

Hyperhidrosis Clinical Practice Patterns and Barriers: How Do Physicians Perform?

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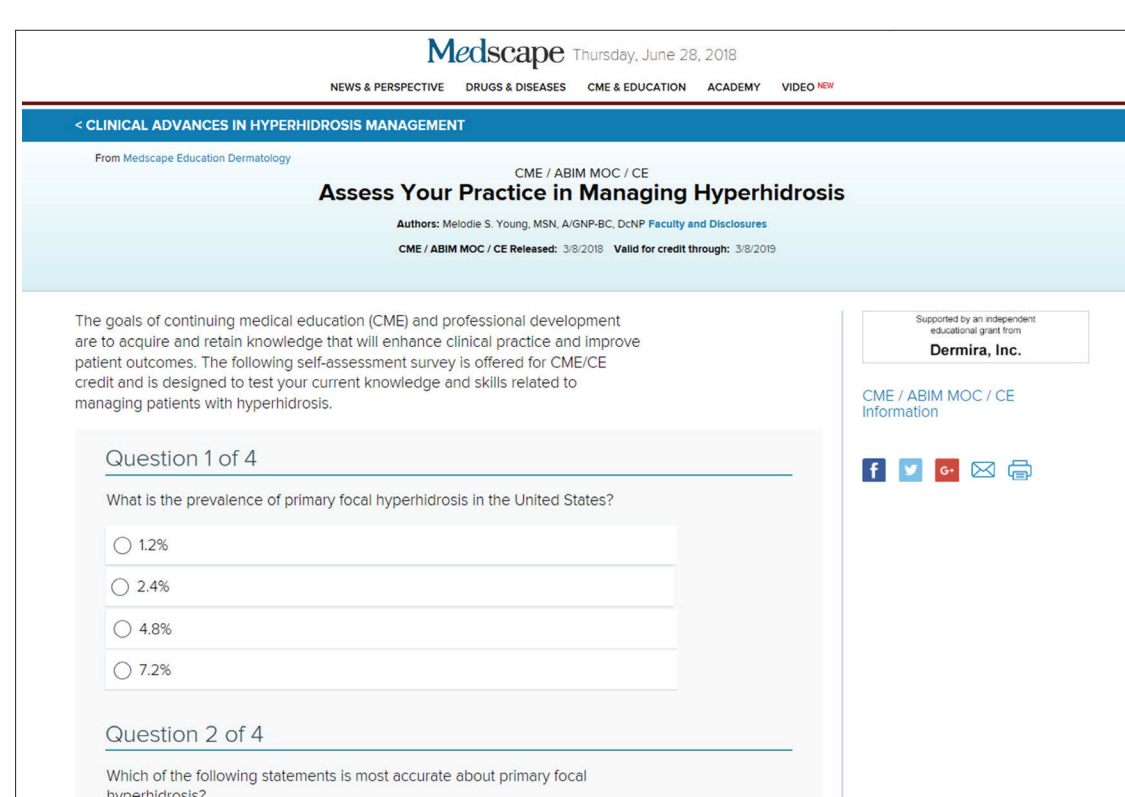
INTRODUCTION

Despite the widespread prevalence of hyperhidrosis and its impact on quality of life, this condition continues to be managed suboptimally. The goal of this study was to assess physicians' current knowledge, skills, competence, and practice barriers regarding hyperhidrosis to obtain a snapshot of continuing medical education (CME) needs.



METHODS

- A 26-question clinical practice assessment survey consisting of multiple-choice knowledge and case-based items was made available to dermatologists and primary care physicians (PCPs) in the United States without monetary compensation or charge
- The questions were designed to evaluate knowledge, skills, attitudes, or competence on hyperhidrosis prevalence, pathophysiology, disease awareness, diagnosis, current treatment, and emerging treatments
- The survey launched online on a website dedicated to continuous professional development on March 8, 2018. Data were collected until March 16, 2018
- Respondent confidentiality was maintained and responses were de-identified and aggregated prior to analyses



RESULTS

147 dermatologists and 445 PCPs completed all questions in the survey during the study period. The key findings include:

