Topical glycopyrrolate should not be overlooked in treatment of focal hyperhidrosis

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Sir, The recent review article by Lowe et al. on the place of botulinum toxin type A in the treatment of focal hyperhidrosis omits the topical antimuscarinic agent, glycopyrronium bromide. Topical glycopyrronium (0.5–4% cream, solution or pads) is indicated mainly for the head and neck and various mides. Topical glycopyrrolate (0.01% cream, solution or pads) is indicated mainly for the head and neck and various mides. Topical glycopyrrolate is effective and well tolerated. We advise not to wash treated skin for 3–4 h after application, and should be warned about that also. Glycopyrrolate may be used twice daily, but it is more usually applied at night. Care should be taken to avoid the nose, mouth, and particularly the eyes, where an inadvertent splash can cause failure to accommodate. Patients often experience a dry mouth and throat, and should be warned about that also. We advise not to wash treated skin for 3–4 h after application, and to store the drug in a cool place. If local prescribing authorities do not allow for provision of glycopyrrolate, it may be obtained by mail from Canada (at http://www.pharmacy.ca).

We would also add that the cost of oral glycopyrrolate to date has been very high, at £250 for 100 2-mg tablets, making it difficult to fund for many patients. We have recently found that Nova Laboratories (Leicester, U.K.; tel. 0116 223 0100) not only make up the cream and solution at varying concentrations at an affordable cost, but also make oral glycopyrrolate solution. Their oral solution, 100 mL @ 1 mg mL⁻¹, costs £33 + VAT when ordering two bottles, or £45 + VAT for one; it provides a convenient and affordable source of oral glycopyrrolate.

References