Hyperhidrosis in Parkinson disease

Berend Feddersen, MD; Thomas Klopstock, MD; and
Soheyl Noachtar, MD, Munich, Germany

We suspect that these spots (figure, A) are due to hyperhidrosis, seborrhea, and seborrheic dermatitis of the scalp in patients with Parkinson disease (PD). These autonomic symptoms are common in PD¹ and cause considerable physical, social, and emotional distress. While seborrhea and "off"-period sweating may respond favorably to L-dihydroxyphenylalanine, or dopamine agonists, sweating associated with dyskinesia requires strategies to first reduce the dyskinesia.² The efficacy of β -adrenergic blockers or local botulinum toxin injections in PD hyperhidrosis has not yet been sufficiently investigated. In the meantime, patients should be advised to avoid strenuous exercise and hot environments, wear well-ventilated clothes, and keep sufficiently hydrated.²

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Address correspondence and reprint requests to Dr. Berend Feddersen, University of Munich, Klinikum Grosshadern, Department of Neurology, Marchioninistr. 15, 81377 München, Germany; e-mail: feddersen@outdoorneurology.de

Figure. Dark spots at the height of a seated patient's head were observed on the wall above chairs reserved for patients with Parkinson disease (arrows in A) in our outpatient waiting area, but not above those for patients with epilepsy (B).

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