Dear Doctor

Your patient is considering taking Propecia/finasteride 1mg or has been supplied with it from our pharmacy on a ‘patient group direction’ (PGD). This is to treat male pattern hair loss. The medication is supplied privately on PGD by trained Pharmacists. Pharmacist ensures there are no contraindications to the supply of Propecia/finasteride 1mg. Pharmacists advise patients how to take Propecia/finasteride 1mg safely and effectively and monitor repeats.

Your patient has been advised to see their doctor to keep him/her informed about treatment and to give an opportunity for any necessary review.

Doctors are not being asked to endorse or monitor or ensure the safe supply of Propecia/finasteride 1mg.

About Propecia/finasteride 1mg

Propecia/finasteride 1mg is effective only where hair loss is of the male pattern type, having the characteristic features of thinning starting in the temple, frontal and vertex areas.

Hair loss due to alopecia, inflammatory skin conditions including psoriasis, hypothyroidism or fungal infections, wasting disorders and other conditions will not respond to Propecia/finasteride 1mg.

Propecia (finasteride 1mg) is licensed for the treatment of male pattern hair loss. In the majority of men taking Propecia/finasteride 1mg hair loss will be reversed or halted (see study data below). 90% of men taking Propecia/finasteride 1mg to treat male pattern hair loss have more or the same ‘hair thickness’ after 5 years, compared to 25% taking placebo. Further details can be found in the ‘Summary of Product Characteristics’ (http://www.medicines.org.uk/emc/medicine/3680/SPC/)

Assessment process carried out by trained Pharmacists

Pharmacists supplying Propecia/finasteride 1mg by patient group directions (PGD) have been trained to identify male pattern type hair loss and distinguish it from other types of hair loss. Pharmacists also look for contraindications and advise patients how to take Propecia/finasteride 1mg safely and effectively and monitor repeats.

Patients receiving Propecia/finasteride 1mg will have been advised how Propecia/finasteride 1mg works, what to expect from treatment and cautioned about the safe use of their treatment.

Pharmacists ask patients, as part of patient assessments, if their doctor has advised against the use of Propecia/finasteride 1mg. Pharmacists will not supply Propecia/finasteride 1mg to patients where their doctor advises against its use.

Best Regards

Community Pharmacist
Finasteride is a competitive and specific inhibitor of type II 5α-reductase. Finasteride has no affinity for the androgen receptor and has no androgenic, anti-androgenic, oestrogenic, anti-oestrogenic, or progestational effects. Inhibition of this enzyme blocks the peripheral conversion of testosterone to the androgen DHT, resulting in significant decreases in serum and tissue DHT concentrations. Finasteride produces a rapid reduction in serum DHT concentration, reaching significant suppression within 24 hours of dosing.

Hair follicles contain type II 5α-reductase. In men with male pattern hair loss, the balding scalp contains miniaturised hair follicles and increased amounts of DHT. Administration of finasteride decreases scalp and serum DHT concentrations in these men. Men with a genetic deficiency of type II 5α-reductase do not suffer from male pattern hair loss. Finasteride inhibits a process responsible for miniaturisation of the scalp hair follicles, which can lead to reversal of the balding process.

Studies in men

Clinical studies were conducted in 1879 men aged 18 to 41 with mild to moderate, but not complete, vertex hair loss and/or frontal/mid-area hair loss. In the two studies in men with vertex hair loss (n=1553), 290 men completed 5 years of treatment with Propecia/finasteride 1mg vs. 16 patients on placebo. In these two studies, efficacy was assessed by the following methods: (i) hair count in a representative 5.1 cm² area of scalp, (ii) patient self-assessment questionnaire, (iii) investigator assessment using a seven point scale, and (iv) photographic assessment of standardised paired photographs by a blinded expert panel of dermatologists using a seven point scale.

In these 5-year studies men treated with ‘Propecia/finasteride 1mg’ improved compared to both baseline and placebo beginning as early as 3 months, as determined by both the patient and investigator assessments of efficacy. With regard to hair count, the primary endpoint in these studies, increases compared to baseline were demonstrated starting at 6 months (the earliest time point assessed) through to the end of the study. In men treated with ‘Propecia/finasteride 1mg’ these increases were greatest at 2 years and gradually declined thereafter to the end of 5 years; whereas hair loss in the placebo group progressively worsened compared to baseline over the entire 5 year period. In ‘Propecia/finasteride 1mg’ treated patients, a mean increase from baseline of 88 hairs [p <0.01; 95% CI (77.9, 97.80); n=433] in the representative 5.1 cm² area was observed at 2 years and an increase from baseline of 38 hairs [p <0.01; 95% CI (20.8, 55.6); n=219] was observed at 5 years, compared with a decrease from baseline of 50 hairs [p <0.01; 95% CI (-80.5, -20.6); n=47] at 2 years and a decrease from baseline of 239 hairs [p <0.01; 95% CI (-304.4, -173.4); n=15] at 5 years in patients who received placebo. Standardised photographic assessment of efficacy demonstrated that 48% of men treated with finasteride for 5 years were rated as improved, and an additional 42% were rated as unchanged. This is in comparison to 25% of men treated with placebo for 5 years who were rated as improved or unchanged. These data demonstrate that treatment with ‘Propecia/finasteride 1mg’ for 5 years resulted in a stabilisation of the hair loss that occurred in men treated with placebo.

An additional 48-week, placebo-controlled study designed to assess the effect of ‘Propecia/finasteride 1mg’ on the phases of the hair-growth cycle (growing phase [anagen] and resting phase [telogen]) in vertex baldness enrolled 212 men with androgenetic alopecia. At baseline and 48 weeks, total, anagen and telogen hair counts were obtained in a 1-cm² target area of the scalp. Treatment with ‘Propecia/finasteride 1mg’ led to improvements in anagen hair counts, while men in the placebo group lost anagen hair. At 48 weeks, men treated with ‘Propecia/finasteride 1mg’ showed net increases in total and anagen hair counts of 17 hairs and 27 hairs, respectively, compared to placebo. This increase in anagen hair count, compared to total hair count, led to a net improvement in the anagen-to-telogen ratio of 47% at 48 weeks for men treated with ‘Propecia/finasteride 1mg’, compared to placebo. These data provide direct evidence that treatment with ‘Propecia/finasteride 1mg’ promotes the conversion of hair follicles into the actively growing phase.