



From the Executive Director

Providing information and education is part of the International Hyperhidrosis Society's core mission, and the stories in this newsletter exemplify the work that we do to achieve that mission. For instance, in an effort to foster understanding, around the globe, about hyperhidrosis we reach out to doctors, patients, parents, teachers, and the public-at-large through our website, teaching seminars, and free guides. Basically, we use every resource we have to improve people's knowledge of excessive sweating, its effects and its treatments. There's always something new to discover and we hope this newsletter brings you a new discovery today.

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Jan/Feb 2011 Edition

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What's Your Sweat IQ?

Read These 5 Myths and 1 Reality to Find Out...

der your belt, maybe you're reflecting on your New Year's resolutions. Any self-improvement achieved yet? Don't worry, we're not going to nag you to stick to your fitness regimen or to floss daily (although they are both good ideas). Instead we're going to give you some insight, debunk some myths, and try to help you kick sweating problems into the next decade. Read on...

Myth #1: Antiperspirants are for underarms only

Think outside the pits! You can glide, stick, spray, and roll-on nearly any where that sweating is a problem (think hands, feet, face, back, chest, and even groin.) But talk to your dermatologist before applying an antiperspirant to sensitive areas. He or she may have recommendations about which antiperspirants or active ingredient concentrations may be more suitable for different regions of the body. Learn more about expanding the usefulness of antiperspirants. www.SweatHelp.org.





Myth #2: If someone sweats a lot, he or

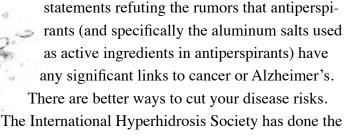
she must be overweight, out-of-shape or nervous.

The average person has 2 to 4 million sweat glands. Sweat is essential to human survival and serves as the body's coolant, protecting it from overheating. Many athletes actually sweat more than other people because their bodies have become very efficient at keeping cool. Meanwhile, people with hyperhidrosis (a medical condition characterized by overactive sweat glands) sweat

excessively regardless of mood, weather, or activity level – often producing 4 or 5 times more sweat than is considered "normal". You can't tell much about a person by his or her sweat, so stick to good old-fashioned conversation instead. Think you may have hyperhidrosis? Get the facts at www.Sweathelp.org.

Myth #3: You should ditch the stick because antiperspirants can cause breast cancer and Alzheimer's disease.

No and no. There is no scientific evidence to support either claim. In fact, the American Cancer Society, Susan B. Komen Cancer Foundation, National Cancer Institute, and Alzheimer's Association have each made



research for you. Visit Cancer Myth and Alzheimer's Myth to learn more.

Myth #4: Like caffeine, antiperspirants are best used in the morning.

It's time to change it up. Nope, don't start drinking espresso before bed but DO start using your antiperspirant in the p.m. Antiperspirant application twice daily—and especially before bedtime—has been shown to be more effective. Sweat production is at its lowest at night, giving the active ingredients in

antiperspirants a better chance to get into your pores and form the superficial plugs necessary to block the flow of perspiration in the morning when you really get moving. (The plugs can stay in place at least 24 hours and then are washed away over time.) Learn more about how antiperspirantswork from the experts at www.SweatHelp.org.

Myth #5: If you want to live a normal life (without your sweating problem), you have to have surgery.

Not only is it a myth that you have to have surgery to







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stop excessive sweating, it's an especially tragic myth. The major side effect of ETS surgery (endoscopic thoracic sympathectomy) is called compensatory sweating and it's often more disabling than the original sweating problem. Compensatory sweating is sweating on the back, chest, abdomen, legs, face, and buttocks after ETS surgery and it doesn't go away. In a Danish study conducted at the Aarhus University Hospital, 90% of the patients undergoing ETS for underarm sweating, reported compensatory sweating, half of whom were forced to change their clothes during the day because of it. Don't choose a "cure" that's worse than the disease: experts agree that antiperspirants, iontophoresis, Botox injections, and combinations of these less invasive treatments should all be tried (in many different iterations) before anyone turns to ETS surgery. The International Hyperhidrosis Society has all the latest news about safe and effective treatments for excessive sweating. Visit our treatments pages today.

