



PILOT STUDY ON THE ASSESSMENT OF PRIMARY HYPERHIDROSIS USING THE HYPERHIDROSIS DISEASE SEVERITY SCALE (HDSS)

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Abstract

Background: Primary hyperhidrosis is a chronic condition characterized by excessive focal sweating, significantly impairing quality of life. The Hyperhidrosis Disease Severity Scale (HDSS) is a validated tool for grading disease severity.

Objective: To assess the distribution and severity of primary hyperhidrosis in a pilot sample using the HDSS.

Methods: A cross-sectional study was conducted on 30 patients diagnosed with primary hyperhidrosis, aged 15–40 years. Data were collected on demographic variables, sites of involvement, and HDSS grading.

Results: The mean age of participants was 24.6 years; 60% were males. Palmar (40%) and axillary (30%) hyperhidrosis were the most common. HDSS grading showed 6.7% at Grade 1, 26.7% at Grade 2, 40% at Grade 3, and 26.7% at Grade 4. Overall, 66.7% had moderate-to-severe hyperhidrosis (HDSS ≥ 3).

Conclusion: Primary hyperhidrosis predominantly affects young adults, with palmar and axillary involvement being most common. HDSS is a practical tool for assessing severity, highlighting those two-thirds of cases present with significant impairment. Larger-scale studies are warranted to validate these findings.

Keywords

Primary hyperhidrosis; Hyperhidrosis Disease Severity Scale; HDSS; Excessive sweating; Pilot study; Quality of life

Introduction

Primary hyperhidrosis is a chronic dermatological condition characterized by excessive sweating beyond physiological needs, commonly affecting palms, soles, axillae, and face. The condition usually begins in adolescence and significantly impacts quality of life, leading to social, psychological, and occupational impairment. The Hyperhidrosis Disease Severity Scale (HDSS) is a validated, patient-reported outcome measure widely used to quantify disease severity and its impact on daily activities. This pilot study was undertaken to assess the population of primary hyperhidrosis using HDSS in a small cohort to understand prevalence and severity patterns.

Methodology

- ✓ **Study Design:** Cross-sectional pilot study.
- ✓ **Study Duration:** 3 months.
- ✓ **Setting:** BVVS Homoeopathic Hospital, Bagalkot.
- ✓ **Sample Size:** 30 subjects diagnosed with primary hyperhidrosis.

Inclusion Criteria:

- ✓ Patients aged 15–40 years.
- ✓ Clinical diagnosis of primary hyperhidrosis (focal, bilateral, and symmetric sweating persisting for >6 months).

Exclusion Criteria:

- Secondary hyperhidrosis due to systemic disease or medication.
- Patients on active treatment for hyperhidrosis.

Tool Used: Hyperhidrosis Disease Severity Scale (HDSS):

Grade 1: Sweating never noticeable, never interferes with daily activities.

Grade 2: Sweating tolerable, sometimes interferes.

Grade 3: Sweating barely tolerable, frequently interferes.

Grade 4: Sweating intolerable, always interferes.

Data were collected, tabulated, and analyzed using descriptive statistics.

