

Oxybutynin for hyperhidrosis

J.D. Lefrandt^{1*}, J.M. Maurer²

Departments of ¹Internal Medicine Division of Vascular Medicine and ²Pharmaceutics, University Medical Centre Groningen, the Netherlands, *corresponding author: tel.: +31 (0)50-361 61 61, fax: +31 (0)50-361 90 69, e-mail: j.d.lefrandt@int.umcg.nl

Dear Sir,

Mijnhout *et al.* reported a case of a 56-year-old woman with severe hyperhidrosis, who was successfully treated with oxybutynin, in the October 2006 issue of this journal.¹ We confirm the effectiveness of oxybutynin for hyperhidrosis in two patients and report the results of one patient who was treated with glycopyrronium bromide, another parasympatholytic drug.

Patient A was a 26-year-old man who was referred to our outpatient clinic because of hyperhidrosis of his whole body - except his hands - following a thoracic sympathectomy in December 2004 for bilateral hyperhidrosis palmaris. He had to change his clothes several times during the day and night. Also, he had a depressive mood with anhedonism, loss of appetite and a disrupted sleep pattern. No cause of hyperhidrosis was found after extended evaluation. It was concluded that the hyperhidrosis was compensatory to the sympathectomy, as has been reported in combination with depression.² With 2.5 mg oxybutynin three times a day, his sweating decreased substantially. However, after increasing the dose to 5 mg three times a day, he had difficulty in urinating. We switched to glycopyrronium bromide 3 mg/day and later twice daily after informed consent from the patient. The glycopyrronium bromide 3 mg tablets were compounded by the pharmacy department of the University Medical Centre Groningen. Glycopyrronium bromide (1,1-Dimethyl-3-(*a*-cyclophenyl)mandelyloxypyrrolidinium bromide) is an anticholinergic drug registered in the USA for treatment of peptic ulcer disease, as anaesthetic

premedication to reduce salivary secretion, as protection against adverse effects of cholinergic agents and for treatment of vagal reflex associated cardiac arrhythmias. Unfortunately, the patient experienced little effect. The oxybutynin was restarted.

Patient B was a 16-year-old woman with generalised hyperhidrosis without underlying disease, although she had Raynaud's phenomenon, and an increased level of plasma antinuclear antibodies (ANA) in 2004, which was discovered during evaluation of the Raynaud's disease. She had become socially isolated and depressed. With 2.5 mg oxybutynin three times a day, she was satisfactorily treated with no side effects.

In conclusion, we support the statement by Mijnhout *et al.* that oxybutynin merits consideration in patients with idiopathic hyperhidrosis. Hyperhidrosis may cause severe psychological and social impairment and demands the doctor's attention.

REFERENCES

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2. Hashim N, Wilson NJ. Depression accompanying compensatory hyperhidrosis following endoscopic thoracic sympathectomy. *Clin Exp Dermatol* 2006;31:818-9.