Reality:

Hyperhidrosis, or excessive sweating, is a real but treatable skin disease affecting 178 million people worldwide. Hyperhidrosis is a medical condition recognized by the National Organization for Rare Disorders (NORD), Coalition of Skin Diseases (CSD), National Institutes of Health (NIH), and the American Academy of Dermatology (AAD). People who suffer from hyperhidrosis may sweat 4 or 5 times more than the average person. This level of sweat production is often embarrassing, uncomfortable, anxiety-inducing, and disabling. It can disrupt all aspects of a person's

life, from career choices and recreational activities fo relationships, emotional well being, and self-image. But it doesn't have to be this way. Effective treatments are available.

If you or someone you love suffers from excessive sweating the International Hyperhidrosis Society can help. Visit www.SweatHelp.org to learn about the support and treatments available.

School administrators and school nurses may also contact the International Hyperhidrosis Society to learn about the Know Sweat in School program (made possible by grants from Secret Clinical Strength® and Gillette Clinical Strength® antiperspirants). The program helps school nurses to better help children and teens suffering from excessive sweating (and the social stigma, depression, and self confidence issues that go along with excessive sweating) to find treatment and support.







Our Top Doc Leads Nationwide Study

Helping Kids with Cancer ou've probably seen advertisements for the new cosmetic drug Latisse®; which is used to grow

longer eyelashes. But did you know that other possible uses are emerging? Including helping children to regrow their eyelashes after they've undergone chemotherapy?

Founding Board member of the IHHS and professor of dermatology at Saint

Louis University, Dee Anna Glaser, MD is heading a multi-center investigation of the safety and effectiveness of Latisse for this pediatric population.

Dr. Glaser has a history of using the latest medical advances to help people who often fall below the treatment radar. She has helped hundreds of hyperhidrosis patients through the years and is dedicated to educating medical professionals about the

burden of excessive sweating. She's also dedicated to educating medical professionals in the art and

science of hyperhidrosis care.

Dr. Glaser's commitment and compassion is not, however, unique. We are fortunate to find it among most physicians who treat hyperhidrosis patients. Hyperhidrosis procedures are not lucrative or glamorous, but they offer patients enormous relief and improved quality of life. As David M. Pariser, MD has said on many occasions,

"treatment of hyperhidrosis patients offers greater professional satisfaction than any other procedure a dermatologist performs."

With this same spirit, Dr. Glaser is working to establish the effectiveness of Latisse in treating pediatric cancer patients who've experienced hair

loss. "Hair loss is known to be one of the most psychologically upsetting side effects of cancer," she said in a recent interview. "It [eyelash regrowth] could be of tremendous emotional value to children who have lost all of their hair during chemotherapy."

While hair growth predictably resumes after chemotherapy, eyelash regrowth can take much longer. Researchers believe this is because eyelashes

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grow slowly and then have a much longer resting period than scalp hair. Latisse is believed to work by increasing the number of eyelash hairs that are in the active growth phase and the amount of time that the hairs stay in this phase.

The active chemical compound in Latisse (bimatoprost ophthalmic solution 0.03%) has been in use for more than 20 years. Originally, this active ingredient was used to treat glaucoma and other eye disorders under the trade name Lumigan®. As is often the case in medicine, the side effects observed in patients using Lumigan turned out to be potentially desirable; they included lengthening and thickening of the eyelashes.

Up to six volunteers will be enrolled in the study at Saint Louis University, with approximately 30 participants planned to be enrolled across 10 investigational sites. Participants must be between 5 and 17 years old and must be finished with their chemotherapy or on maintenance chemotherapy. Patients may be referred to this study by their primary treating oncologist. Physicians looking to enroll patients may contact:

Rosemary King, P.A.-C. Clinical Research Coordinator (314) 256-3436 kingrm@slu.edu

To learn more about hyperhidrosis-specific studies, visit the Clinical Trials section of www.SweatHelp.org

The IHHS is fortunate to have Dr. Glaser as one of its leaders and as an advocate for patients in need. She never ceases to bring attention to the needs of the under-served or unheard, and is always searching for ways to alleviate suffering and restore the individual to his or her best self. She is the consummate 'good doctor'.

Summer Hits South Africa;

Hyperhidrosis Sufferers

Feel the Heat
or several weeks we've been under a blanket
of snow here at IHHS headquarters.

