

# Cochrane Corner

## Spironolactone is effective for hirsutism

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Hirsutism is the presence of excessive hair growth in women and is an important cosmetic condition often resulting in distress. Hair of the hirsute woman is thick, dark, coarse hair instead of fine fairer hair. Typically, hirsute women have increased body hair on the upper lip, lower jaw and neck, chest, linea alba, and around

the anal and genital area and the lower and upper extremities. Other symptoms that may accompany hirsutism are acne, alopecia and receding frontal hairline.

*Please note that the doses of drugs used for the treatment of hirsutism (in the table below) differ from the doses used for other indi-*

*cations in general practice. For example, the more commonly used dose of Spironolactone is 25mg/day in congestive heart failure, Cyproterone acetate 2mg/ day in Diane 35 and Estelle, Finasteride 5mg in Proscar for prostatic hyperplasia and 1mg in Propecia for androgenic alopecia.*

Compound	Benefits	Harms	Evidence	Comments
Spironolactone 100mg/day versus placebo	Effective NNT = 2	None identified in the study but can raise serum potassium	Cochrane review <sup>1</sup>	
Spironolactone vs cyproterone acetate 12.5 mg/day	Spironolactone more effective		Cochrane review <sup>1</sup>	Dose of cyproterone in Diane 35 is 2mg/day
Spironolactone vs finasteride 5 mg/day	Spironolactone more effective		Cochrane review <sup>1</sup>	Finasteride 5 mg/day is the dose in Proscar. The Propecia dose is 1 mg/day

NNT = numbers needed to treat for one improvement

### References

1. Farquhar C; Lee O; Toomath R; Jepson R. Spironolactone versus placebo or in combination with steroids for hirsutism and/or acne. [Cochrane Review] The Cochrane Library 2005, Issue 1.

*Members of the Royal New Zealand College of General Practitioners can have access to the full reviews by contacting Cherylyn Pearson at the College in Wellington. For the access codes to the Cochrane library contact cpearson@rnzcgp.org.nz at the College.*

*'The major types of evidence used in clinical medicine cannot be directly applied to an individual, so health professionals will continue to face the dilemma this creates. Through the teaching of training in communication skills and the design of healthcare systems it is important to enable health professionals to make provisional decisions with individual patients. This approach to decision making has the most potential for a continuing acknowledgment of the inherent uncertainty in medical evidence, an uncertainty which will remain even with progress in basing medical interventions on robust research evidence.'*

*Griffiths F, Green E, Tsouroufli M. The nature of medical evidence and its inherent uncertainty for the clinical consultation: qualitative study. BMJ 2005;330:511.*