



# BEAUTY NEWS

COSMETIC & DERMATOLOGY  
TORONTO & VEIN CLINIC

## **Botulinum Toxin A for the Treatment of Hyperhidrosis**

**By Clair Sowerbutt, Correspondent, The Chronicle of Skin and Allergy**

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Approved for the treatment of hyperhidrosis in August 2001, Botulinum Toxin A (Btx A) is proving extremely efficacious, yielding a high level of patient satisfaction. "[Btx A] has been used very successfully in the treatment of hyperhidrosis," Dr. Fred Weksberg, director of the Toronto Vein Clinic, and director for the Centre for Cosmetic Dermatology, Toronto, told The Chronicle Of Skin & Allergy. Furthermore, Btx A is safe, with very few side effects. When asked if he would consider it as first line therapy, Dr. Weksberg said, "In terms of non-surgical treatments – before considering surgery, given the fact that patients have tried other easier methods such as antiperspirants, or lotion – [Btx A] is, in my mind, first on the list in terms of treatments, even before oral medications."

In discussing the use of Btx A for hyperhidrosis within his own clinical practice, Dr. Weksberg said the toxin is administered as a series of injections, done at intervals of approximately six months, depending on the individual patient's response. The two areas most commonly treated are the armpits, and the palms. "It's a very simple procedure, where a series of injections approximately 1.5 cm apart is made in the armpit. The average person would get about 25 injections per side. The dosage will vary, depending on the size of the individual, and their prior response to the material," he explained. "For example, the average dose could be 50 units of [Btx A] per side in the armpit area, and 100 per side on the palms."

When asked about the side effects, Dr. Weksberg responded, "[Btx A] is extremely safe, so side effects are extremely rare. I've never had a patient experience side effects with injections in the armpit area or the palm." However, he did point out that although uncommon, some patients could experience slight weakness in the hands for a short period of time. "It's not permanent. It doesn't last that long. For those individuals we usually inject one hand at a time. It may give them slight difficulty in opening jars or doing up buttons. However, this quickly reverses itself and goes back to normal," he explained.

Clinical research is underway to determine the maximum efficiency of the toxin in treating hyperhidrosis, in terms of how best to dilute the toxin, and the optimal number of injections.

"Little technical subtleties like this, which may not seem important to the average person, may be important in terms of achieving the best and the most long-lasting results," said Dr. Weksberg.

Currently, Btx A injections are given approximately every six months as the treatment is not permanent. However, it may be possible to reduce the frequency of injections, if a patient has been receiving treatment for a number of years. "Sometimes with [Btx A], for example when we treat lines and wrinkles, we can space the treatments farther apart," explained Dr. Weksberg. "If patients have had [Btx A] for three years, you may find at the end of the three years they don't have to be treated as often. The effects of each particular treatment are more lasting."

This raises the question of how Btx A works in the context of hyperhidrosis. "One theory is that it relaxes the muscle that surrounds the ducts so that the duct isn't squeezed, and therefore perspiration doesn't come out onto the surface of the skin. But I don't think that has been absolutely conclusively determined," stated Dr. Weksberg.

Other clinical research exploring the efficacy of Btx A in related disorders are also showing promising efficacy. One study of note (Swartling C, et al: Treatment of dyshidrotic hand dermatitis with intradermal botulinum toxin. J Am Acad Dermatol 2002; 47(5):667-671) found the toxin efficacious in patients who



have treatment refractory hand eczema of the vesicular type, with hyperhidrosis or worsening during the summer months.

Hyperhidrosis is an aggravating factor in nearly 40% of patients with dyshidrotic hand eczema. The study evaluated the effect of intradermal injections of botulinum toxin A on dermatitis in patients with vesicular hand dermatitis. Ten patients received 162 units of Btx A, as treatment on one hand only. The untreated hands were used as control. The study investigators found that seven out of 10 patients experienced a good or very good effect, with a mean reduction in itching, as measured by a visual linear analogue scale of 39% on the treated side, compared with an increase of 52% in the untreated controls. Six of those seven patients who experienced good or very good responses experienced aggravating hand sweating or worsening during the summer months.

Dr. Weksberg noted that within his clinical practice patients are also very pleased with the results of Btx A therapy. "The degree of satisfaction with [Btx A] is, I think, the highest among all the cosmetic procedures. Patients are almost always very satisfied with their treatment."

He mentioned that many extended health care plans now cover the medical problem of hyperhidrosis. "So the cost of the medication is covered," he said. He added that many people do not know that Btx A is available for hyperhidrosis. "Making the public aware would be very helpful," he concluded.

Non-proprietary and brand name of therapy: botulinum toxin type A (Botox, Allergan).