

# Experts issue recommendations to manage unwanted hair growth in women

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All women who have unwanted dark, course hair growing on the face, chest or back should undergo testing for polycystic ovary syndrome (PCOS) and other underlying health problems, Endocrine Society experts concluded in an updated [Clinical Practice Guideline](#) released today.

For the first time since 2008, the Society issued an update to its Clinical Practice Guideline on hirsutism—a condition where women experience unwanted [hair growth](#) in areas where men typically grow hair. The guideline, entitled "Evaluation and Treatment of Hirsutism in Premenopausal Women: An Endocrine Society Clinical Practice Guideline," was published online today and will appear in the April 2018 print issue of *The Journal of Clinical Endocrinology & Metabolism (JCEM)*, a publication of the Endocrine Society.

"Excess facial or body hair is not only distressing to women, it is often a symptom of an underlying medical problem," said Kathryn A. Martin, M.D., of Massachusetts General Hospital in Boston, Mass., and chair of the task force that authored the guideline. "It is important to see your [health care provider](#) to find out what is causing the excess hair growth and treat it."

Hirsutism affects 5 percent to 10 percent of women. The excess hair growth can be caused by PCOS, a common condition that contributes to infertility and metabolic health problems.

Society experts now suggest all women with hirsutism undergo blood tests for testosterone and other male sex hormones called androgens. Women naturally have small amounts of these hormones, but the levels tend to be elevated in women with PCOS and other conditions that cause hirsutism. Experts previously called for testing for women with moderate to severe hirsutism, but the recommendation was broadened to improve diagnosis rates of PCOS and other underlying conditions.

Hirsutism can cause personal distress, anxiety and depression when it is not treated. The Society suggests treating mild cases with no sign of an underlying condition with medication or direct hair removal. For most women with hirsutism who are not trying to become pregnant, the authors suggest oral contraceptives as a first treatment. As long as a woman is not at risk of developing deep vein thrombosis or a pulmonary embolism, the type of oral contraceptive is not important, since they are all equally effective for treating hirsutism.

Although weight loss itself is not a recommended treatment for hirsutism, some studies have found it is associated with slight improvement in unwanted hair growth. As a result, the Society recommends women with both obesity and hirsutism consider making lifestyle changes to improve their overall health. A healthy diet and exercise also can be beneficial for women who have PCOS.

When women choose hair removal therapy to address hirsutism, the Society suggests photoepilation for women with unwanted auburn, brown or black hair and electrolysis for women with unwanted white or blonde [hair](#). Women of color who choose photoepilation may need to use a long wavelength, long pulse-duration light source to avoid complications. Providers should warn [women](#) of Mediterranean and Middle Eastern descent about the increased risk of side effects such as skin pigment changes, blistering or, in rare cases, scarring.

**More information:** Kathryn A Martin et al, Evaluation and Treatment of Hirsutism in Premenopausal Women: An Endocrine Society\* Clinical Practice Guideline, *The Journal of Clinical Endocrinology & Metabolism* (2018). [DOI: 10.1210/jc.2018-00241](https://doi.org/10.1210/jc.2018-00241)

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