

HYPERHIDROSIS — PSYCHIATRIC STUDY AND BEHAVIOUR THERAPY

P V Pradhan, B R Agrawal, P D Munjal, H Dand, J H Gopalani,
P P Mistry and V N Bagadia

Eleven patients suffering from hyperhidrosis were psychiatrically studied. Seven of them were given behaviour therapy. Majority of the patients had an unhappy childhood and long-standing and continuing psychological stress. None of them had obvious co-existing psychiatric condition. Thus, hyperhidrosis was the sole expression of their psychological conflicts.

Of the 7 patients treated, 71% showed improvement with relaxation and systematic desensitization which was maintained for a period of at least 6 months.

Key words : Hyperhidrosis, Psychiatric study.

Hyperhidrosis denotes continuous sweating of palms and soles which frequently becomes excessive to the extent that sweat practically drips from the finger-tips. Holding things in the hands and writing and sewing become difficult.

Dermatologists do realize the psychiatric aetiology of this condition, yet deal it with mostly symptomatic treatment. The usual modes of treatment¹ include : (1) Topical applications of preparations containing formaldehyde or glutaraldehyde which cause partial occlusion of the sweat ducts. (2) Anticholinergic drugs such as topically applied poldine methyl sulphate and glycopyrronium bromide and orally given atropine or propantheline. Dry mouth and blurring of vision are the common unpleasant side effects, apart from the difficulty in heat loss from skin in summer. (3) Alcohol injection of sympathetic ganglia. (4) Cervical and lumbar sympathectomy.

The real source of the problem i.e. the mind with its emotions, the premotor cortex, the thalamus and the hypothalamus remain unattended. The psychiatrist unfortunately has

almost completely ignored the problem. We did not come across any report in the literature regarding psychiatric study and treatment of this condition.

We are presenting our findings of the psychiatric study of 11 patients and the effect of behaviour therapy in 7 patients.

Materials and Methods

Patients were taken up from the Department of Psychiatry of our hospital. Other causes of hyperhidrosis like thyrotoxicosis, fevers, cord compression etc. were excluded. All the patients had illness for a minimum of 3 years. Many infact had it ever since they could remember.

Initially the patient was interviewed by a resident medical officer, for history and psychiatric data collection. He was then examined by a consultant Psychiatrist to decide the plan of behaviour therapeutic management. Social data was collected by a psychiatric social worker. Psychometric evaluation was done by a clinical psychologist before treatment and after adequate treatment, polygraph recording and evaluation was done before and after adequate treatment by polygraph technician.

Technique of Behaviour Therapy

(1) Relaxation: The patients were demonstrated by first asking them to tense each muscle

From the WHO Collaborating Centre in Psychopharmacology, Department of Psychiatry, K. E. M. Hospital, and Seth G. S. Medical College, Parel, Bombay-400 012, India.

Address correspondence to : Dr. P. V. Pradhan.

group and then to withdraw the tension, suddenly giving complete relaxation to the muscles. Imagination of pleasant scenes was suggested to some who could not relax because of other thoughts coming to the mind.

(2) Rapid systematic desensitization of anxiety provoking situation : Each session lasted from 20 to 30 minutes. As an example, a clerk in a shop for more than 10 years suffered from hyperhidrosis whenever he was writing in his shop, whenever he had to talk to his superior or strangers. Anxiety hierarchy was constructed for each major theme starting from the situation which provoked mild anxiety going upto a situation which provoked maximum anxiety. Some items in one theme were as follows :

(a) Writing bills when alone. (b) Writing bills in front of other colleagues. (c) Writing bills in front of customers. (d) Writing bills in front of the superior. (e) Writing bills in rush time.

Each item in the anxiety hierarchy was presented to be imagined in a relaxed state. If the patient felt subjectively anxious he was asked to keep imagining the situation. This was done till he no longer felt any anxiety for the situation. More anxiety-provoking situations were then presented, till the situation which provoked maximum anxiety. This could be done in 10 to 15 sessions after which the patient imagined the maximum anxiety-provoking situations during the subsequent sessions.

Results

Of the 11 patients, 8 were males. Nine patients belonged to the 16-25 year age group, while 2 patients were in the age group of 35-45 years. Ten patients had secondary and higher education. Six were students. Most of them were unmarried, and belonged to the middle class families.

Psychodynamic study revealed that 7 patients had over-authoritative and rejecting fathers and

6 patients had over-indulgent mothers. Analysis of parental personality showed that 7 had aggressive fathers and 5 had inadequate and anxious mothers. History of psychiatric illness in family was found in 7 cases.

Seven patients had inadequate and anxious personality.

Detailed life history of the patients revealed significant psychopathology in all cases, the significant factors being parental marital disharmony, scholastic difficulties, disturbed atmosphere at home, dissatisfaction with life since childhood etc.

Table I. Psychodynamic factors.

Types of factors	Number of patients
1. Parental marital disharmony	7
2. Examination stress	7
3. Disturbed atmosphere in home	6
4. Emotional unhappy life since childhood	5
5. Financial stress	5
6. Social stress —family problems like illness	4
7. Additional responsibility	3
8. Physical stress	2

Successive and heavy sweating was caused by anxious brooding (9 cases), fear of examination (7 cases), facing authority figures (5 cases), during scoldings (3 cases) and job situations (2 cases).

On Roschach testing, 7 patients showed anxiety feelings, while 2 had depression along with anxiety.

On Hamilton anxiety scale, 7 patients scored more than 20 before the treatment.

On Hamilton depression scale, no significant score was found.

Behaviour Therapy

Of the 7 patients who took behaviour therapy, 3 patients took upto 10 sessions of which 2 showed less than 50% improvement, while one showed more than 50% improvement. One patient took upto 15 sessions and showed 75% improvement. Another 3 patients took upto 20 sessions of which 2 showed complete recovery, while 1 showed 75% of improvement.

Thus, 71% showed good improvement. This improvement has been maintained over a period of 6 months to 1 year in most of the patients except in one who relapsed after 6 months and could be improved again with 5 more sessions.

None of the patients was given anti-anxiety drugs.

There were no complications or development of substitute symptoms like anxiety attacks, depression or any other physical complaint. Nor was there any compensatory sweating in any other region of the body.

Patients were instructed to carry out practice sessions at least once a day at home.

Comments

Kuno² described palmar, plantar and axillary sweating as "Mental sweating" and found that this condition existed in 1 out of 300 Japanese students and this interfered with their writing activity. Seidenberg³ reported a single case of hyperhidrosis in a woman who was unwilling to undergo psychiatric treatment. His understanding approach could allow him to explore her life events. He found that in situations in which she could not rely on any one and had to be self reliant, she dripped from her palms. This was found to be connected

with the sudden death of her father when she was 7 years of age and of whom she was fond of. Patient refused to undergo psychotherapy after 3 to 4 interviews.

In our patients, relaxation with rapid systematic desensitization gave good or very good improvement in 71% which was maintained for a period of 6 months to 1 year. The treatment described requires systematic approach but is simple to carry out once the strategy is well planned. Detailed description of the situations which provoke excessive sweating is essential to understand the different themes responsible for sweating. Once the therapy is started, patients find it easy to understand and follow. They are able to carry out practice sessions at home.

It has no side effects, nor has it given rise to complications. It gives sustained relief.

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