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Medical Therapy for Female Pattern Hair Loss (FPHL)

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Female pattern hair loss…to treat or not to treat? And with what? Does anything really work for women?

Many in our field would argue that it's not worth even treating women, citing concerns about donor area, the paucity of effective treatments, or how it can be difficult or impossible to achieve patient satisfaction. But these concerns should not prompt us to give up. Rather, women can be some of the most rewarding patients to treat, and using simple things like handouts, dermoscopy, and photography can help increase understanding, reduce confusion, increase compliance, and dramatically improve their response to treatment.

Women often undergo an extensive workup before arriving at a diagnosis of FPHL. They may start by seeing their internist, then their OB/GYN, then their endocrinologist, and even a naturopath before seeing a dermatologist or hair loss specialist. Along the way, they may get told that the hair loss is due to stress, adrenal fatigue, or "low-normal" thyroid function, all of which when corrected fails to stop the hair loss—until they find YOU! In a matter of seconds, you recognize the presence of miniaturized hairs either on clinical examination or with the use of dermoscopy. Finally, they get the diagnosis they have been dreading: female pattern hair loss. They believe nothing can be done for them…or can it?

Although there is only one FDA-approved medication for hair loss in women (topical minoxidil), there are other off-label options such as oral spironolactone, oral finasteride, and certain birth control pills that can be tried before or in addition to hair transplantation. Women may also benefit from low level light therapy (LLLT), which has 510K FDA clearance as a medical device. Depending on how advanced their degree of hair loss, they may benefit from one or more therapies. The physician should consider their comorbidities, lifestyle, family planning, and personal preferences.

Topical Minoxidil

The only FDA-approved medication for hair loss in women is topical minoxidil or Rogaine®. There is new evidence that use of topical minoxidil can improve the quality of life with FPHL.[1] The drug is recommended for twice daily usage as a 2% solution for women and as a 5% foam and solution for men. The 2% solution has been shown to be effective at arresting hair loss in 60% of cases,[2] and even better results have been seen with the 5%.[3] Excellent results can be achieved with consistent usage (Figure 1). Recently, one study showed that the 5% foam worked just as well, used once daily in women, as the 2% worked twice daily.[4] There also were fewer complaints about pruritus and dandruff. Many physicians already recommend using the 5% foam once daily at bedtime as a way to increase compliance and simplify the morning grooming routine. This has since prompted the FDA to approve a women's 5% Rogaine foam formulation for once daily usage.[5] The risk of hypertrichosis should still be discussed as it has been reported in 8.9% of patients using this regimen.[6]

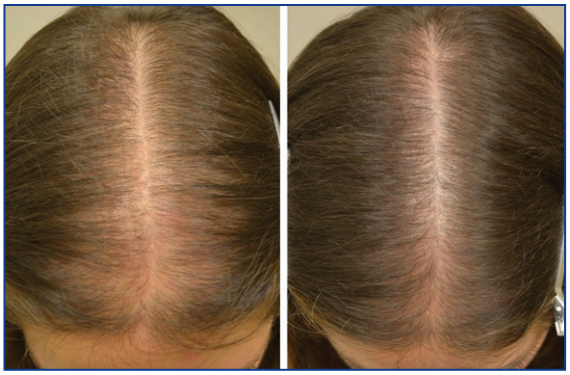

Figure 1. Before *(left)* and after *(right)* use of topical 5% minoxidil for 6 months.

Perhaps the most difficult thing about getting women to use topical minoxidil is helping them to *understand that it works*. They often believe that because it is over the counter, it can't possibly work. Or, they believe that if they stop it, ALL of their hair will fall out. Or that they have to use it forever. OR ELSE! These misconceptions can be addressed by drawing a simple diagram for your patients, using an x-y axis to demonstrate the natural progression of hair loss over time (Figure 2). By drawing a

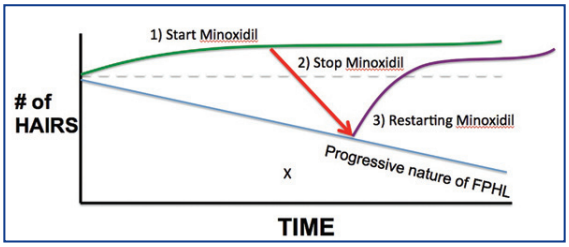

Figure 2. Diagram to increase patient compliance with medical therapy.

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