



St. Vincent's Hospital, Melbourne
Australia



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Night Sweats – Drug Interactions

Victorian Opioid Management ECHO
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What are they?

Night sweats are:

Repeated episodes of extreme perspiration that may soak your clothes or bedding and are often related to an underlying medical condition or illness

They are not:

Waking up occasionally sweaty due to too many blankets or too warm a bedroom

Causes



Alcohol before bed

Stress levels

Sleepwear or sleep environment

Medications

Menopause

Sweating disorder

Medical condition

Medical conditions

Typically include:

- Autoimmune conditions
- Cancers – leukaemia, lymphoma, prostate
- *Depression*
- Cardiac disease
- HIV
- Hyperthyroidism
- Obesity
- *Severe infections (e.g. endocarditis)*
- *Sleep disorders (e.g. OSA)*

Medications

Antidepressants (especially SSRI) – also TCA, SNRI

- Serotonin works at the hypothalamus and the spinal cord increasing temperature

Hormone therapy

- Anti-oestrogen agents can cause sweating

Antihypertensive agents

- Hypotension is often associated with sweating

Oral hypoglycaemic agents

- Hypoglycaemic episodes can lead to sweating, some agents also have sweating as a side effect due to BSL alteration

NSAIDS

- Vasodilatation leading to heat loss through the skin and sweating

Opioids



Opioids and sweating

Opioids stimulate mast cells – can release histamine leading to sweating

Can lead to reduction in testosterone and oestrogen – changes can lead to sweating (Opioid induced androgen deficiency)

Weight gain – more related to increased dietary intake than directly from the opioid (when on OAT) – sugar craving also

Opioid withdrawal – underdosed OAT



Management

Seek sinister causes

Investigate less sinister causes (hypotension, BSLs, OSA, etc)

Reduce androgen effects – buprenorphine better than methadone

Change antidepressant medication if possible

Weight management

Sleep environment

Strong anti-perspirant

Don't forget HCV – can cause sweating!

Thoughts?

