

Northern (NHS) Treatment Advisory Group

Treatment Appraisal: Decision Summary

Date	28 th February 2017
Appraisal & Details	<p>The Northern (NHS) Treatment Advisory Group considered an appraisal of</p> <p>Home Iontophoresis for Hyperhidrosis via a portable device.</p> <p>Iontophoresis is a non-invasive process in which a low intensity electrical current is applied to the affected area of skin through water baths or wet contact pads. It is widely used in the UK, and most dermatology departments treat palmar and plantar hyperhidrosis, but not all provide a service for those suffering in the axillae.</p>
Recommendation	<p>The Northern (NHS) Treatment Advisory Group <u>does not</u> recommend the use home iontophoresis for hyperhidrosis.</p> <p>The group were concerned about the limited evidence of efficacy and cost effectiveness for the use of home iontophoresis for the treatment of hyperhidrosis.</p> <p>The group also felt that the treatment of hyperhidrosis with iontophoresis by dermatology departments should be referred to the Value Based Clinical Commissioning Policies Group (VBCCP) for further evaluation as they were unsure of whether this was a good use of scarce NHS resources as evidence supporting its use is sparse.</p>
Clinical evidence summary	<p>Tap water iontophoresis has a long history of use for the treatment of hyperhidrosis in a clinical setting, but the evidence supporting its use is based largely on clinical opinion and several small studies. Only one small study has assessed the efficacy of home iontophoresis using a device readily available in the UK. In this study patients with primary palmoplantar hyperhidrosis received a course of iontophoresis in a hospital setting. If treatment was successful, patients were provided with information on purchasing an Idrostar unit for home use. Most patients (72%) found that hospital iontophoresis was an effective and well-tolerated therapy. However, home iontophoresis was less effective with 62% reporting it was 'much less effective' than hospital treatment. Patients applied lower currents at home compared with those administered by nursing staff in the hospital, which may explain the reduced efficacy.</p>
Safety	<p>Tap water iontophoresis has a long history of safe and well tolerated use when administered correctly. Although some side effects such as a burning or</p>

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	tingling sensation, tingling, erythema and small vesicle formation may be experienced during treatment, these are usually mild and rarely necessitate discontinuation of treatment. Iontophoresis using a home device is not expected to result in any additional side effects to those typically experienced in a hospital setting.
Patient Perspective	Hyperhidrosis is a socially distressing condition, which can have a significant impact on a patient's quality of life. There are limited treatment options available.
Cost analysis summary	Patients typically receive one course of iontophoresis consisting of 7 to 12 sessions over a four week period in the hospital setting. If a course of treatment is successful, it will need to be repeated at one to four weekly intervals, and for this patients are encouraged to purchase their own iontophoresis device for home-use. A range of iontophoresis devices suitable for home-use are available in the UK, costing from £360 to £1,300 (incl VAT). If the NHS were to provide a device for patients to administer their own treatment at home instead of in a hospital setting there may be some scope for cost savings to be made. However, the margin would depend upon the acquisition cost of the device, and ultimately the number of outpatient sessions replaced. With a combined cost of £552 for the first outpatient attendance and the cheapest device, home use would need to replace at least seven further outpatient attendances to be a cost-effective option.
Financial impact PbR: In-tariff	There is not expected to be any financial impact as home iontophoresis is not recommended. The prevalence of hyperhidrosis was reported as 2.8% in a large US national survey. Applying this value to the NTAG population as a whole, around 87,000 people have hyperhidrosis. However, only a very small minority of these would have severe hyperhidrosis and be expected to present for treatment.