- Awareness of prevalence of hyperhidrosis:** 41% of dermatologists and 34% of PCPs were aware of the prevalence of hyperhidrosis in the United States (Figure 1; Figure 2A), and 73% of dermatologists and 45% of PCPs were aware of the age groups most frequently affected by hyperhidrosis
- Patient communication regarding hyperhidrosis:** only 31% of dermatologists and 14% of PCPs reported being very confident in addressing the possibility of hyperhidrosis with patients when presented with a patient case (Figure 2B). In addition, only 27% of dermatologists and 28% of PCPs correctly identified the frequency of patients discussing hyperhidrosis with a healthcare professional (Figure 1)
- Pathophysiology of hyperhidrosis:** 69% of dermatologists and 50% of PCPs correctly identified the increased activity of sudomotor pathways originating in the central nervous system (CNS) in individuals with primary focal hyperhidrosis (Figure 1; Figure 2C)
- Diagnosis of hyperhidrosis:** 67% of dermatologists and 56% of PCPs were able to correctly identify endocrine disorders that may be associated with secondary hyperhidrosis (Figure 1; Figure 2D)
- Current management of hyperhidrosis:** 93% of dermatologists and 67% of PCPs were correctly able to identify first-line treatments for primary focal hyperhidrosis (Figure 2E). However, when presented with a patient case scenario, only 53% of dermatologists and 39% of PCPs were able to correctly select appropriate treatments for hyperhidrosis (Figure 1)
- Emerging treatments for hyperhidrosis:** 47% of dermatologists, on average, and 46% of PCPs, on average, were aware of the clinical data on emerging treatments for hyperhidrosis (Figure 1; Figure 2F)
- The top 3 barriers reported by dermatologists and PCPs managing hyperhidrosis were lack of time (33%; 33%), lack of safe and effective treatment (29%; 28%), and cost of existing treatments (20%; 4%) (Figure 3)

