

Skin Changes

Changes in the skin are common symptoms of Parkinson's disease (PD). Many people with PD develop oily or flaky skin, especially on the face and scalp. Others have trouble with dry skin or excessive sweating. Recent studies have shown an increased prevalence of skin cancer among people with PD.

Oily, Flaky or Inflamed Skin

There are tiny glands called sebaceous glands below the surface of the skin. These glands secrete an oily substance into the hair follicles. This oil normally helps protect the skin, but too much can cause problems referred to as seborrheic dermatitis. Signs of sebaceous dermatitis include:

- Oily skin, especially on the forehead, sides of the nose, scalp and eyebrows
- Skin scales that are white and flaky or yellowish and oily
- Itching
- Redness
- Chronically inflamed areas

What You Can Do

- Wash skin twice a day with warm water and rinse with cold water
- Use a neutral soap like unscented glycerin soap
- For dandruff, try a shampoo (over-the-counter) containing selenium, selenium sulfide, salicylic acid, zinc or coal tar
- In severe cases, doctors can prescribe shampoos or lotions containing selenium, ketoconazole or corticosteroids

Dry Skin

Extreme dryness of the skin also can be a problem for people with PD.

What You Can Do

- Use skin moisturizers and hair conditioners
- Consult a dermatologist

Excessive Sweating

Many people with PD experience trouble with too much sweating. Sometimes this occurs on the palms of the hands and soles of the feet. Drenching sweats, particularly at night, can also be

troublesome. Excessive sweating is often a “[wearing off](#)” symptom for people who experience fluctuations in the effectiveness of their levodopa.

What You Can Do

- Ask your doctor about adjusting your levodopa dose.
- Take lukewarm showers
- Wear lightweight cotton clothes in warm weather
- Drink lots of water and other liquids
- In severe cases, for drenching sweats, your doctor may prescribe a medication such as propranolol
- For the palms and the feet, your doctor can prescribe topical medications including: Aluminum chloride hexahydrate or [Anticholinergics](#) (e.g., glycopyrrolate)

Too Little Perspiration

Some people with PD perspire too little. This can be a side effect of anticholinergic medications (i.e. trihexyphenidyl, bntropine mesylate and procyclidine).

What You Can Do

- Decreasing the dose of anticholinergic medications — always under the supervision of your doctor — may help.

Skin Cancer

[Skin cancer](#) is relatively common in the general population and in people with PD. Of all skin cancers, people with Parkinson’s should be extra-careful regarding melanoma. Melanomas are more likely to spread from the skin to internal organs than any other skin cancers.

Recent studies have suggested the likelihood of developing malignant melanoma is slightly higher in people with PD than the general population. The risk of melanoma in people with PD is comparable to people with very fair skin and hair where the use of appropriate sunscreen and regular dermatologic assessments to discover skin cancers at a time that they are very treatable are strongly recommended.

While melanomas are relatively rare (even in people with PD), early diagnosis and treatment is important. People with Parkinson’s should get screened by their Family Doctor as part of general medical care. The link between PD medications and risk of melanoma remains unclear. If you do develop a melanoma, the current recommendation is not to change your PD medications (particularly levodopa) due the greater risk of worsening your symptoms in stopping your medications.

Resource: <https://www.parkinson.org/Understanding-Parkinsons/Symptoms/Non-Movement-Symptoms/Skin-Changes>

For more information: <https://www.michaeljfox.org/news/ask-md-parkinsons-disease-and-melanoma>

