TREATMENT OF HYPERHIDROSIS

Primary Hyperhidrosis

Treatment of primary hyperhidrosis (including the use of aluminum chloride, botulinum toxin, and endoscopic transthoracic sympathectomy) is eligible for coverage only in the small subset of patients with medical complications such as skin maceration with secondary infections or with significant functional impairments.

Treatment of primary hyperhidrosis with iontophoresis is considered experimental or investigational.

In the majority of patients, treatment of primary hyperhidrosis is considered NOT medically necessary based on the lack of functional impairment or medical complications associated with the condition.

Secondary Hyperhidrosis

Treatment of secondary hyperhidrosis (including the use of aluminum chloride, iontophoresis, botulinum toxin, and endoscopic transthoracic sympathectomy) is NOT eligible for coverage as a substitute treatment of the underlying systemic disease process.

Treatment of secondary gustatory hyperhidrosis (including the use of botulinum toxin) is eligible for coverage when based ONLY on a functional impairment or when there are complications associated with the condition.

DESCRIPTION:

Hyperhidrosis is excessive perspiration/sweating due to overactivity of the sweat glands. The excessive sweating is beyond a level required to maintain normal body temperature in response to heat exposure, anxiety, or exercise.

Primary (localized) hyperhidrosis usually occurs in otherwise healthy persons. It may affect the entire surface of the skin, but often it's limited to palms, soles, armpits, and/or groin. The affected area is often pink or bluish white, and in severe cases the skin may be cracked, scaly, and soft, especially on the feet. Treatment of primary hyperhidrosis focuses on the affected areas by daily applications of aluminum chloride hexahydrate in absolute ethyl alcohol and protective coverings. Additional tanning agents, topical solutions, injections, or surgical interventions may be tried.

Secondary (generalized) hyperhidrosis can result from:

- a variety of drugs, such as tricyclic antidepressants (for example, Elavil, Tofranil, or Norpramin), selective serotonin reuptake inhibitors (for example, Prozac, Zoloft, or Paxil), or narcotics
underlying diseases/conditions, such as febrile diseases, diabetes mellitus, an endocrine disorder (for example, hyperthyroidism), a central nervous system disorder, malignancy, or menopause

a genetic factor.

Treatment of secondary hyperhidrosis focuses on the treatment of the underlying systemic disease process. This may include discontinuing certain drugs or hormone replacement.

Bromhidrosis (bromidrosis) is a condition in which there is a foul odor of the skin caused by decomposition of the sweat and cellular debris by bacteria and yeasts. Bromhidrosis may be resolved with better personal hygiene habits. Topical creams or solutions with or without antibacterial components may be useful adjuncts to soap and water.

Gustatory hyperhidrosis (Frey's syndrome) is an unfavorable facial sweating in response to hot or spicy foods, resulting from surgery to the parotid gland and the subsequent aberrant regeneration of nerve fibers.

The consequences of hyperhidrosis are primarily psychosocial in nature. Excessive sweating may be socially embarrassing; such as limiting the desire to shake hands, or may interfere with certain professions. For example, hyperhidrosis of the palms may preclude doing artwork, working with electrical equipment components, or playing musical instruments. In addition, hyperhidrosis may require several changes of clothing a day; excessive sweating may also result in the staining of clothing or shoes.

RATIONAL:

Hyperhidrosis can be emotionally challenging and socially and professionally disruptive. There are few effective treatments.

1. Aluminum Chloride - is a common component of over-the-counter antiperspirants, although a prescription product is available (Drysol). Although the mechanism is unclear, aluminum chloride is associated with atrophy of the secretory cells seen in eccrine sweat glands. Aluminum chloride is predominantly used to treat axillary hyperhidrosis and not palmar or plantar hyperhidrosis.

2. Iontophoresis - Refer to Medical Policy on Iontophoresis for the rationale.

3. Botulinum Toxin - is a potent neurotoxin that blocks cholinergic nerve terminals (symptoms of botulism include cessation of

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sweating). **Intracutaneous botox injections have been demonstrated in some studies to be successful** as a treatment of gustatory hyperhidrosis and primary hyperhidrosis.

4. Endoscopic Transthoracic Sympathectomy – has been investigated as a treatment of palmar hyperhidrosis with a reported success rate of up to 98% in large case series. A variety of approaches have been reported but endoscopic techniques have emerged as a minimally invasive alternative to transaxillary, supraclavicular, or anterior thoracic approaches.

**PRICING:**

None

**REFERENCES:**

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DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.