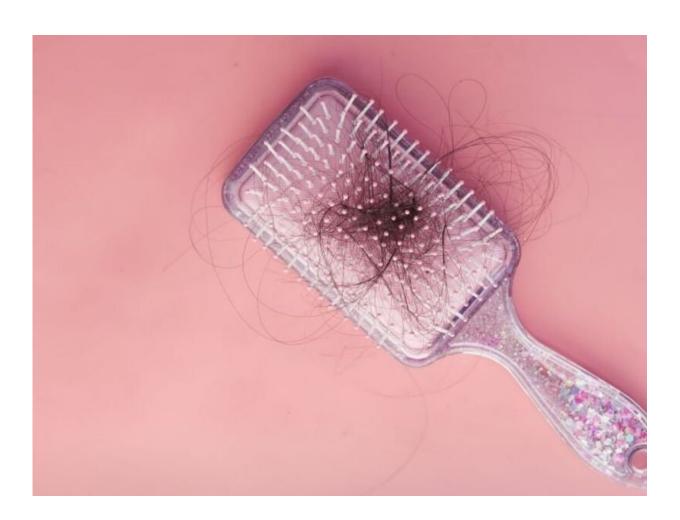


Hair regrowth seen in alopecia with methotrexate + prednisone

March 15 2023, by Elana Gotkine



For patients with recalcitrant alopecia areata totalis or universalis,



methotrexate combined with prednisone yields complete hair regrowth in about 31 percent of patients, according to a study published online March 8 in *JAMA Dermatology*.

Pascal Joly, M.D., Ph.D., from Rouen University Hospital in France, and colleagues examined the efficacy and tolerance of methotrexate alone or combined with low-dose prednisone in 89 patients with chronic and recalcitrant alopecia areata totalis or universalis in a <u>randomized clinical trial</u>. Patients were randomly assigned to methotrexate or placebo for six months; those with more than 25 percent hair regrowth at six months continued their treatment to 12 months, while those with less than 25 percent hair regrowth were re-randomly assigned to methotrexate plus prednisone or methotrexate plus placebo of prednisone.

The researchers found that complete or almost complete hair regrowth occurred at month 12 in one and zero patients who received methotrexate alone or <u>placebo</u>, respectively and in 20.0 percent of 35 patients who received methotrexate (for six or 12 months) plus prednisone, including 31.2 percent of 16 patients who received methotrexate for 12 months plus prednisone for six months. Compared with nonresponders, patients who achieved a complete response had a greater improvement in quality of life.

"The combination of <u>methotrexate</u> and low-dose <u>prednisone</u> can be considered as a therapeutic option in <u>patients</u> with recalcitrant types of alopecia areata totalis or universalis, even after the failure of previous systemic treatment," the authors write.

Several authors disclosed financial ties to the biopharmaceutical industry.

More information: Pascal Joly et al, Efficacy of Methotrexate Alone vs Methotrexate Plus Low-Dose Prednisone in Patients With Alopecia



Areata Totalis or Universalis, *JAMA Dermatology* (2023). DOI: 10.1001/jamadermatol.2022.6687

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