

How do you treat female androgenetic alopecia as well as is possible with androgenetic alopecia?

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Female androgenetic alopecia is also known as female pattern hair loss (FPHL) and can be treated in several ways:

1. Hair transplantation. Hair Transplantation in women is very successful as long as the donor region is insensitive to dihydrotestosterone (DHT). Unlike males, who typically do not bald or thin over the posterior occiput and parietals, women frequently experience scalp thinning over the parietals and occasionally over the posterior occiput. In the younger woman, it is difficult to “read the future” regarding future areas of hair thinning. Statistically, more women are not good candidates for hair transplantation as compared to their male counterparts.
2. Low level laser therapy (LLLT). LLLT has proven to be very successful in controlling future hair loss and miniaturization. By increasing adenosine triphosphate (ATP), there is a release of energy and stimulation of the metabolic process required for hair growth. There is also a release of nitric oxide resulting in an increase in scalp blood flow. LLLT has the following effects:
 - a. Increases cell survival
 - b. Reduces follicular apoptosis
 - c. Reduces inflammation
 - d. Increases the anagen phase and decreases the telogen phase
 - e. Increases hair tensile strength
 - f. Reverses miniaturization
3. Minoxidil (Rogaine®). Minoxidil acts as an arteriolar vasodilator that opens potassium channels. Minoxidil sulfate is the active metabolite that stimulates hair follicles.
4. Spironolactone (Aldactone): Spironolactone is a potassiumsparing diuretic with antiandrogen properties that has been successful in stopping hair loss in some women.
5. Finasteride (Propecia®). Finasteride inhibits type II 5-alpha-reductase, interfering with the conversion of testosterone to 5-alpha-dihydrotestosterone. Propecia is not FDA cleared for women due to potential birth defects.

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