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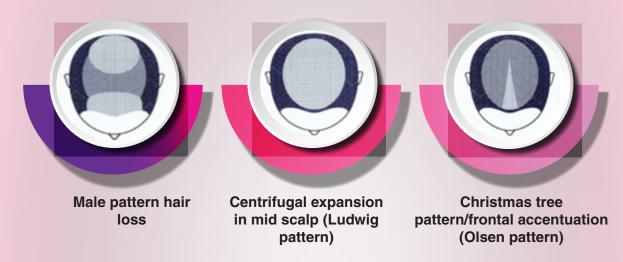
# Clinograph Insights

## **Clinograph** Insights

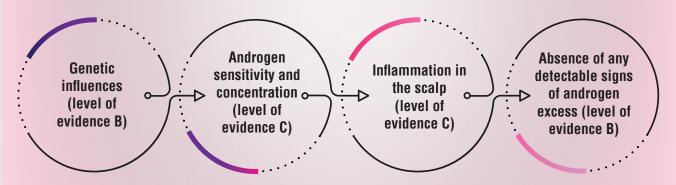
### Female Pattern Hair Loss and Androgen Excess

Hair loss in women is a common concern and may be due to different causes. This study highlights the current state of knowledge regarding FPHL, a common form of hair loss in women hyperandrogenism and focuses on its evaluation, diagnosis, and treatment, as well as its association with hyperandrogenism. It includes recommendations that could be valid for all specialists dealing with female pattern hair loss.

The two typical patterns of hair loss in FPHL (B & C) compared with male pattern (A) hair loss are presented below:



#### **FACTORS RELATED TO FPHL**



## Prevalence of hyperandrogenism in women with FPHL

Even though hyperandrogenism appears to be associated with FHPL, the strength and nature of this association remains unclear.

## Prevalence of FPHL in women with PCOS

Evidence of FPHL was found in 20% to 30% of patients with PCOS, with highly variable results reported.

PCOS: Poly cystic ovarian syndrome

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#### **DIAGNOSIS OF FPHL**

Medical history

Patient should be enquired about age of onset and evolution of hair loss

Sinclair scale or Hamilton-Norwood scale should be used for determining family history of FPHL

Symptoms related to hyperand-rogenism

Hirsutism, menstrual irregularities, difficulty conceiving, or severe cystic acne should be examined and observed

Use of medications

Medications related to hyperandrogenism, such as valproic acid and androgen supplementation; or prior use of 13-cis retinoic acid, should be investigated

#### **CLINICAL PRESENTATION OF FPHL**

01

Reduced hair density on the top of the scalp

02

Miniaturization of hairs in the affected areas of the scalp 03

Absence of diffuse shedding

04

Preservation of follicular ostia (follicular opening) on the scalp in affected areas

#### **ASSESSMENT**

Assessment of possible androgen excess is mandatory in FPHL patients. Measurement of vitamin D, iron, zinc, thyroid hormones, and prolactin are optional but recommended.

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#### TREATMENT OF FPHL

Topical
minoxidil is
an effective
treatment of
FPHL, and
should be
used as the
first-line
treatment
(level of
evidence B)

Therapeutic outcomes of minoxidil may be enhanced with the addition of oral 5α-reductase inhibitors or antiandrogen therapy (level of

evidence C)

might be useful, but clinical evidence is limited (level of

Dutasteride

(level of evidence D)

Low-intensity
light laser
(LLL) therapy
may be of
modest
benefit for
FPHL
(level of

evidence C)

Minoxidil (5%), adding oral 5α-reductase inhibitors or antiandrogens in case of severe hair loss or associated hyperandrogen ism

(level of evidence B)

#### **KEY HIGHLIGHTS**

The term "female pattern hair loss" should be used, avoiding the previous terms of alopecia or androgenetic alopecia

The two typical patterns of hair loss in FPHL are centrifugal expansion in the mid scalp, and a frontal accentuation or christmas tree pattern

In case of severe hair loss or hyperandrogenism, 5% minoxidil in combination with oral 5α-reductase inhibitors or antiandrogens is recommended

#### REFERENCE

Carmina E, Azziz R, Bergfeld W, et al. Female Pattern Hair Loss and Androgen Excess: A Report From the Multidisciplinary Androgen Excess and PCOS Committee. J Clin Endocrinol Metab. 2019;104(7):2875–2891.



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