



## Medicine for Managers

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### Hirsutism

Hirsutism is the excessive growth of hair in specific areas of the body. It is typically thick and dark and often has a coarse character. It normally affects women and the distribution is in the male pattern. It therefore occurs in the beard area, upper lip, chest, lower back and the front of the thighs. It is estimated to affect approaching ten percent of British women.

It is a problem which many women find embarrassing but there are treatments to keep it under control.

It should be distinguished from **hypertrichosis** (illustrated below) which means increased (**hyper**) hair (**trichosis**). It is hair growth in excess of that which would be expected for the age, sex and race of an individual. It may



develop all over the body or be confined to specific areas and is not gender specific. In most people it is believed to be a genetic disorder but may also occur as a result of malignant disease, malnutrition and some drugs.

Hirsutism not only produces overgrowth of hair but also may result in greasy skin, acne and irregular or absent periods.

Hirsutism is commonly caused by excessive



androgen production or increased androgen sensitivity. Androgen hormones are normally produced both by men and women, although in men they are produced in greater amounts. In women before the menopause the commonest cause of hirsutism is **polycystic ovary syndrome**. However, in one third of women no specific cause is identified. After the menopause there is a tendency for women to gradually grow more hair. On occasion, hirsutism may be caused by the use of medication such as steroids. It may also be the result of **Cushing's syndrome** which affects the adrenal glands causing weight gain, fluid

retention and the development of striae (purple lines) often on the abdomen. It may also occur due to obesity and can be found in relatively rare hormonal disorders such as acromegaly and occasionally associated with tumours which manufacture androgenic hormones.

Hirsutism can cause considerable distress and a number of different treatments have been developed for women with the problem. The main treatments available are:

1. Mechanical (physical) treatments associated with hair removal
2. Medical Treatments

1. Hair removal techniques are quick, cheap and effective. The suggestion that shaving results in hair coming back stronger is an old wives tale and is absolutely not true. It can be done with a razor which is simple and quick but it brings with it the inherent disadvantage that there is a stubble which may be visible between shaves. Bleaching creams are used to make dark hairs pale. They may irritate the skin and are generally only suitable for pale skinned people. Waxing and plucking are effective if carried out regularly but they may be painful and may cause inflammation and infection of the hair follicles (*folliculitis*) and, if the skin is damaged, scarring.

**Depilatory creams** can remove large areas of hair and they do not leave any stubble but they can irritate the skin and some women develop sensitivity reactions. They should be tested on a small area of out-of-the-way skin before being used in more visible areas. **Electrolysis** involves the passage of an electric current through the hair follicle, directed by a needle. It is time consuming and expensive and may result in scarring and folliculitis, particularly if carried out in unskilled hands. **Laser and Intense Pulsed Light**

(**IPL**) treatments aim to destroy the hair root permanently. Treatment is virtually never available on the NHS and is expensive. It involves treatments over a period of months. Possible side effects include pain, reddening, change of skin colour and scarring.

**Note: techniques such as electrolysis and laser therapy should be carried out only by trained and appropriately qualified therapists.**

2. A variety of medical treatments are available to combat hirsutism. **Oral Contraceptives** are valuable in difficult or widespread cases of hirsutism. The oral contraceptive **Dianette** may be used. It consists of the progestogen cyproterone

and the oestrogen ethanyloestradiol (sometimes known in combination as **co-cyprindiol**).

The drug provides an effective treatment of hirsutism and is an

effective oral contraceptive. It was first introduced in 1978 and is now available world-wide.

It has been a huge boon for many women but it does have contra-indications. It should not be used in women at risk of venous thrombosis (it increases the risk and results in a 1-2% fatality rate). Other contra-indications include cerebro-vascular episodes (stroke), diabetes, raised blood pressure, migraine, some liver diseases and some tumours.

It is taken daily for a period of twenty-one days with seven pill free days and it should be used only for three to four cycles. It should then be stopped and if the woman wishes to continue with an oral contraceptive, or the hirsutism starts to relapse, a different oral contraceptive should be employed.

Further information is available from  
**The British Association of Dermatologists**  
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***Spirolactone*** is a diuretic (water tablet) which gradually reduces excessive hair growth. However the drug is not without side effects and should be used only on prescription.

***Eflornithine cream*** is a prescription only medication used to treat hirsutism principally affecting the face and under the chin. It is suitable for women over the age of 18, provided they are not pregnant or breastfeeding. The cream slows hair growth and can be used in combination with physical hair removal methods.

Unfortunately it does not work for everyone but, if it does work, it will be necessary to continue with it indefinitely and, if stopped, hair starts to return within eight weeks.

Further information can be obtained from the British Association of Dermatologists.

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