



HIRSUTISM

What are the aims of this leaflet?

This leaflet has been written to help you understand more about hirsutism. It tells you what it is, what causes it, what can be done about it, and provides sources of additional information.

What is hirsutism?

Hirsutism is the term used when a woman grows too much body or facial hair in a pattern seen normally occurring only in men.

What causes hirsutism?

Androgens are often thought of as 'male hormones' but, in fact, both men and women produce them - men usually in greater amounts than women. Testosterone is the best-known androgen, but there are several others too. Hirsutism can be caused either by abnormally high levels of androgens, or by the hair follicles being more sensitive than usual to normal androgen levels.

A small minority of women with hirsutism produce too much androgen and sometimes this is due to an underlying medical condition. In addition, some medicines can cause hirsutism - these include hormones, anabolic steroids, and sometimes oral contraceptive pills.

In fact, most women with hirsutism have no hormone imbalance or underlying medical condition. Many women develop more facial or body hair gradually as they get older, especially after the menopause. Few realise how common this is - but at least 25% of normal middle-aged women remove unwanted facial hair. In addition, women from different ethnic backgrounds have different patterns of hair growth, in which it can be normal to have some hair on the face, nipples or stomach.

Is hirsutism hereditary?

A tendency to hirsutism does run in some families and is not associated with an excess of androgens. It is normal in some families with Mediterranean or Middle Eastern ancestry.

What are the symptoms of hirsutism?

Having too much hair can be highly embarrassing and cause great distress.

What does hirsutism look like?

The excess of thick, often dark, hair may be seen on the face, chest, abdomen and upper back. Women from certain ethnic groups tend to have more body hair than others and for them it may be quite normal to have some hair in these areas.

How will hirsutism be diagnosed?

Women with mild hirsutism and regular menstrual cycles seldom have an underlying medical problem. However, if a medical problem exists, your doctor should be able to detect it by asking you questions and then, if necessary, by performing blood tests.

It is important to see your doctor if your hirsutism is:

- Severe
- Developing quickly (over 1-2 years), or before puberty
- Accompanied by menstrual problems
- Associated with features suggesting an increase in androgens such as thinning of the scalp hair, baldness, or deepening of the voice
- Accompanied by obesity or diabetes

Can hirsutism be cured?

Although a 'cure' is unlikely, local areas of excessive hair growth can often be cleared by electrolysis or laser therapy. The treatment of hirsutism with medication is usually less satisfactory as the problem often comes back when treatment stops.

How can hirsutism be treated?

Treatments for hirsutism fall into two broad groups:

1. Mechanical treatments - which remove the unwanted hair physically
2. Medical treatments – most of which reduce the effect of androgens on the hair roots

Mechanical treatments

Some simple methods (shaving, plucking and waxing, and the use of depilatories and bleaching creams) are discussed under the heading of “What can I do?” below.

Other methods include:

- *Electrolysis*. An electrical current is passed into a hair follicle through a needle. The aim is to destroy the hair root permanently. Electrolysis is relatively expensive and time-consuming. Before you have electrolysis, check that the operator is properly qualified, and registered with the Institute of Electrolysis. Check that the practitioner uses new, disposable (not simply re-sterilised) needles. Products designed for electrolysis at home are not recommended. Scarring is a potential side effect of this treatment.
- *Laser treatments* also damage the hair follicles. The unwanted hairs fall out, and may not grow back. Several treatments are given, over a period of some weeks, but the results may not be permanent. Laser hair removal is expensive and has to be done at a special clinic. Before you have laser treatment always make sure that the operator is properly qualified. Check that they are they registered with the Healthcare Commission or British Medical Laser Association. It is better to take the route of a referral from your medical practitioner to a specialist. Possible side effects include redness, darkening or lightening of the skin, and scarring.

Medical treatments

- *Losing weight* can sometimes slow hair growth.
- *Anti-androgens*: your doctor may prescribe these to block the action of the androgens that can cause hirsutism. Anti-androgens usually take four to six months to have an effect. Hair growth then slows, and the hairs become thinner and less noticeable, but the problem tends to return when medication is stopped.

N.B. An important side effect of all anti-androgen drugs is that they can harm an unborn male baby if you take them while you are pregnant. For this reason, they must not be taken unless you are using effective contraception.

Anti-androgens include:

- *Oral contraceptives*. Some low-dose combined pills may help, and one has been designed specifically to have an anti-androgenic activity. Side effects include spotting (bleeding between periods), tender breasts, nausea and headaches, especially in the first few months. The oral contraceptive pill is not suitable for everyone.

- *Cyproterone*. Combined with an oral contraceptive this can help women with hirsutism. Larger doses of cyproterone (i.e. 50 - 200 mg for 10 days each cycle) can be used for more severe hirsutism. Side effects include weight gain, depression and loss of libido.
- *Spirolactone*. This is used more commonly in the USA than in the UK. It works as an anti-androgen but also increases the amount of urine that is passed - in other words it is also a water tablet (diuretic). Spirolactone (50 - 200 mg daily) can slowly reduce excessive hair growth. Side effects include tender breasts, irregular menstruation and liver damage.
- *Eflornithine cream*. This cream works by slowing hair growth. It is not a depilatory cream. It has recently been accepted for use in women for whom other medical treatments cannot be used or have been ineffective. It can be applied after any regular hair removal techniques. It is left on the skin to inhibit hair growth. The cream takes two to three months of regular use to have an effect. Side effects are usually mild and include burning or stinging of the skin and acne.

What can I do?

- *Shaving*. Some think shaving encourages more hair growth but this is not true. However, the stubble that follows regrowth may be undesirable. Frequent shaving can irritate your skin.
- *Plucking and waxing* are effective for some, but can irritate the skin and should be used with caution on the face. Scarring occasionally follows. Folliculitis (inflammation of the hair follicles) can occur with shaving, plucking and waxing.
- *Depilatories* (creams that remove hair) chemically dissolve hair shafts thereby leaving no stubble, but may also irritate your skin. Before using them you should first test your skin to see how sensitive it is. A small amount of cream should be applied to the inside of your wrist; if there is no bad reaction within 24 hours, you should then be able to use the cream on other parts of the body.
- *Bleaching* creams lighten the excess hair and so make it harder to see. They are most helpful for facial hairs but can be used on the body too. They can irritate the skin and may be unsuitable for darker skins.

Where can I get more information about hirsutism?

Web links to detailed leaflets:

http://www.uptodate.com/patients/content/topic.do?topicKey=~q0jjLV_Pd5kVn_o&selectedTitle=1%7E110&source=search_result

www.emedicine.com/derm/topic472.htm

<http://www.dermnetnz.org/hair-nails-sweat/hirsutism.html>

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: its contents, however, may occasionally differ from the advice given to you by your doctor.

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