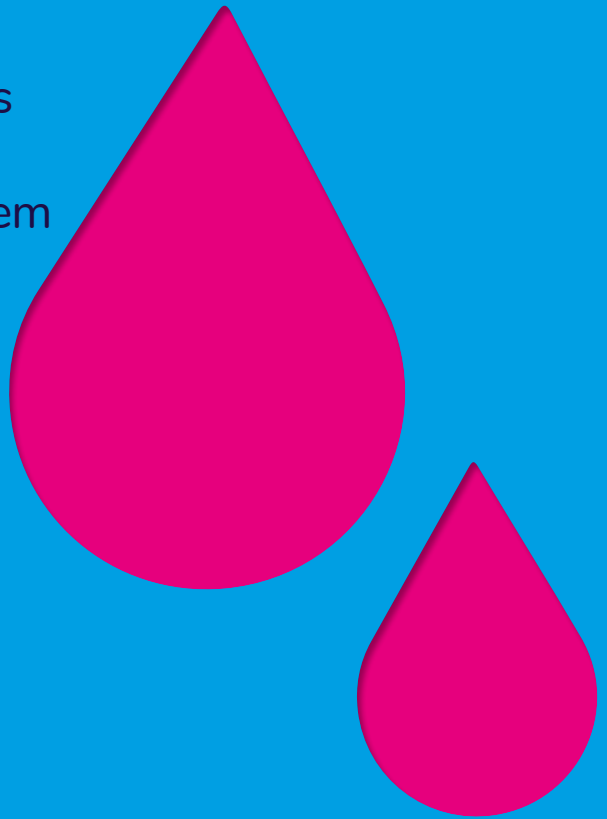


SKIN AND SWEATING PROBLEMS IN PARKINSON'S

Symptoms

Find out more
about skin and
sweating problems
in Parkinson's and
how to manage them



PARKINSON'S^{UK}
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PEOPLE WITH PARKINSON'S SOMETIMES HAVE PROBLEMS WITH THEIR SKIN, AND HOW MUCH OR HOW LITTLE THEY SWEAT.

Some people may only have minor issues. Others may have more severe problems that can affect daily life. This information explains what symptoms you may experience and what you can do to manage them.

Skin and scalp problems linked to Parkinson's

Oily skin

The skin has glands that produce an oily substance called sebaceous matter, known as sebum. Sebum is important as it protects the skin.

People with Parkinson's may produce more sebum than people without Parkinson's. This can mean the skin, particularly the face and scalp, becomes greasy and shiny. If you experience this, remember that oily skin can affect anyone and there are a number of treatments available.

How to manage oily skin

Try using a mild soap or a gentle cleanser with water, or an oil-free soap substitute.

Avoid cosmetic products that contain alcohol, or that irritate your skin. Speak to your GP or pharmacist for more advice on suitable products.

Seborrhoeic dermatitis

This is a condition where areas of the skin that have lots of sebaceous glands become red, itchy and sore. The skin also peels and flakes, and may develop thick crusts or scales. People with Parkinson's are more likely to develop seborrhoeic dermatitis, but is a common problem that anyone can experience.

The main areas affected include:

- The scalp – in mild cases skin can flake off as dandruff. In more severe cases, people may have a red, scaly scalp, sometimes with a weeping rash.

- The face – this can look red and sore, and sometimes scaly.

Skin around the nose and inner parts of the eyebrows are often affected. Eyelids can also become red and sensitive – this is known as blepharitis.

- The ears – areas around and in the ears can be affected. If the inner canal becomes inflamed this can cause it to become blocked.
- The front of the chest.
- The bends and folds of skin – such as under the breasts and arms, and in the groin.

It's not known what causes seborrhoeic dermatitis, but it's thought that a type of yeast found on the skin may play a part. It's not caused by poor personal hygiene.

How to manage seborrhoeic dermatitis

There's no cure for seborrhoeic dermatitis, but there are treatments that can control it. Be aware that if you stop the treatments the condition may come back. It can also flare up when you're stressed.

The following treatments are recommended for seborrhoeic dermatitis affecting the scalp or beard:

- Loosen any crusts or scales by rubbing olive or mineral oil into your scalp or beard several hours before washing it. Or you can use a de-scaling agent containing coal, tar or salicylic acid – you can buy these over the counter at your local pharmacy.
- Wash your hair or beard with a medicated shampoo, or one containing coal, tar, salicylic acid or tea tree oil. You can buy these over the counter at your pharmacy.

Alternatively, your GP can prescribe shampoos containing ketoconazole and selenium sulphide.

- If you have severe itching on your scalp, your GP can prescribe a steroid-based cream or ointment for you to use as a short-term solution.

The following treatments are recommended for seborrhoeic dermatitis affecting the face or body:

- Your GP can prescribe a cream containing ketoconazole. You can use this until your skin has improved.
- You can use a mild steroid cream to reduce inflammation and soreness. However, if the symptoms haven't cleared up within six months you should see your GP or a dermatologist (a doctor who specialises in skin conditions) for advice.

