



Sweating the Side Effects: SSRI-Induced Hyperhidrosis Unveiled

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Introduction

Hyperhidrosis is a condition characterized by excessive sweating beyond what is necessary for thermoregulation.

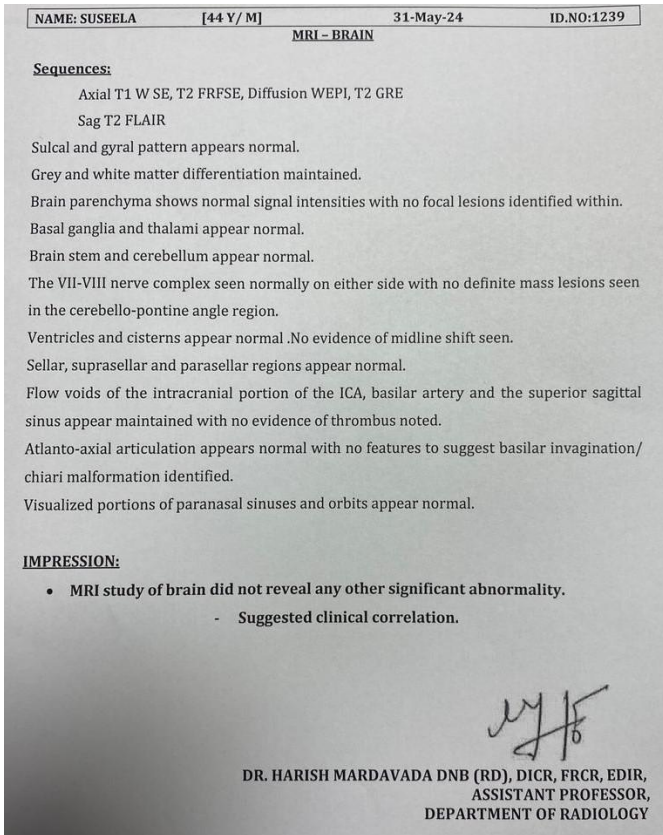
It can be classified as primary or secondary. Primary hyperhidrosis is typically localized and idiopathic, while secondary hyperhidrosis is often generalized and associated with underlying medical conditions or medications. Antidepressant-induced excessive sweating (ADIES) is a common antidepressant-related side effect, and its prevalence is estimated to range from 4 - 22%. This case report explores a secondary cause of hyperhidrosis linked to the use of an SSRI.

Case Report

A 45-year-old female with a history of depression was referred to the clinic with complaints of excessive sweating for the past two months. The sweating was primarily localized to her palms and soles but also affected her axillae and face at times. The patient reported that the sweating episodes were spontaneous and not related to physical activity or environmental temperature.

Patient had been started on an SSRI, specifically sertraline, three months prior to the onset of her symptoms. There was no family history of hyperhidrosis or any other medical conditions that could explain the excessive sweating. Physical examination was unremarkable except for noticeable sweating on her palms and soles. Laboratory tests, including thyroid function tests and blood glucose levels, were within normal limits, ruling out common secondary causes such as hyperthyroidism and diabetes mellitus.

Given the temporal relationship between the initiation of sertraline and the onset of hyperhidrosis, a diagnosis of SSRI-induced hyperhidrosis was considered. The patient was advised to discontinue sertraline under close supervision, and an alternative antidepressant was prescribed. Over the next few weeks, the patient reported a significant reduction in sweating, confirming the suspected diagnosis.



Discussion

Hyperhidrosis can significantly affect a patient's quality of life, leading to social and occupational impairment. While primary hyperhidrosis is often idiopathic, secondary hyperhidrosis can be caused by various factors, including medications. SSRIs, commonly prescribed for depression and anxiety disorders, have been associated with hyperhidrosis in a subset of patients. The mechanism by which SSRIs cause hyperhidrosis is not fully understood but is believed to involve the serotonergic pathways that regulate sweat production. Increased serotonin levels may enhance the activity of the sweat glands, leading to excessive sweating.

It is essential for clinicians to recognize this potential side effect, as it can often be overlooked. Management strategies include discontinuing the offending medication or switching to an alternative drug with a lower risk of hyperhidrosis. In some cases, symptomatic treatment

with antiperspirants or anticholinergic medications may be necessary.

Conclusion

This case highlights the importance of considering medication-induced hyperhidrosis in patients presenting with new-onset excessive sweating. Early identification and appropriate management can significantly improve patient outcomes. First, consider dose reduction or a trial off antidepressant medication. If patients in whom this is inappropriate or ineffective, substitution of other antidepressant may be considered. If episodes of excessive sweating persist, consider treatment with benztropine or glycopyrrolate or terazosin in the absence of contraindications.

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