Figure 1. Dermatologists' and PCPs' Knowledge on Key Themes in Hyperhidrosis

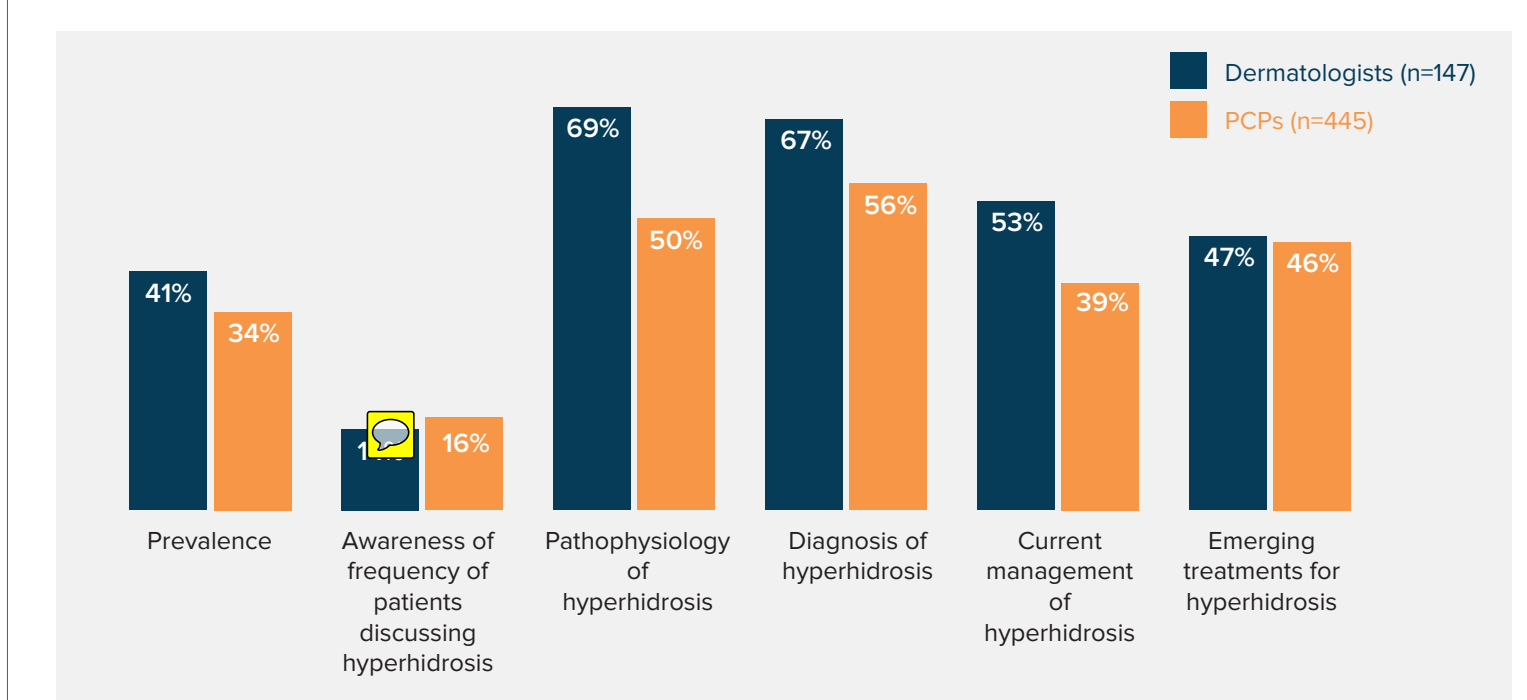


Figure 2. Representative Questions for Key Themes in Hyperhidrosis

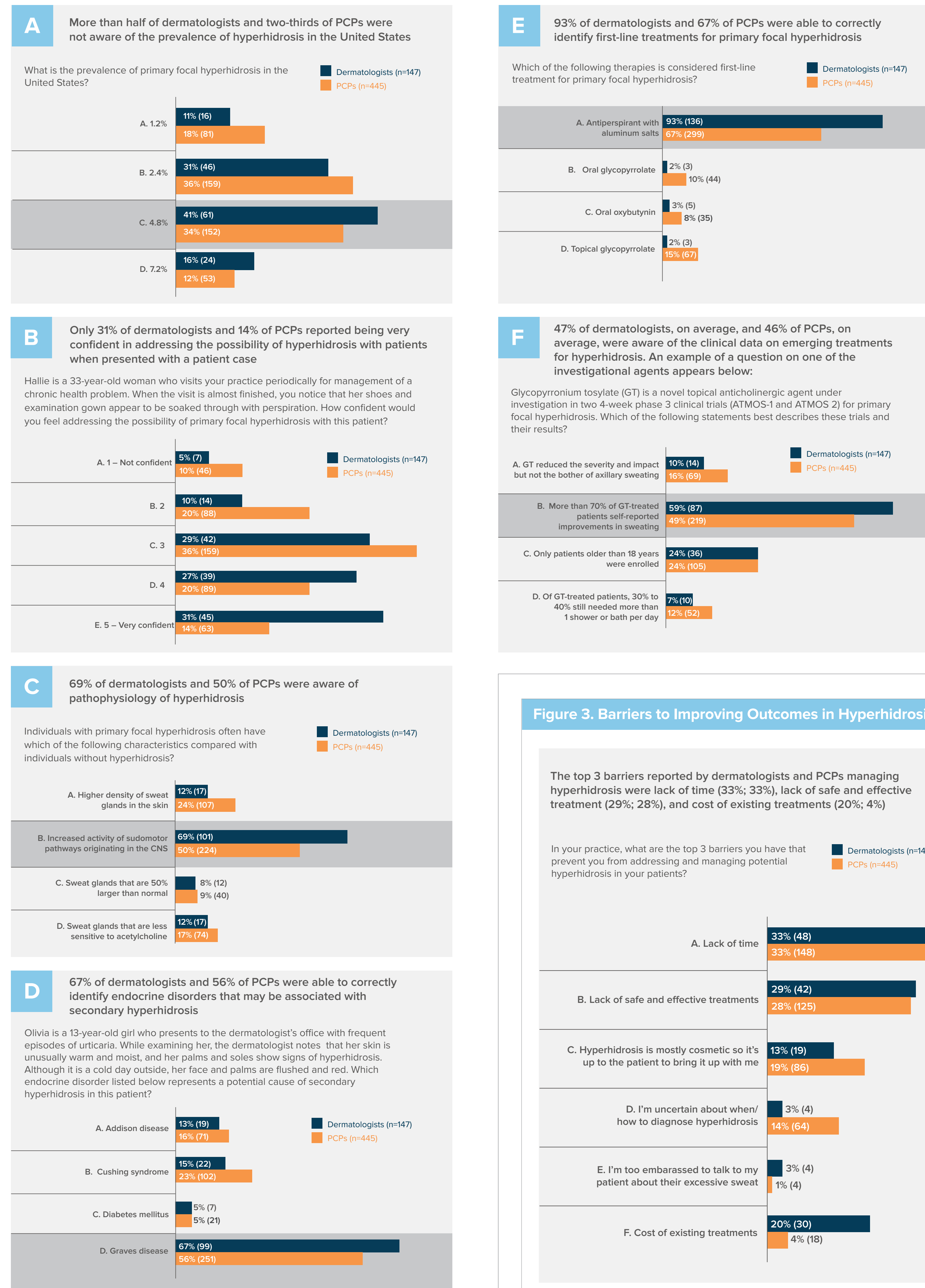
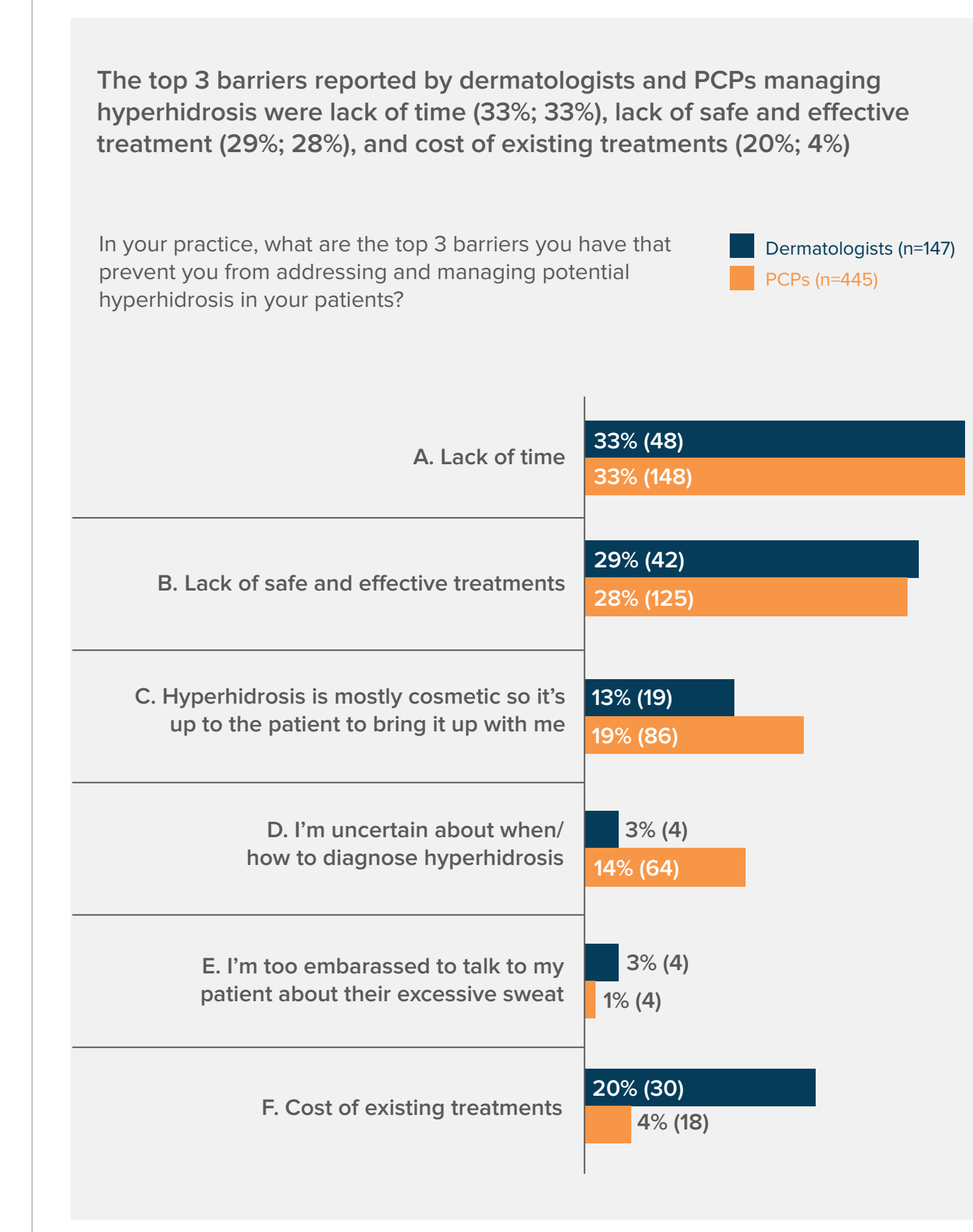


Figure 3. Barriers to Improving Outcomes in Hyperhidrosis



DISCUSSION

This research yielded important insights into current clinical practice gaps of dermatologists and PCPs. Identified gaps include knowledge of the prevalence and pathophysiology of hyperhidrosis, comfort in communicating with patients, competency in selecting an evidence-based management approach, and knowledge of clinical data of emerging treatments. According to the top barriers reported, education on safe and effective treatment options and communication strategies to address hyperhidrosis with patients will be useful.

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