, even when I'm not hot, exercising, or in a stressful situation. Heat and humidity are also triggers. When I am without treatment, sweat may literally drip off of my hands in visible sweat beads. In circumstances where a healthy person would sweat normally, my sweat glands are overactive; they produce more sweat and often work longer than is necessary. While there is research suggesting that hyperhidrosis is caused by a genetic trait, neither of my parents suffers from the condition. My father recalls having some symptoms in his youth, but none are present today.

Since hyperhidrosis only affects a small percentage of the population and complications are rarely medically serious, the condition is often dismissed, even by healthcare providers. However, the annoyance of excessive sweating can be immeasurable. It has caused me to be frustrated and anxious in social situations and has provoked distress when meeting new people. For example, it is uncomfortable to shake someone's hand, especially in a professional environment, when your hand is drenched in sweat. Do you warn the person in advance? Apologize after he or she has had to wipe their own hand after touching yours? Or pretend you didn't realize?

Regardless of which kind of antiperspirant I use, I always have a concern about body odor, both in the underarm and genital areas. I have learned that it is not the sweat that smells bad, but the substances skin bacteria create when they come in contact with sweat. Foot odor,

caused by sweaty feet constricted in tight shoes, is also a concern. One summer while working at a camp I developed warts on my hands and feet caused by a skin infection, which flourished from sweat. This induced severe physical pain and emotional embarrassment, leading me to hide my hands whenever possible. When I was young, I remember disfavoring games and activities where I would have to hold hands with other children



International Hyperhidrosis Society (IHHS) is the only independent, non-profit, global organization that strives to improve the quality of life of those affected by excessive sweating. The IHHS knows no boundaries; it is composed of people from all over the world, making it a true global network of support, resources, and understanding.

The IHHS is committed to reducing the symptoms, anxiety, and social stigma associated with excessive sweating by offering education, support, and medical resources to millions of affected children, teens, and adults worldwide. It is our mission to promote hyperhidrosis research, educate healthcare professionals in optimal diagnosis and care, raise awareness about the condition's emotional and economic impacts, and advocate for patient access to effective treatments while increasing public understanding of this debilitating medical condition. As part of our mission, we continuously build programs that connect those who suffer from hyperhidrosis with those who provide care, while increasing public understanding of excessive sweating.

Contact Information:

[www.SweatHelp.org](http://www.SweatHelp.org) & [www.SweatOmeter.org](http://www.SweatOmeter.org)

Phone: (610) 346-6008

Email: [Info@SweatHelp.org](mailto:Info@SweatHelp.org)

Twitter: @SweatHelpOrg

because I always had to explain or apologize for my hands being “wet.”

As a child and young adult, I was treated by numerous doctors who prescribed treatments for hyperhidrosis. We tried Drysol, an aluminum chloride roll-on (to be followed by other aluminum chloride products throughout the years); Iontophoresis, a treatment device where hands or feet (or both) are immersed in a shallow tray of water while a low electrical current travels through the water; and Robinul, an oral anticholinergic drug, which is supposed to reduce the secretions of certain organs in the body. I even tried herbal remedies such as schisandra and sage tea, but ultimately none of these treatments worked.

About a decade ago, a dermatologist suggested treating palmar hyperhidrosis with Botox injections. At the time I was not eligible for insurance so the amount used was minimal and therefore, did not make a substantive difference. However, this opened up a new path and for the next several years I would experiment on and off with Botox injections in my hands (and later my feet and underarms). I saw many doctors who administered treatment, but the effects were never ideal. More than once, the dose was too low; other times the injections were so deep that I had severe muscle weakness and pain, often more debilitating than the excessive sweat. I also had successes and failures with insurance authorizations and reimbursements - for years I was covered, then suddenly not covered, only to be covered again the following year. In between treatments, excessive sweat would return - often a dull sweat for several hours, which would cause my fingers and toes to swell and lead me to feel an overall discomfort and chill throughout the body.

I was discouraged until one day last summer I opened my email to find a newsletter from the International Hyperhidrosis Society (IHHS) seeking patient volunteers for a healthcare professionals’ training for the treatment of hyperhidrosis. It was as if they had sought me out directly since I fit all of the criteria: patient with primary focal hyperhidrosis, with excessive sweating of the hands, feet, and underarms. The training would take place outside of Boston and if selected, I decided that I would make the four-hour drive to participate. Family and friends asked, “Why would you travel so far to get treatment when you can go to a doctor nearby in New York?” However, I was determined to see what IHHS, an organization specializing in this medical condition,

had to offer.

I went with trepidation, not knowing what to expect from the medical professionals, the treatment, or the other patients. I had been on the organization’s mailing list and knew of them peripherally, but was unaware of what an incredible resource they are for patients suffering from hyperhidrosis. The treatment in Boston was a success. Not only did the providers and staff, led by Dr. Dee Anna Glaser and Dr. David Pariser, administer treatment

*“As a patient, it is deeply reassuring to know that my physician understands hyperhidrosis and is equipped with the latest practices to diagnose and treat the condition.”*

using techniques I had never before seen, but they also took a completely hands on approach with patients, truly understanding their individual needs and concerns. IHHS offered me the opportunity to meet other individuals with hyperhidrosis, to swap stories and tips, and

to finally realize that my condition is not unique and that I am not suffering alone!

After the effective care in Boston, I kept in touch with IHHS knowing that I wanted to further my relationship and participate in future events. My treatment in Boston had been so successful that I did not experience any post-treatment muscle weakness or pain. However, since Botox is not a “cure” and symptoms eventually return, it was soon time for another treatment. This past June I participated in my second IHHS patient volunteer session in Atlanta, which proved to be even more successful than the first. Again, everyone thought it was needless to travel so far for treatment, but I was determined. There, in addition to injections for palmar hyperhidrosis, I experimented with Botox injections in my underarms, which were life changing. The team performed a starch-iodine test to identify the affected area; this was a first for me. I had such a rewarding experience with the IHHS team that I have decided, against the bemusement of many, to become a patient at Dr. Pariser’s office in Virginia for Botox treatment going forward. Although it is a far distance to travel, I am willing to make the effort to go where I need to go in order to receive the treatment I feel that I need.