Surrounded by all this white stuff, it's been easy to forget that people in the Southern Hemisphere are currently bathing in the heat of summer. Still, we know that the summer months are often the most challenging for people with hyperhidrosis. When temperatures soar, it becomes even more difficult to manage excessive sweating; not only because of the increased heat, but also because concealing the evidence of sweat under layers of clothing becomes conspicuous and unreasonable.

Regardless of the season or the location of your home address, if you suffer with hyperhidrosis you need solutions for every day of the year. But since hyperhidrosis sufferers in the Southern Hemisphere





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are currently experiencing the trials of summer, we want to highlight the current state of hyperhidrosis care in countries below the equator.

NAMIBIA

NAMIBIA

Mafikeng
Johannesburg
Soweto
Verseniging
Welkom

Verseniging
Welkom

ZULULAND

Verseniging
Welkom

ZULULAND

Vali
Mafikeng
Johannesburg
Soweto
Verseniging
Soweto
Verseniging
Welkom

ZULULAND

Vali
Melkom

ZULULAND

Vali
Melkom

ZULULAND

Calvinia

Durban

Durban

Cape of a

Cape TOWN
Mosselbaai
Good Hope

Cape Aguihas

South Africa

This recent note from a sufferer in Johannesburg, South Africa expresses some of the common feelings of helplessness that set in when excessive sweating starts to disrupt even the simplest of everyday tasks:

"I was recently on Google trying to find a doctor or any products that can assist me with sweating and I came across you're [sic] website. I hope that I will get the help that I need. This excessive sweating is messing up my life: I cannot wear light-colored garments because whenever I sweat, it shows through. I cannot wear the same shoes twice and, like others, when I have to meet new people, I cannot shake hands. My hands are always dripping with

sweat, not to mention my armpits. It is a disaster and I am so frustrated about this situation. I desperately need help; please advise me were [sic] to go."

Fortunately, the IHHS is made up of an international network of dermatological professionals who are dedicated to staying up-to-date on the latest in hyperhidrosis care. This network continues to grow and spread into all corners of the world. (For instance, the IHHS founders and board member will give a presentation at the 22nd World Congress of Dermatology in Seoul, Korea on May 26, 2011. This will provide a very important opportunity for IHHS make more connections in Asia.)

We contacted Johannesburg, South Africa dermatologist and hyperhidrosis expert Izolda Heydenrych, MD, a dedicated doctor who is a very active participant in improving hyperhidrosis treatments, to get the current status of hyperhidrosis care in South Africa.

"The state of hyperhidrosis care is improving steadily here," says Dr. Heydenrych. "This is due not only to the work of the IHHS, which is increasingly Googled by patients, but also, interestingly, to the increasing attention that treatments, like Botox, are receiving from journalists."

A good way to gauge a medical professional's hyperhidrosis knowledge and expertise is by examining the status of ETS surgery in a local medi-





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cal community. ETS is a major surgery that cuts or blocks the transmission of nerve signals that result in excessive sweating. ETS has fallen out of favor as a treatment option over the past decade and most experienced dermatologists recommend it only as a last resort because its major side effect--compensatory sweating--is often worse than the original sweating problem. Sadly, once ETS is performed, the results -- and side effects -- are usually irreversible.

We asked Dr. Heydenrych to gauge the current status of ETS as a treatment option within his medical community in South Africa. "Surgeons are increasingly positive towards the non-surgical treatments for hyperhidrosis, and I have several surgeons who regularly refer patients to me for non-surgical treatment options. I think within the medical community, a lot of information is learned through simple word-of-mouth."

Over the years, the IHHS has been able to establish wonderful relationships with doctors and other health-care providers around the world who are dedicated to learning (and sharing) all the latest information and techniques to treat hyperhidrosis patients. We want nothing more than for patients in the IHHS community to avail themselves of these human resources.

If you are a new member of the IHHS, you can begin by looking for an expert in hyperhidrosis care in your part of the world. Pay a visit to the IHHS's Physician Finder Directory; it's full of healthcare providers from around the world who treat hyperhidrosis. For a physician who has completed one of the IHHS's highly regarded hyperhidrosis treatment seminars (as Dr. Heydenrych has), look for the little gold star next to his or her name.

Healthcare providers who want to improve their hyperhidrosis treatment skills this year, should look at the IHHS's 2011 academic calendar for a schedule of continuing medical education seminars. These highly regarded sessions impart all there is to know about treating excessive sweating (including live-patient demonstrations). Classes typically sell out quickly, so stay tuned for registration information in the coming months.

