Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · DERMATOLOGY AND AESTHETICS

Excessive sweating
a treatable medical condition, not a personal failing

Hyperhidrosis is sweating far beyond what the body needs for temperature control. It affects roughly one to three people in a hundred, commonly begins in adolescence, and has a substantial effect on work, clothing, relationships and confidence. It is treatable at every level, and most people never ask.

Seek assessment rather than treating it as simple hyperhidrosis if sweating

- **started suddenly in adulthood**, or has changed recently
- occurs **mainly at night**, drenching the bedding
- comes with **weight loss, fever or swollen glands**
- comes with **palpitations, tremor or heat intolerance**
- is **one-sided**, or in an unusual distribution
- comes with **flushing, headaches or very high blood pressure**

Night sweats with weight loss need investigating for infection, lymphoma and other serious causes. Sudden onset in adulthood suggests a secondary cause — thyroid disease, diabetes, menopause, infection, anxiety disorder, or a medication side effect — and treating the cause treats the sweating.

Primary or secondary

- **Primary hyperhidrosis** — begins in childhood or adolescence, affects specific sites (underarms, palms, soles, face or scalp), is usually symmetrical, occurs at least weekly, stops during sleep, and often runs in families.
- **Secondary hyperhidrosis** — begins later, is generalised rather than focal, often occurs at night, and has an underlying cause worth finding.

Treatment, in order

Step 1
antiperspirant used correctly

Step 2
iontophoresis, or botulinum toxin

Step 3
tablets, and rarely surgery

Almost everyone uses antiperspirant wrongly

Aluminium chloride antiperspirant must be applied to **completely dry skin, at night before bed**, and washed off in the morning. Sweat glands are least active overnight, which is when the product can plug them. Applied to damp skin in the morning it does very little and causes irritation. Start with two or three nights a week and reduce frequency as it takes effect. If it stings, apply a bland moisturiser the following morning or use a lower concentration — do not simply abandon it.

- **Iontophoresis** — a weak electrical current passed through water, mainly for hands and feet. Effective, requires several sessions weekly at first then maintenance, and machines can be used at home.
- **Botulinum toxin injections** — highly effective for underarm sweating, blocking the nerve signal to the sweat glands. Results appear within one to two weeks and last around four to six months, sometimes longer. Also used for palms and face, though injections there are more uncomfortable.
- **Oral medication** — anticholinergics such as oxybutynin or glycopyrronium reduce sweating throughout the body. Dry mouth, blurred vision and constipation are common and dose-limiting.
- **Topical glycopyrronium** for facial sweating.
- **Surgery** — sympathectomy is a last resort. It is effective but carries a significant risk of compensatory sweating elsewhere, which can be worse than the original problem and is not reversible.

Day to day

Helps

- Natural fabrics; black or white shows sweat least
- Underarm shields or moisture-wicking undershirts
- Changing socks twice daily, with moisture-absorbing insoles
- Antibacterial soap, and treating athlete's foot
- Reducing caffeine, alcohol and spicy food if they trigger it

Worth knowing

- Sweating attracts no odour until bacteria act on it
- Deodorant masks smell; antiperspirant reduces sweat — they are different products
- Anxiety about sweating increases sweating, which is why treatment often helps mood too
- Some antidepressants cause sweating and can be switched
- It frequently improves in later adulthood

Why come to us. Hyperhidrosis is rarely raised and easily helped. We assess whether there is a secondary cause — checking thyroid function, glucose and other bloods in-house — and then treat the sweating properly: prescription-strength antiperspirants, oral medication where appropriate, and **botulinum toxin injections for underarm sweating performed here** by our medical aesthetics team. Discreet appointments, seven days a week, with published fees and no referral needed.

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Medical Aesthetics** · **Dermatology** · **Blood Tests** · **Fees & Pricing** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

Ref: TBH-PIL-160

This leaflet is based on current NHS and NICE CKS guidance on hyperhidrosis. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.