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Stakeholder Involvement in an HTA Assessment of Hyperhidrosis

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INTRODUCTION

Primary hyperhidrosis has no discernible cause and is characterised by uncontrollable excessive and unpredictable sweating, which occurs at rest, regardless of temperature. The symptoms of hyperhidrosis can significantly affect quality of life, and can lead to social embarrassment, loneliness, anxiety and depression.

There is substantial variation in the secondary care treatment of hyperhidrosis and uncertainty regarding optimal patient management. The objective of the HTA assessment was to review the evidence and establish the expected value of undertaking additional research into effective interventions for the management of primary hyperhidrosis in secondary care. Capturing the perspectives of patients and clinicians treating hyperhidrosis was an important part of the research.

METHODS

The assessment included a systematic review and economic model, including value of information analysis. Patients, dermatologists, a vascular surgeon and a specialist nurse (who set up the UK Hyperhidrosis Support Group) provided advice at various stages of the project, including initial team meetings and during protocol development. The results of the reviews and economic analyses were discussed with a small group of patients and other advisors at an end-of-project workshop to incorporate their perspective in the interpretation of results and the prioritisation of research recommendations.

RESULTS

Patient and clinician advisors were unsurprised by the finding that there is evidence of a large effect of botulinum toxin injections on axillary hyperhidrosis symptoms in the short to medium term; there was consensus amongst patients and clinicians that botulinum toxin injections were very effective. The advisors did not consider that further research on iontophoresis for axillary hyperhidrosis would be worthwhile; despite the lack of trial evidence, they believed iontophoresis was moderately effective in some patients. However, they agreed that future trials of treatments for hyperhidrosis of the axilla should compare new treatments against botulinum toxin injections, as an established effective treatment.

The advisors agreed that a trial of botulinum toxin injections (plus anaesthetic) versus iontophoresis for palmar hyperhidrosis would be useful, and that outcomes should include long term impairment of hand sensitivity and pain of botulinum toxin administration.

Patients and clinicians were satisfied with the sequence of treatments identified as being cost-effective for axillary hyperhidrosis in the modeling exercise: iontophoresis, botulinum toxin injections, anticholinergic medication, curettage, endoscopic thoracic sympathectomy.

All patient advisors agreed that the Hyperhidrosis Quality of Life Index (HidroQoL©) was superior to other tools commonly used in hyperhidrosis research (Hyperhidrosis Disease Severity Scale, Dermatology Life Quality Index and Hyperhidrosis Quality of Life Questionnaire) for assessing quality of life. They commented that it covers everything important to patients with hyperhidrosis and is easy to complete. Patients considered that the HidroQoL© tool should be the primary outcome in future studies assessing the effectiveness of interventions for hyperhidrosis and that measuring the actual amount of sweat produced should only be considered as a secondary outcome.

CONCLUSIONS

Patients and clinicians considered the key findings of the systematic review and economic analyses to be appropriate. The advisors helped prioritise research recommendations to fill gaps in the evidence base. All patients were in agreement about which quality of life tool they preferred for use in future hyperhidrosis research.

References
Wade R, Rice S, Llewellyn A, Moloney E, Jones-Diette J, Stoniute J, Wright K, Layton AM, Levell NJ, Stansby G, Craig D, Woolacott N. Interventional management of hyperhidrosis: a systematic review, meta-analysis, cost-effectiveness analysis and value of information analysis. Health Technology Assessment 2017 (in press).

Study registration
The protocol was registered on PROSPERO (registration number: CRD42015027803).

Funding details
This project was funded by the NIHR HTA Programme (project number 14/211/02).
The views and opinions expressed are those of the authors and do not necessarily reflect those of the NIHR HTA Programme or the Department of Health.

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