

New Perspectives on the Treatment of Androgenetic Alopecia[☆]



Nuevas perspectivas en el tratamiento de la alopecia androgenética

Since the first use, over 30 years ago, of minoxidil to treat androgenetic alopecia, dermatologists have had something to offer distressed patients presenting androgenetic hair loss. Renewed interest in this problem and industry developments have given rise to treatments such as finasteride and dutasteride, which have been tested extensively as oral treatments, and in the case of finasteride as a topical treatment, in multicenter studies already underway. (Even oral minoxidil is being tested!) There is also clear evidence of the efficacy of various adjuvant interventions, including injections of platelet-derived growth factor, dutasteride, and low level laser therapy, as well as the obvious solution of hair transplantation. All these new additions to the therapeutic arsenal complement the classic range of antiandrogenetic treatments (cyproterone acetate and spironolactone) and classic nutricosmetics enhanced with

natural substances claimed to inhibit 5 alpha-reductase (*Serenoa repens*, *Serenoa serrulata*, *Sabal serrulata*, pumpkin seed, and *Prunus africana* extract). The study¹ in this issue clearly shows these and other new trends in prescription for hair loss as well as differences in prescription habits for men, premenstrual women, and postmenstrual women.

Reference

1. Pindado-Ortega C, Saceda-Corralo D, Buendía-Castaño D, Fernández-González P, Moreno-Arrones OM, Fonda-Pascual P, et al. Estudio transversal acerca de los hábitos de prescripción en alopecia androgenética de los dermatólogos españoles. *Actas Dermosifiliogr.* 2018;109:535–41.

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15 March 2018 5 April 2018

1578-2190/

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DOI of refers to article:

<https://doi.org/10.1016/j.adengl.2018.05.020>

[☆] Please cite this article as: Ferrando J. Nuevas perspectivas en el tratamiento de la alopecia androgenética. *Actas Dermosifiliogr.* 2018;109:470.