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Female Pattern Hair Loss: Current concepts and treatment with Minoxidil

OVERVIEW

Female pattern hair loss (FPHL) has emerged as the preferred term for androgenetic alopecia (AGA) in women. FPHL is the most common hair loss disorder in women. The incidence of FPHL varies among population groups and generally increases with age. FPHL is characterized as a nonscarring diffuse alopecia, that evolves from the progressive miniaturization of hair follicles to successive reduction in the number of hairs, especially in the central, frontal, and parietal scalp regions. Since FPHL can mimic other diagnoses concurrently, it is important to consider a detailed medical history, and perform a physical examination to exclude other causes of hair loss. It often overlaps with telogen effluvium (TE). Despite the high prevalence of FPHL, its management still imposes several difficulties for dermatologists' in their clinical practice.¹



Female pattern hair loss (FPHL)¹

Differential diagnosis of FPHL

Differential diagnoses of FPHL includes:¹

Telogen effluvium

Postpartum hair loss

Cicatricial alopecia

Alopecia areata

Diagnosis and therapeutic approach

Early diagnosis and treatment initiation are desirable, because treatments are more effective in avoiding the progression of hair loss; than stimulating regrowth. Treatment of FPHL could be two-fold; that involves reversing or stabilizing the process of hair follicle miniaturization. Mild-to-moderate FPHL in women can be treated with oral antiandrogen therapies that include cyproterone acetate and spironolactone or topical minoxidil with good results reported in several studies.¹

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The U.S. Food and Drug Administration (FDA) approved Minoxidil 2% for FPHL in 1991; and 5% minoxidil with once daily application was approved in 2014.¹

Minoxidil is a potassium channel opener and stimulates hair growth by increasing the anagen phase of the hair cycle¹

It enhances angiogenesis around the follicle but the exact mechanisms are currently unknown¹

An activation of cyto-protective prostaglandin synthase-1 may exist, that increases hair count and hair density¹

Clinical evidences on the efficacy of topical minoxidil in FPHL

- Both the 5% and 2% minoxidil formulations have demonstrated similar efficacy in promoting hair growth in women with hair thinning over the frontoparietal scalp²
- Once-daily 5% minoxidil is noninferior and as effective for stimulating hair growth as twice-daily 2% minoxidil in women with androgenetic alopecia and is also associated with several aesthetic and practical advantages²

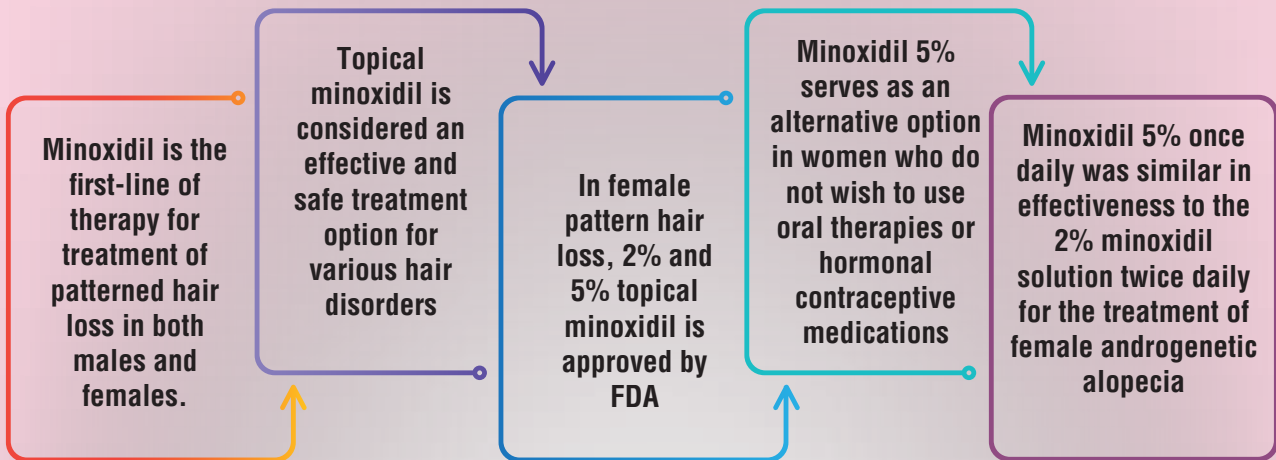
The clinical response to 5% topical minoxidil for the treatment of AGA is typically observed after 3 to 6 months and approximately 40% of patients shows significant improvement¹

When effective, treatment should be continued for longer period because discontinuation may induce TE in the minoxidil-dependent hair within 4 to 6 months¹

It has been observed that 5% minoxidil provides an alternative option for women who do not wish or are unable to use oral anti-androgen or hormonal contraceptive medications¹

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KEY HIGHLIGHTS



REFERENCE

1. Fabbrocini G, Cantelli M, Masarà A, *et al.* Female pattern hair loss: A clinical, pathophysiologic, and therapeutic review. *Int J Womens Dermatol.* 2018 Jun 19;4(4):203-211. doi: 10.1016/j.ijwd.2018.05.001. PMID: 30627618; PMCID: PMC6322157.
2. Gupta A.K., Foley K.A. 5% minoxidil: Treatment for female pattern hair loss. *Skin Therapy Lett.* 2014;19:5-7.

Dr.Reddy's
Dr. Reddy's Laboratories Ltd.
7-1-27, Ameerpet, Hyderabad - 500 016. India

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