- If your eyelids are affected, clean them daily with cotton buds moistened with baby shampoo. If this doesn't help, see your GP or a dermatologist for advice.

Try to avoid cosmetics that contain alcohol, and soaps and shaving creams that irritate your skin. You should also switch to emollients. These are non-greasy moisturising creams and soaps. E45 is a typical emollient that your pharmacist may recommend.

Some people may find certain foods make the condition worse. So you could try keeping a diary to see if anything in your diet is causing problems.

Sweating

People with Parkinson's can experience excessive sweating (known as hyperhidrosis). This often happens if your Parkinson's drugs 'wear off' (stop working so well

towards the end of your dose). Sometimes, people with Parkinson's can also experience sweating at night.

Sweating excessively can also happen in the 'on' state (when your Parkinson's drugs are working at their best) especially if you have dyskinesia (involuntary movements).

Because some people with Parkinson's may have a reduced sense of smell, they may not be aware of body odour caused by excessive sweating.

How to manage sweating

Excessive sweating can be distressing, but there are things you can do to help keep it under control.

- Use an antiperspirant frequently to reduce sweating (a deodorant will only reduce the smell).
- Don't wear clothes that are tight-fitting, will show sweat marks or which are made of synthetic materials (nylon, for example).

- Use dress shields (also known as armpit or sweat shields) to absorb excess sweat and protect your clothes. Look online or ask your pharmacist.
- Wear socks made from natural fibres, such as cotton, or sports socks that are designed to absorb moisture. Change your socks twice a day if possible.
- Wear leather shoes and change them (or take them off) often. Shoes made from synthetic materials are generally more likely to make your feet sweat more.
- Try to identify any food or drinks that may trigger sweating. These may include alcohol, caffeine or spicy foods.

If these tips don't work, or you feel your symptoms are having a major impact on your life, speak to your GP, specialist or Parkinson's nurse. They may be able to suggest tweaks to

your medication regime or other treatments.

In some areas botulinum injections into your sweat glands can help you control the sweating. But availability of these injections on the NHS may vary.

Sweating too little

Some people with Parkinson's may not sweat enough. This is called hypohidrosis. This may be a side effect of anticholinergics, a type of medication used to treat Parkinson's.

A lack of sweating may put you at risk of over-heating. So, if you sweat very little or not at all, particularly when it's hot or you feel hot, speak to your GP, specialist, or Parkinson's nurse.

More information and support

British Association of Dermatologists

For information on dermatology services and support groups.

020 7383 0266
admin@bad.org.uk
www.bad.org.uk

Parkinson's nurses

Parkinson's nurses have specialist experience and knowledge of Parkinson's.

They can:

- support people coming to terms with their Parkinson's diagnosis
- help people to manage their medication, so they get the best results and fewer side effects
- make referrals to other professionals such as speech and language therapists and physiotherapists

Some nurses are based in the community, such as your GP surgery. Others are based in hospital settings and clinics.

Talk to your GP or specialist for more details on speaking to a Parkinson's nurse.

Parkinson's UK information and support

You can read our most up-to-date information at parkinsons.org.uk You can order printed information by calling **0330 124 3250** or visiting **parkinsons.org.uk/orderingresources**

If you'd like to speak to someone, our specialist adviser team can provide information about any aspect of living with Parkinson's.

They can talk to you about managing symptoms and medication, social care, employment rights, benefits, how you're feeling, and much more.

Call our team on:
0808 800 0303 or email
hello@parkinsons.org.uk

We'll provide expert information over phone or email or put you in touch with an adviser locally.

If you'd like to meet other people living with Parkinson's in your local area, you can find friendship and support through our network of volunteers and local groups.

Go to parkinsons.org.uk/localgroups or call our helpline to find out more.

Our forum is also a very active space to share and chat with others who really understand, at a time that suits you. Visit parkinsons.org.uk/forum

Thank you

Thank you very much to everyone who contributed to or reviewed this information.

Thanks also to our information review group and other people affected by Parkinson's who provided feedback.

Feedback

If you have any comments or feedback about our information, please call **0800 138 6593**, email feedback@parkinsons.org.uk, or write to us at Parkinson's UK, 215 Vauxhall Bridge Road, London SW1V 1EJ.

If you'd like to find out more about how we put our information together, please contact us at healthcontent@parkinsons.org.uk or visit our website.

Can you help?

At Parkinson's UK, we are totally dependent on donations from individuals and organisations to fund the work that we do.

There are many ways that you can help us to support people with Parkinson's. If you would like to get involved, please contact our Supporter Care team on **0800 138 6593** or visit our website at parkinsons.org.uk/donate

Thank you.

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Improving life for everyone
affected by Parkinson's.
Together we'll find a cure.

PARKINSON'S^{UK}

Free confidential helpline **0808 800 0303**
Monday to Friday 9am–6pm, Saturday 10am–2pm
(interpreting available)
NGT relay **18001 0808 800 0303**
(for textphone users only)
hello@parkinsons.org.uk
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