Since working with IHHS I have a greater acceptance of what this condition means for me and have honed in on the best methods for managing hyperhidrosis when treatment is minimized or not available. I have employed tactics in both my personal and professional life to help me get by. That means traveling with disposable/refreezable ice packs, taking cars with air conditioning whenever possible instead of riding on public transportation, and

knowing where to stand in the subway to minimize the heat, especially in the summer months. At work I have a strong desktop fan, and I make sure I have access to very cold water, ice packs, and a change of clothing in case my outfit becomes wet or sweat stained. Fortunately my job keeps me in an air-conditioned environment for most of the day; however, when I do go out during the day, at night, or on the weekends, I am sure to travel with a supply kit containing various kinds of wipes including face, body, and feminine wipes, as well as Cool Off™ wipes which refresh and bring a chill to the body. I carry a small deodorant, a washcloth, and extra underwear and socks. Wearing certain types of shoes can be difficult, which means no flip flops and no shoes with light colored bottoms as sweat will turn them brown! I place ultra-absorbent Summer Soles® insoles in my shoes and often wear thin no-show sock liners to lock in the moisture.

I encourage healthcare professionals - those who have experience with hyperhidrosis as well as those who are not familiar with the condition - to connect with IHHS. The organization's website ([www.sweathelp.org](http://www.sweathelp.org)) provides comprehensive diagnostic and treatment information as well as the latest research and tools available to both patients and providers. IHHS affords healthcare professionals the opportunity to further their

education by participating in up-to-date training for excessive sweating. As a patient, it is deeply reassuring to know that my physician understands hyperhidrosis and is equipped with the latest practices to diagnose and treat the condition.

Throughout my journey I have met wonderful, brave individuals. They too have traveled far and wide to participate in IHHS events. I am no longer as embarrassed as I once was, and I am looking forward to exploring new and updated treatments for hyperhidrosis. There is a great community available for support! 📍

The IHHS plans to hold its 2015 Master Class in Hyperhidrosis Patient Care and Practice Efficiency in Seattle, WA on Saturday July 25th, 2015. Please save the date. This Master Class will allow all medical professionals to gain a deeper understanding of hyperhidrosis diagnosis, employ the nuances of best in class treatment, and gain insights into billing and coding. The IHHS encourages all members of practices to attend and learn as a team. To receive Open Registration advance notice, simply subscribe to the IHHS alert newsletter via their web site [www.SweatHelp.org](http://www.SweatHelp.org) today.

## Take Home Points for Derm PAs:

By Steven K. Shama, MD, MPH, FAAD

*1. As we have often read in the JDPA Patient Perspective section, this particular article expresses the emotions of yet another patient who is reporting on her suffering with a skin condition that takes over her life. It reminds me once again that we cannot stop reading and listening to patients' stories, for this is one major way for us to maintain our empathy.*

*In this instance, think how often we shake hands with another person and how it is a way for us to meet someone new and to begin a relationship. Just think about how we may very well take this simple act for granted, while any patient with a skin condition affecting the hands will anticipate this simple greeting with much anxiety. As I read this story I realized it was one powerful way of reminding me of the*

*privilege of being in dermatology and hearing our patients' stories. All of these stories keep us human and make us better clinicians.*

*2. Once again we read about how helpful support organizations can be as the International Hyperhidrosis Society is in the life of the author. Let us remember that when we believe we have nothing else to give a patient, referring the patient to one of these support organizations may be helpful. Such groups may not only provide scientific information that is helpful, but may also offer a patient a way to share his/her pain, sorrows, and joys with others who are affected with a similar skin disease. These groups also offer hope, which is one "treatment" we as clinicians should always offer.*

# Dermatology Physician Assistants



**Physician Assistants (PAs) in dermatology play a number of varied and vital roles.**

PAs are medical providers licensed to practice medicine with physician supervision. From patient care and education, to skin surgery, treatment of chronic skin conditions, and cosmetic procedures, PAs are dynamic members of the healthcare team. PAs practice in every medical and surgical specialty and have been collaborating with dermatologists for 30 years, providing a wide variety of services. These include diagnosing, prescribing medications, ordering and interpreting lab tests, wound suturing, and medical or surgical treatment of a wide variety of clinical diseases. As with all PAs, dermatology PAs are legally and ethically bound to practice only under physician supervision.

**PAs are trained in intensive, accredited education programs.**

Because of the close working relationship that PAs have with physicians, PAs are educated in the medical model designed to mirror and complement physician training. PAs take a national certification examination and to maintain their certification, they must complete 100 hours of continuing medical education every two years and take a recertification exam every six years. Graduation from an accredited PA program and passage of the national certifying exam are required for state licensure.

How a PA practices dermatology varies with training, experience, and state law. In addition, the scope of the PA's responsibilities corresponds to the supervising physician's scope of practice. In general, a PA will see many of the same types of patients as the physician. Referral to the physician, or close consultation between the PA and physician, is based on the dynamic relationship between the physician and PA.

**The Society of Dermatology Physician Assistants (SDPA)** is a non-profit professional organization, composed of members who provide dermatologic care or have an interest in the medical specialty of dermatology. Fellow members provide medical services under the supervision of a board certified dermatologist.

More information can be found at [www.dermpa.org](http://www.dermpa.org) and [www.aapa.org](http://www.aapa.org).

