
Excessive Sweating (Hyperhidrosis)

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Characteristics: Excessive sweating, which tends to be more prominent in the face, neck, and chest, and less prominent in the armpits and palms.

Meds That Cause It: Antidepressants, especially SNRIs (venlafaxine, duloxetine, levomilnacipran) and bupropion.

Mechanism: Dysregulation of cholinergically innervated sweat glands.

General Management:

Reduce dose or switch agents.

First-Line Medications:

- Terazosin (Hytrin) alpha-1 blocker; start 1 mg at bedtime, then gradually ↑ by 1 mg/day increments up to 4–6 mg (SE: Dizziness, dry mouth, hypotension, rebound hypertension if stopped abruptly).
- Clonidine (Catapres) 0.1 mg daily.
- Benztropine (Cogentin) 1 mg BID.
- Glycopyrrolate (Robinul); start 1 mg twice daily and ↑ gradually by 1 mg/day increments up to 2 mg three times a day. Can be used PRN.

Second-Line Medications:

- Oxybutynin (Ditropan) 5–10 mg daily or twice daily.
- Mirtazapine (Remeron) up to 60 mg daily as adjunct.
- Cyproheptadine (Periactin) 4 mg daily or twice daily.
- Aripiprazole (Abilify) 10 mg daily (one trial showed it alleviated hyperhidrosis due to fluoxetine or duloxetine).

Clinical Pearls:

- Patients may not need to take medication for sweating in the winter.
- Often occurs in people who tended to sweat a lot before taking the medication.

Fun Fact:

Glycopyrrolate is so effective at reducing sweating that the label warns it can reduce the body's ability to cool off by sweating—which, in very high temperatures, can cause fever and heatstroke.