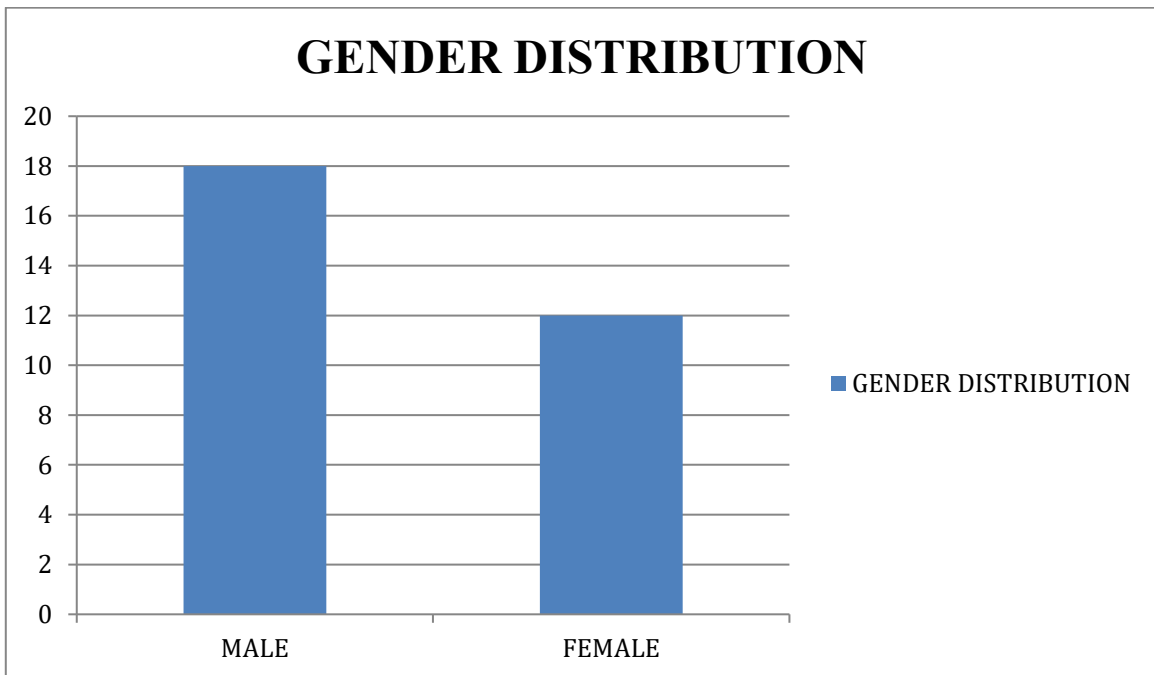
Results:

Demographics:

Total subjects: 30

Mean age: 24.6 years (range 16–38)

Gender distribution: 18 males (60%), 12 females (40%)



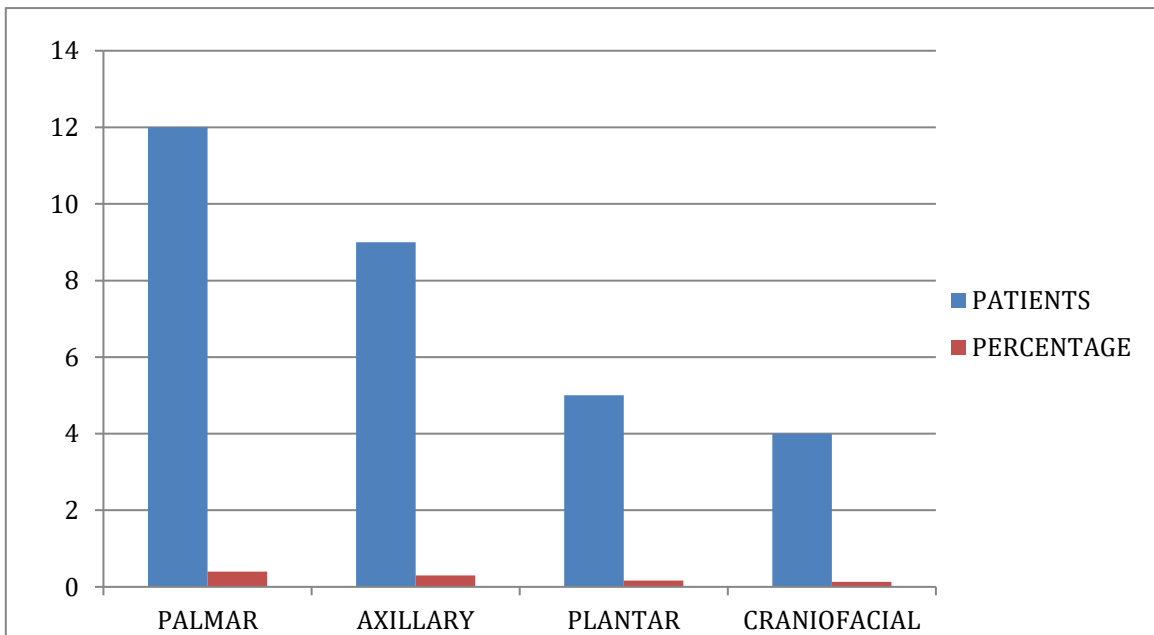
Distribution by site of hyperhidrosis:

Palmar: 12 (40%)

Axillary: 9 (30%)

Plantar: 5 (16.7%)

Craniofacial: 4 (13.3%)



HDSS grading:

Grade 1: 2 patients (6.7%)

Grade 2: 8 patients (26.7%)

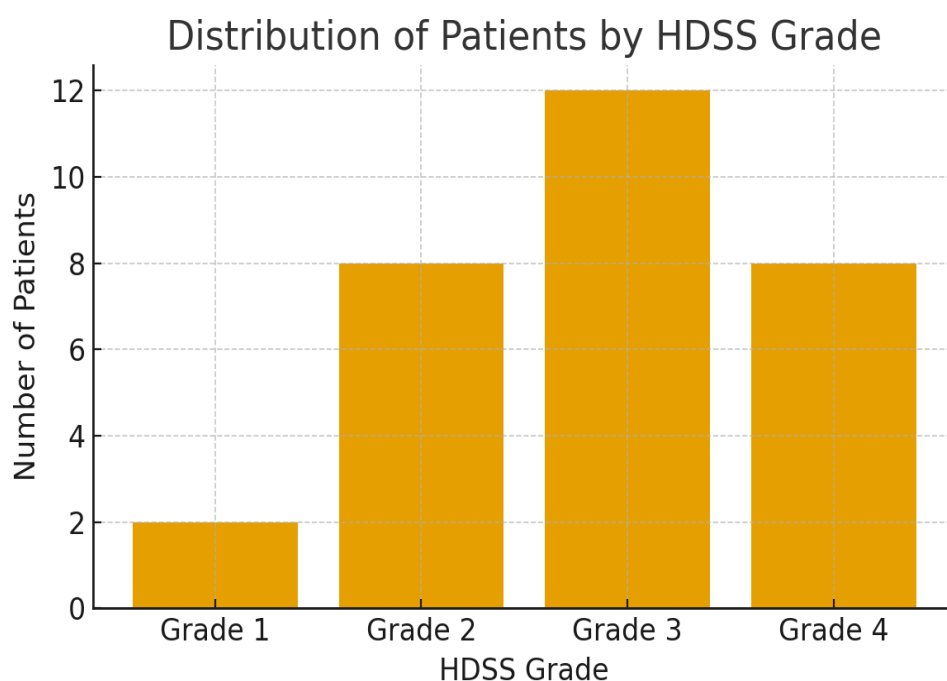
Grade 3: 12 patients (40%)

Grade 4: 8 patients (26.7%)

Overall prevalence of severe hyperhidrosis (HDSS ≥ 3): 66.7%

Table 1. HDSS Severity Distribution

HDSS Grade	Number of Patients	Percentage (%)
Grade 1	2	6.7
Grade 2	8	26.7
Grade 3	12	40.0
Grade 4	8	26.7
TOTAL	30	100



Discussion

This pilot study highlights that primary hyperhidrosis predominantly affects young adults, with a higher proportion of palmar and axillary involvement. The majority of subjects (66.7%) reported moderate-to-severe hyperhidrosis (HDSS 3–4), indicating significant

impairment in daily activities. Similar prevalence trends have been reported in international studies, where approximately 60–70% of cases fall into higher severity categories. Although the sample size is small, the findings emphasize the importance of early diagnosis and intervention to improve quality of life. HDSS proved to be a simple and effective tool for rapid clinical assessment in this population.

Conclusion

Primary hyperhidrosis is common in young adults, with a male predominance in this pilot group. Palmar and axillary hyperhidrosis were the most frequent types. Two-thirds of patients presented with HDSS grades 3 or 4, suggesting significant daily activity impairment. HDSS is a reliable and practical tool for quick assessment of disease severity. Larger, community-based studies are recommended to establish prevalence and severity distribution in the general population.

References

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