Hormonal therapies and beyond: what's new in treating hair loss in women

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DISCLOSURE OF RELEVANT RELATIONSHIPS WITH INDUSTRY

No conflicts

No relationships with industry

Off-label medication usage WILL be discussed
Outline

• Female pattern thinning
• Frontal fibrosing alopecia
• Chemotherapy-related alopecia

• NOT serum hyperandrogenism

Terminology

- Male pattern thinning
- Female pattern thinning

Never tell a woman she has “male pattern baldness” or “baldness”
Female Pattern Hair Loss (FPHL)

- Non scarring
- Progressive miniaturization
  - Anagen shortening
  - Telogen lengthening (pause)
- Vertex thinned (widened central part)
- Frontal hairline maintained (weak)
FPHL: Role of hormones?

- Etiology unknown
- The name – androgenetic alopecia
- Women must be like men (Ludwig 1977)
- Estrogen and estrogen receptors matter
- Testosterone patch OK


Minoxidil

• 5% Foam FDA approved for women
• Once daily application
• Some women may need higher %
• Maintenance is the goal

Spironolactone

- Potassium-sparing diuretic
- Aldosterone antagonist
- Anti-androgen effect (hirsuitism, acne)
- Dose 100-200 mg daily
  - GI, dizzy, cramps, breast tenderness, spotting


OCP

- Ethinyl estradiol 20 mcg + drospirenone 3 mg
- FDA approved for acne
- Drospirenone is an analogue of spironolactone
Finasteride - Women

- 5 alpha-reductase type II inhibitor
- Not FDA approved for women
- Minimal adverse effects
  - depression, headache, nausea, and hot flashes
- 2.5 and 5 mg daily likely effective


Dutasteride - Women

- 5 alpha-reductase type I and II inhibitor
- Not FDA approved for women
- May be superior to finasteride in < 50 yo

Boersma et al. The effectiveness of finasteride and dutasteride used for 3 years in women with androgenetic alopecia. Indian J Dermatol Venereol Leprol. 2014.

Platelet-Rich Plasma

- PRP layer
  - PDGF
  - TGF
  - VEGF

- More studies in men than women

- Variable techniques and results


FPHL: My practice

• Minoxidil 5% foam daily for all
• Premenopausal
  • OCP with drospirenone
  • Spironolactone 100 - 200 mg daily
• Post menopausal
  • Finasteride 2.5 or 5 mg daily
• Set expectations
  • Maintenance = success
  • Minimum 6 mos to assess
Future of FPHL Therapy?

• Androgen receptor modulators
• Topical 5 alpha-reductase inhibitors
• Prostaglandin analogues
• New agents


Bimatoprost and Latanoprost

- Prostaglandin analogues
- Bimatoprost (Lastisse)
  - FDA approved for eyelashes
  - Not FDA approved for FPHL
- Latanoprost (Xalatan)


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Frontal Fibrosing Alopecia (FFA)

- Lymphocytic scarring alopecia
- Subset of LPP?
- Fronto-temporo-parietal recession
- Eye brows, eye lashes, body hair

FFA: Role of Hormones?

- Post menopausal women
  - Can be men
  - Can be premenopausal
- Androgen-dependent areas
- Nothing convincing
Finasteride / Dutasteride

• Few studies
• Variable dosing
• Stabilization in 66-100% of patients
• Is Rx treating FPHL?


FFA: My practice

- Topical clobetasol solution vs intralesional trimecinolone injection
- Systemic options first-line
  - Hydroxychloroquine 200 mg BID
  - Finasteride 2.5-5 mg daily
- Reassess in 6 months
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Cooling Caps
Chemotherapy-related Alopecia

- Scalp cooled to just above freezing
- 30 min before to 2 hours after
- 40%-60% success
- Success is <50% loss (no wig)

Take Home

- FPHL
  - Premenopausal
    - Become comfortable with OCPs
    - Use spironolactone
  - Post menopausal
    - Consider finasteride 2.5-5 mg daily
- FFA
  - Consider finasteride 2.5-5 mg daily
Thank You