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Title:

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Date:

2020-12-01

Citation:

Sinclair, R., Trindade de Carvalho, L., Ferial Ismail, F. & Meah, N. (2020). Treatment of male and female pattern hair loss with sublingual minoxidil: a retrospective case-series of 64 patients. *Journal of the European Academy of Dermatology and Venereology*, 34 (12), pp.e795-e796. <https://doi.org/10.1111/jdv.16616>.

Persistent Link:

<https://hdl.handle.net/11343/278543>

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Article type : Letter to Editor

Treatment of male and female pattern hair loss with sublingual minoxidil: a retrospective case-series of 64 patients

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This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the [Version of Record](#). Please cite this article as [doi: 10.1111/JDV.16616](https://doi.org/10.1111/JDV.16616)

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Funding sources: none

Conflict of interest: RS has served as a consultant or paid speaker for, or participated in clinical trials sponsored by, Leo Pharma, Amgen, Novartis, Merck & Co., Celgene, Coherus Biosciences, Janssen, Regeneron, MedImmune, GlaxoSmithKline, Cutanea, Samson Clinical, Boehringer Ingelheim, Pfizer, MSD, Oncobiologics, Roche, Eli Lilly and Bayer.

Main Text

Low-dose oral minoxidil (0.25mg daily) has been successfully used in combination with spironolactone in the treatment of female pattern hair loss (FPHL)¹. Oral minoxidil (5mg daily) has been shown to be efficacious in male pattern hair loss (MPHL)^{2,3}. The objective of our study was to evaluate the efficacy and safety of low-dose sublingual minoxidil (0.45mg daily) in MPHL and FPHL. Sublingual administration bypasses hepatic metabolism, thereby increasing bioavailability compared with oral administration.

We retrospectively reviewed all patients seen at our specialist hair clinic with MPHL and FPHL treated with sublingual minoxidil monotherapy for ≥ 6 months between July 2017 and May 2019. Sixty-four patients (33 males and 31 females) were included. The mean age was 50.92 years (range 17 to 76 years). The starting dose of minoxidil was 0.45mg daily. In 19 patients the dose was increased to 0.9mg daily at 3 months.

Patients were reviewed at 3-monthly intervals. Clinical photographs were scored using the Sinclair stage⁴, a 5-point scale for grading the severity of AGA, in males and females, and the Investigator Global Assessment (IGA)⁵ of the vertex area in males, for each time period.

The mean Sinclair stage at baseline was 2.77. The mean reduction in Sinclair stage for all patients was 0.33 at 3 months, 0.53 at 6 months, 0.81 at 9 months and 1.07 at 12 months. The mean reduction in Sinclair stage for males and females are shown in Table 1. The mean

change in IGA for males was 1.23 at 3 months, 1.67 at 6 months, 2.11 at 9 months and 2.63 at 12 months. These results are summarised in Table 2.

The Sinclair hair shedding score¹, a 6-point scale for grading the severity of hair shedding, was recorded in 24 patients at baseline and 6 months. The mean reduction in shedding score reported by patients was 0.70 at 6 months.

At baseline, the mean systolic blood pressure (SBP) and diastolic blood pressure (DBP) were 126.27mmHg and 76.69mmHg respectively. At 6 months, the mean SBP was 121.22mmHg and DBP was 76.61mmHg. At 12 months, the mean SBP was 121.85mmHg and DBP was 77.46mmHg.

The most common adverse effect was mild hypertrichosis, recorded in 12.5% (8 females) of patients. Mild postural dizziness occurred in 7.8% (3 males, 2 females) of patients and mild peripheral oedema in 3.1% (2 females). There were no serious adverse effects recorded. Higher rates of adverse effects have been reported with low-dose oral minoxidil than we observed in this study^{2,3}.

In conclusion, sublingual minoxidil at a dose of 0.45mg daily was effective and had an acceptable safety profile in treating male and female androgenetic alopecia. The low number of patients and retrospective design of this study are limitations. Larger placebo-controlled clinical trials are required to support this conclusion.

Table 1: Mean reduction in Sinclair Stage

	3 months	6 months	9 months	12 months
All patients	0.33	0.53	0.81	1.07
Male	0.30	0.56	0.67	1.13
Female	0.36	0.50	0.92	1.0

Table 2: Mean change in Investigator Global Assessment (IGA) in Males

	3 months	6 months	9 months	12 months
Change in IGA	1.23	1.67	2.11	2.63

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