



PATIENT RESOURCES

# Hirsutism

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Hirsutism is excessive growth of "male" pattern hair that appears on the face, back, chest, abdomen, and thighs in women. Hirsutism is common and is usually a sign of an underlying endocrine disorder, most commonly **polycystic ovary syndrome** (PCOS). In women with PCOS, weight gain probably contributes to its development or worsening. There are available treatments that can help decrease and slow hair growth to improve overall quality of life.

## Endocrine Connection

Women naturally produce **male hormones** (androgens). Elevated levels of androgens can cause fine, “vellous” hair follicles to produce larger, darker “terminal” hair, which leads to hirsutism. When a woman has more male hormones than normal, it is most often due to PCOS. In addition to hirsutism, women with PCOS may have irregular or absent menstrual periods and/or infertility. Acne, obesity, and an increased risk of diabetes also are common in women with PCOS.

Sometimes women who appear to have PCOS actually have an adrenal gland problem called “non-classic congenital adrenal hyperplasia due to 21-hydroxylase deficiency,” or NCCAH. The treatments for hirsutism for women with NCCAH and PCOS are the same, but it is important for women with NCCAH to know about their diagnosis before they try to get pregnant. Genetic testing is sometimes recommended to know if there is a risk that the baby could have a more severe form of the disease.

### ► **Diagnosis and Symptoms**

Hirsutism may be caused by other disorders of male hormone overproduction, but these are not common. Medications such as anabolic steroids that contain male hormones can cause hirsutism.

The diagnosis of “idiopathic hirsutism” is sometimes given to women with hirsutism, but normal menstrual cycles, normal levels of androgens, and no obvious cause for the hirsutism. Some experts think that these women most likely have PCOS without all of the usual signs and symptoms.

Hirsutism is very common, affecting 5% - 10% of all women. It refers to excess dark, thick hair in areas where women usually don't have much hair. Light hair (blonde or white) is not considered to be hirsutism. Many women feel distressed, anxious and depressed if they have hirsutism. If you have hirsutism and it bothers you and/or causes distress, it is okay to ask for treatment, even if your healthcare provider says it is "mild".

### ► **Treatment and Therapies**

Most women start with an oral contraceptive (birth control pill) and if they are not pleased with the improvement after six months, a second medication called an antiandrogen can be added. All birth control pills work about the same for hirsutism. Direct hair removal methods like electrolysis or laser removal are also very effective, but more than one treatment is required and it is expensive. Women should stay on their medication when they do laser to prevent the hair from growing back. Laser therapy works best for women with light skin and dark hair. Complications are more common in women with dark skin, or of Middle Eastern and Mediterranean descent. These women should have a consultation with a specialist before considering laser treatments.

Treatments for hair removal do not make hair thicker but can cause skin irritations. Cosmetic hair removal techniques include

- › Shaving
- › Plucking
- › Waxing
- › Threading

- › Topical Creams
- › Bleaching

Some studies have found weight loss is associated with slight improvement in unwanted hair growth. Women with hirsutism and PCOS should consider making lifestyle changes to improve their overall health.

### › **Questions For Your Healthcare Provider**

- › Do I have hirsutism and if so, what kind of testing do I need?
- › Do I have polycystic ovary syndrome (PCOS)?
- › Are there other medical problems I should be screened for?
- › What is the best treatment for me?
- › Is there a permanent cure for this?
- › Should I see a specialist? (e.g., endocrinologist, gynecologist, dermatologist)

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