

# Hyperhidrosis Priority Setting Partnership

## Introduction

Hyperhidrosis is a condition where people sweat excessively. It is very common, affecting 1 -3 % of the population. It affects both sexes and all races equally. It can cause both physical problems and psychological distress, and significantly affect quality of life.

Despite it being a common condition hyperhidrosis is relatively under-researched compared with other skin conditions that affect a similar number of people. People often report difficulties in accessing treatments via the NHS, and often the treatments that there are don't work for a lot of people.

Priority setting partnerships (PSPs) enable healthcare professionals,, patients and carers to work together on an equal footing to identify questions about management or treatment of a condition that cannot be answered by existing research. PSPs are used to create a top ten list of research priorities. These tell health research funders about the issues that matter most to the people with the condition, their carers and the people who help manage or treat their condition.

The Hyperhidrosis PSP began in 2017 and was set up to identify the top ten research priorities for the treatment and management of hyperhidrosis.



## Steering Group

A steering group was set up comprised of people with hyperhidrosis, healthcare professionals and academics. The lead for the PSP was Louise Dunford from De Montfort University, Leicester.

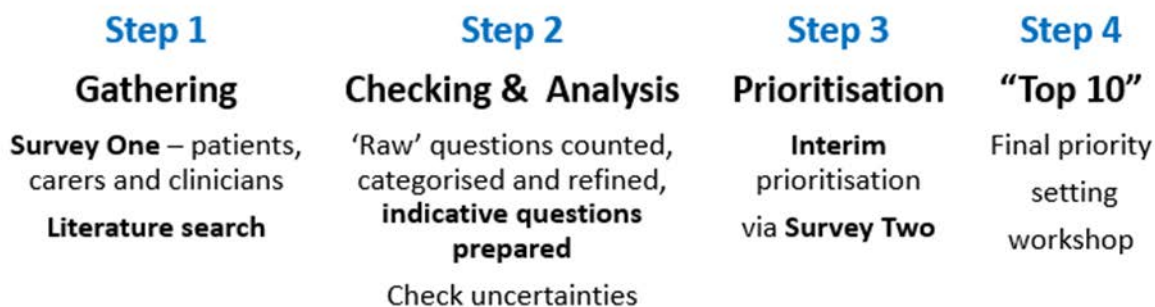
Meetings were chaired by Maryrose Tarpey, an adviser from the James Lind Alliance, who also supported the whole PSP process.

The steering group oversaw and organised the activities of the PSP.

## Funding

The study was developed with support from the UK Dermatology Clinical Trials Network (DCTN) & De Montfort University. The UK DCTN is grateful to the British Association of Dermatologists and the University of Nottingham for financial support of the Network.

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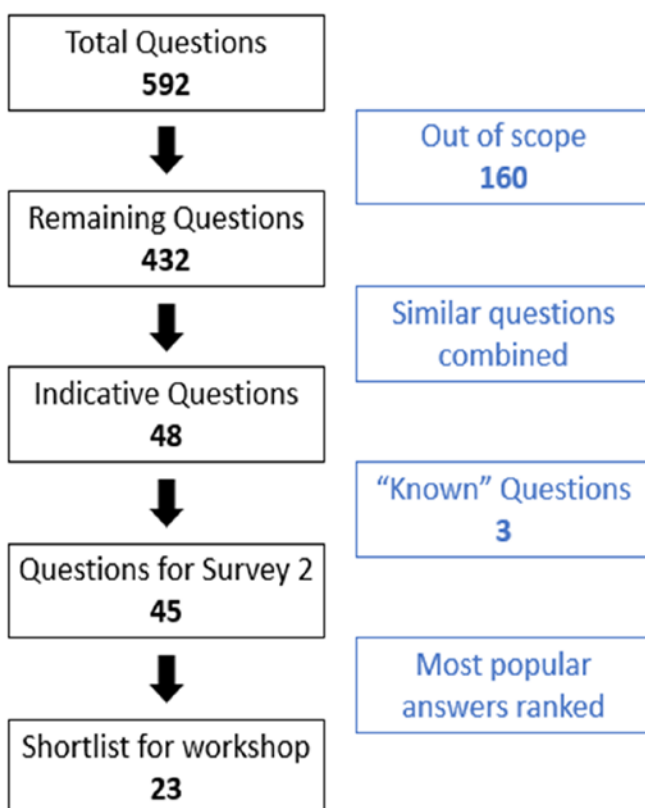


During the 'Gathering' phase, an initial survey asked people with hyperhidrosis, their family and friends, and healthcare professionals for the questions they would like research to answer about management and treatment of hyperhidrosis.

In the 'Checking and Analysis' phase the initial 592 questions submitted were reduced to 45 by:

- Removing any that were out of scope of the PSP, e.g. any questions that were not about management or treatment of hyperhidrosis
- Combining duplicate/similar questions
- Removing those already answered by research

In the 'Prioritisation' phase, survey respondents were asked to choose their top ten from the list of 45. The top 23 choices went through to a final workshop event, where the 'Top Ten' were selected via a facilitated process.



For further information about the Hyperhidrosis PSP please visit: <http://hyperhidrosis.our.dmu.ac.uk/>

Or contact: [Hyperhidrosis@dmu.ac.uk](mailto:Hyperhidrosis@dmu.ac.uk)



James  
Lind  
Alliance

Priority Setting Partnerships



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## Top Ten Research Priorities for Treatment & Management of Hyperhidrosis

1	Are there any safe and effective permanent solutions for hyperhidrosis?
2	What is the most effective and safe oral treatment (drugs taken by mouth) for hyperhidrosis?
3	What are the most effective and safe ways to reduce sweating in particular areas of the body (e.g. hands, feet, underarms, face, head etc.)?
4	How does hyperhidrosis affect quality of life?
5	Are combinations of different treatments more effective than one type of treatment for hyperhidrosis?
6	What is the most safe and effective treatment for mild to moderate hyperhidrosis?
7	Could targeted therapies or biologics (e.g. antibodies, hormones, stem cells), be effective in treating hyperhidrosis?
8	What is the most effective severity scale that can be used to determine if a person is eligible for hyperhidrosis treatment?
9	What is the safest and most effective surgery for hyperhidrosis?
10	How safe are hyperhidrosis treatments at different stages of life, e.g. childhood, pregnancy and breastfeeding?