Sweat Experts Head to Seoul

22nd World Congress of

Dermatology

he 22nd World Congress of Dermatology (WCD) will be taking place, under the auspices of the International League of Dermatological Societies, in Seoul, rea on May 24 -29, 2011. IHHS founders and board members will be presenting at this event,





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which marks the first time that IHHS representatives have presented in Asia.

The most widely recognized international gathering of dermatological professionals, the World Congress of Dermatology (WCD), provides a rare opportunity to extend the reach of the IHHS by providing hyperhidrosis education to our international colleagues (and

their patients). Held only every four years, the WCD meetings are invaluable educational opportunities for all dermatologists; for IHHS leaders, they provide a top-notch forum to build new relationships and stake out new ground for hyperhidrosis care. Bringing expert hyperhidrosis education and treatment training to

Asia has been one of the IHHS's long-held ambitions... and with that ambition soon to be realized, the anticipation is building!

Chairing this important event for the IHHS will be David M. Pariser, MD (USA), founding IHHS board member and a world-renowned hyperhidrosis expert. He will be joined by Dee Anna Glaser, MD (USA), founding IHHS board member and current president, Ada Regina Trindade de Almeida, MD (BRAZIL),

and Anna Campanati, MD (ITALY), who will be co-chairs. This seminar will take place on Thursday morning, May 26, 2011, at 8:15-9:15.

Please consider attending this international event! IHHS leaders will provide an in-depth lecture and discussion on the condition of hyperhidrosis and the range of available treatments. Participation in this

class provides an efficient yet comprehensive way to get your medical practice and treatment skills fully optimized to treat your hyperhidrosis patients.

These patients remain a vastly under-served and under-diagnosed population. Registration is ongoing until March 24, 2011, but on-site registration will continue until the Congress is completed.



The last time the WCD was

held was in Buenos Aires, Argentina in 2007. This was the first time IHHS representatives participated in the event and the experience helped to build many connections with dermatological professionals in South American countries and around the world. The value of this ever-widening expertise is that the knowledge extends out from each doctor, into his or her community and, over time, the network of care builds...





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Needless to say, the prospect of traveling to Seoul, Korea for this Congress is truly exciting. Seoul is a vibrant and beautiful city, with a high-tech

infrastructure that is truly on the forefront of 21st century innovation. While it is a huge metropolis (with over 10 million people), it is frequently cited as one of the 10 most beautiful cities in the world. Divided by the Han River, Seoul is a wonderful mixture of ancient and modern; full of bridges, parks, shrines, and museums...What a wonderful setting for pursuits in modern hyperhidrosis medicine.

The COEX center, where the Congress is to be held, is itself a modern wonder. This state-of-the-art facility is located in the heart of the city in the Seoul World Trade Center complex. Accommodations are plentiful in the area surrounding the COEX, and it's easily accessible from any of the hundreds of hotels in the immediate area, giving attendees the option to walk, utilize the modern transportation system, or grab a taxi to get where you're going.

To learn more about the IHHS founders/board members' presentation and the other WCD programs in Seoul check out the program at www.wcd2011. org.. To attend the hyperhidrosis event, you must first register to attend the 22nd WCD Congress.

And keep an eye on the IHHS's full 2011 educational calendar for more learning opportunities in the year ahead. It takes just a little investment of time and money to make a very big difference in the life of someone with hyperhidrosis.



Know Sweat

About Us

The International Hyperhidrosis Society is the only non-profit organization that strives to improve the quality of life of those affected by excessive sweating. The International Hyperhidrosis Society knows no boundaries; it is composed of people from all over the world, making it a true global network of support, resources and understanding. It is our mission to promote hyperhidrosis research, educate physicians in optimal diagnosis and care, raise awareness about the condition's emotional and economic impacts, and advocate for patient access to effective treatments. As part of our mission, we continuously build programs that connect those who suffer from hyperhidrosis with those who provide care, while increasing public understanding of this debilitating medical condition.

The International Hyperhidrosis Society's Board of Directors is composed of an elite team of physicians who are leaders in hyperhidrosis research. These physicians have come together for the sake of improving the lives of those affected by excessive sweating. They are experts in the field of hyperhidrosis and leaders in efforts to better understand the condition, its ramifications, and its treatments.