

BOTULINUM TOXIN B IN THE TREATMENT OF POSTMENOPAUSAL CRANIOFACIAL HYPERHIDROSIS

¹ Philip Cabreus, ¹ Alma Rystedt, ¹ Caroline Garph, ^{1,2} Carl Swartling*

¹ Hidrosis Clinic, Stockholm, Sweden

² Department of Medical Sciences, Dermatology and Venereology, Uppsala University, Uppsala, Sweden

*Corresponding author: carl.swartling@svedkliniken.dk

Introduction and Objectives:

About 10% of all women suffer from postmenopausal hyperhidrosis 10 years after their menopause (Berg 1988). The craniofacial region is commonly affected and has been successfully treated with botulinum toxin B (Btx B) for several years at the Hidrosis Clinic in Stockholm. Data are presented for a subgroup of 8 postmenopausal patients participating in a randomized, double-blind, placebo-controlled study investigating the clinical effect and safety of Btx B in craniofacial hyperhidrosis (clinicaltrials.gov: NCT01930604).

Methods:

Patients were randomized to receive Btx B or placebo. Placebo-treated patients were offered Btx B after follow-up (open-label treatment). Dermatology Life Quality Index (DLQI), Hyperhidrosis Disease Severity Scale (HDSS) and gravimetry were monitored before treatment and 3±1 weeks after treatment.

Results:

Three patients were randomized to receive Btx B and 5 to receive placebo (followed by open-label Btx B treatment). In the double-blind period, DLQI score at 3±1 weeks improved in all 3 Btx B-treated patients (median decrease: 9 points); median score was unchanged in the placebo group (n=5). Patients randomized to placebo who received Btx B in the open-label period demonstrated a median decrease in DLQI score of 10 points. Figure 1 illustrates the percentage of DLQI median improvement. In the double-blind period, median decrease in HDSS was 2 points in Btx B-treated patients (n=3), and was unchanged in the placebo group (n=5). Patients randomized to placebo who received Btx B in the open-label period demonstrated a median decrease in HDSS of 2 points.

The gravimetric results indicated that Btx B had a superior effect compared to placebo.

Conclusions:

Btx B seems to be a safe and effective treatment in postmenopausal craniofacial hyperhidrosis.

Reference

Berg G, Gottwall T, Hammar M, Lindgren R. Climacteric symptoms among women aged 60-62 in Linköping, Sweden, in 1986. *Maturitas*. 1988;10(3):193-199.

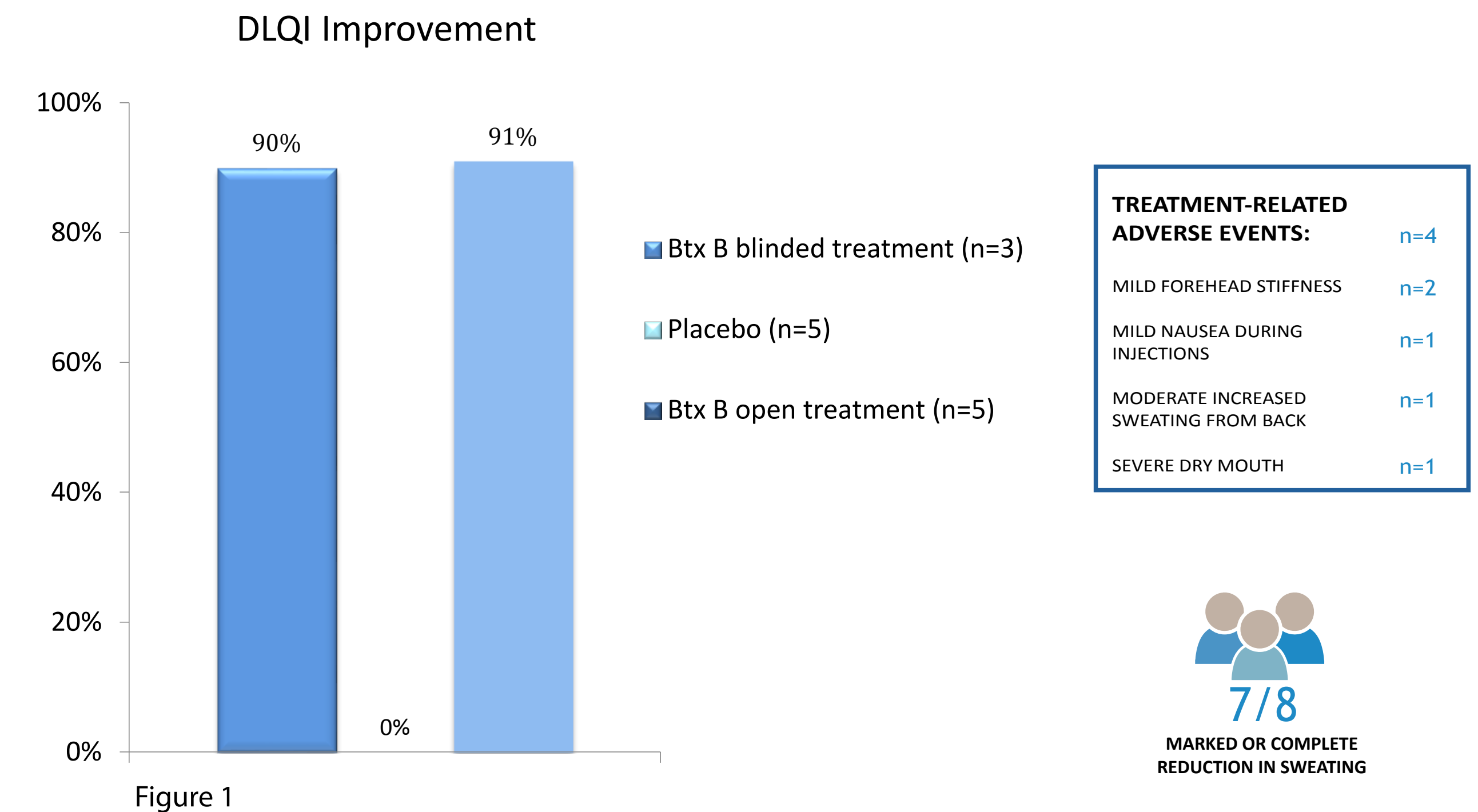


Figure 1

Figure 1. DLQI Improvement. Median improvement in DLQI 3±1 weeks after double-blind treatment with Btx B (n=3) and placebo (n=5), as well as after the subsequent open treatment with Btx B for the placebo group (n=5). All follow-up scores are compared with the DLQI scores registered at baseline.

