Hormonal Therapy of Alopecia in Women

Rochelle R Torgerson, MD, PhD
Mayo Clinic
Rochester, MN
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
• 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
- Vertex thinned (widened central part)
- Frontal hairline maintained (weak)
FP HL: Role of hormones?

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


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.

FPHL: My practice

• Minoxidil 5% foam daily
• 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 FPFL Therapy?

- 5 alpha-reductase inhibitors
  - New agents
  - New delivery
    - Topical
    - Mesotherapy
- Androgen receptor modulators
- Prostaglandin analogues
Bimatoprost and Latanoprost

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


Outline

• Female pattern thinning
• Frontal fibrosing alopecia
• NOT serum hyperandrogenism
Frontal Fibrosing Alopecia (FFA)

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

FFA: Role of Hormones?

• Post menopausal women
• 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

• Systemic options first-line
  • Hydroxychloroquine 200 mg BID
  • Finasteride 2.5-5 mg daily

• Reassess in 6 months
Outline

- Female pattern thinning
- Frontal fibrosing alopecia

- NOT serum hyperandrogenism
  - Assess for this
  - Ask – subtle
  - Expect to find the atypical
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