Sweating

(Synonyms: hyperhidrosis, diaphoresis)

Sweating ranges in severity from a mild nuisance to a major symptom with drenching sweats, particularly during the night. Paraneoplastic sweating may or may not be associated with a remittent temperature.

Causes / risk factors

- Fever
- Extensive malignancy
- Emotional – fear, anxiety
- Intense pain
- Autonomic disturbance
- Drugs, alcohol, tricyclic antidepressants, opioids, steroids
- Hormonal disturbance – menopause, goserelin, tamoxifen
- Metastatic hepatomegaly
- Paraneoplastic

Management

1. Correct the correctable
   - Treat infection if appropriate
2. Alter environment
   - Reduce room temperature: increase ventilation: fans
3. Cotton clothing (aids surface evaporation)
4. Hormone deficiency:
   - sweating occurs at the menopause as a hormone deficiency phenomenon
   - sweating secondary to cancer hormone treatment e.g. zoladex, tamoxifen
   - in men following chemical or surgical castration
   In any hormone sensitive cancer sex hormone manipulation is complex and inevitably carries some risks. It is therefore advisable to seek specialist advice prior to commencing hormone replacement therapy.
   - Clonidine 100 micrograms nocte PO may relieve symptoms
   - SSRI’s( e.g. paroxetine) or SNRI (e.g. Venlafaxine, Duloxetine) may be effective
5. If Tricyclic or SSRI is thought to be the cause change to Mirtazepine.
6. If morphine is thought to be the cause, consider switching to an alternative strong opioid.
7. Drug treatment of cancer related sweating
   - If sweating associated with fever prescribe anti-pyretic 1st line eg
     - Paracetamol 1g qds PO
     - Ibuprofen 400mg tds PO or Diclofenac 50mg tds PO
     - Dexamethasone 4 mg od PO is often effective in lymphoma
• NSAID’s may be more effective than paracetamol or corticosteroids in paraneoplastic sweating. If sweating is not associated with fever and fails to respond to NSAID consider anti-muscarinic drug 2nd line
  o e.g. Propantheline 15-30mg tds PO
  o or Amitriptyline 25-50mg nocte PO

• Paraneoplastic sweating may also respond to Propanolol 10-20mg bd-tds PO or H2 antagonists

• Intractable paraneoplastic sweating may respond to Thalidomide 100-200mg nocte PO or Venlafaxine

• Consider Gabapentin

References