Skin and sweating problems in Parkinson's

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 in 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 (uncontrollable muscle movements or spasms).
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.

**0207 383 0266**
**admin@bad.org.uk**
**www.bad.org.uk**
More information and support

Parkinson’s nurses
Parkinson’s nurses provide expert advice and support to people with Parkinson’s and those who care for them. They can also make contact with other health and social care professionals to make sure your needs are met.

The role of the Parkinson’s nurse varies. Each will offer different services, aiming to meet local needs. Some nurses are based in the community, whereas others are based in hospital settings.

Many Parkinson’s nurses are independent prescribers. This means they can prescribe and make adjustments to medication, so someone with Parkinson’s doesn’t always need to see their specialist for changes to or queries about their Parkinson’s drugs.

Parkinson’s nurses may not be available in every area, but your GP or specialist can give you more details on local services.

You can find out more at parkinsons.org.uk/nurses

Information and support from Parkinson’s UK
You can call our free confidential helpline for general support and information. Call 0808 800 0303 (calls are free from UK landlines and most mobile networks) or email hello@parkinsons.org.uk.

We run a peer support service if you’d like to talk on the phone with someone affected by Parkinson’s who has faced similar issues to you. The service is free and confidential – ring the helpline to talk to someone about being matched with a volunteer.

Our helpline can put you in touch with one of our Parkinson’s local advisers, who give one-to-one information and support to anyone affected by Parkinson’s. They can also provide links to local groups and services.

Our website parkinsons.org.uk has a lot of information about Parkinson’s and everyday life with the condition. You can also find details of your local support team and your nearest local group meeting at parkinsons.org.uk/localtoyou

Visit parkinsons.org.uk/forum to chat to other people with similar experiences on our online discussion forum.
Thank you
Thank you very much to everyone who contributed to or reviewed this information sheet:

Stella Gay, Parkinson’s Nurse Specialist, Guys and St Thomas’ NHS Foundation Trust, London

Gina Robinson, Senior Lecturer/Academic Senior Nurse Lead, University of Sunderland

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

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 Services team on 0800 138 6593 or visit our website at parkinsons.org.uk/donate. Thank you.

Our information
All of our most up-to-date information is available at parkinsons.org.uk/informationsupport
If you’d prefer to read one of our printed leaflets or booklets, find out how to place an order at parkinsons.org.uk/orderingresources or by calling 0300 123 3689.

We make every effort to ensure that our services provide current, unbiased and accurate information. We hope that this will add to any professional advice you receive and help you to make any decisions you may face. Please do continue to talk to your health and social care team if you are worried about any aspect of living with Parkinson’s.

If you’d like to find out more about how we put our information together, including references and the sources of evidence we use, please contact us at publications@parkinsons.org.uk
Skin and sweating problems in Parkinson's (PKFS40/2019)
Do you have any feedback about this information? Your comments will help us ensure our resources are as useful and easy to understand as possible. Please return to Information Content team, Parkinson’s UK, 215 Vauxhall Bridge Road, London SW1V 1EJ, or email publications@parkinsons.org.uk. Thank you!

1. Please choose the option that best fits you.
☐ I have Parkinson’s and was diagnosed in ☐ ☐ ☐ ☐ ☐ I care for someone with Parkinson’s
☐ I have a friend or family member with Parkinson’s ☐ I’m a professional working with people with Parkinson’s
☐ Other (please specify)

2. Where did you get this information from?
☐ GP ☐ Specialist ☐ Parkinson’s nurse ☐ Parkinson’s UK local group ☐ Parkinson’s UK local adviser
☐ Ordered directly from us ☐ Call to the helpline
☐ Other (please specify)

3. Has it answered all your questions?
☐ Yes, completely ☐ Yes, mostly ☐ Not sure ☐ Partly ☐ Not at all

4. How easy was it to understand?
☐ Very easy ☐ Easy ☐ Not sure ☐ Quite difficult ☐ Very difficult

5. Has it helped you manage your condition better, or make choices that have improved your life in some way?
☐ It helped a lot ☐ It helped a little ☐ No change ☐ It didn’t help ☐ It made things worse

6. What is your ethnic background?*
☐ Asian or Asian British ☐ Black or Black British ☐ Chinese ☐ Mixed ☐ White British ☐ White other
☐ Other (please specify)

*We ask about your ethnicity to ensure our information is reaching a broad range of people. However, this question is optional.

Want to hear more from us?
☐ I would like a response to my feedback ☐ I would like to be a member of Parkinson’s UK
☐ I’m interested in joining the Information review group, to offer feedback on Parkinson’s UK information

If you’ve answered yes to any of these options, please complete your details below.

Name
Address
Email Telephone

How would you prefer us to contact you? ☐ Email ☐ Post ☐ Phone

We will not pass on your details to any other organisation or third party. To find out more, read our privacy policy at parkinsons.org.uk/termsandconditions
Every hour, two people in the UK are told they have Parkinson's – a brain condition that turns lives upside down, leaving a future full of uncertainty.

Parkinson's UK is here to make sure people have whatever they need to take back control – from information to inspiration.

We want everyone to get the best health and social care. So we bring professionals together to drive improvements that enable people to live life to the full.

Ultimately, we want to end Parkinson's. That's why we inspire and support the international research community to develop life-changing treatments, faster. And we won't stop until we find a cure.

Together we can bring forward the day when no one fears Parkinson’s.