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MEDICAL PRACTICE

NEWS AND NOTES

SUPPLEMENT

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CORRESPONDENCE

Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the BMJ.

Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue. We may also forward letters that we decide not to publish to the authors of the paper on which they comment.

Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.

Topical minoxidil for common baldness

SIR,—I am writing to express my anxiety about the serious misuse of extemporaneous solutions of topical minoxidil for treating common baldness and other types of alopecia. Modern communications have informed the public of the actions of this agent long before its efficacy and safety have been properly assessed.

Seventy per cent of patients receiving systemic minoxidil for severe hypertension develop widespread hypertrichosis, including regrowth of hair on the bald scalps of some men with common baldness (androgenetic alopecia). No other chemical agent has shown the same ability to reconvert atrophic (vellus) follicles to the production of coarse, pigmented (terminal) hair. This substance has consequently commanded the attention of many hair biologists and clinicians, and many studies have been carried out to assess its efficacy in topical solution for various types of alopecia. One can conclude that certain limited patterns of common baldness are significantly improved with topical minoxidil in strengths of 2% to 5%. This is not original, and not the reason for my letter.

The problem is the emotive nature of common baldness and other types of alopecia. Few people totally adapt to hair loss, and even minor degrees of common baldness may cause severe psychological problems. Owing to the proliferation of articles and programmes on the subject by the media, many patients have attended their general practitioners and dermatology clinics asking for information, and often demanding topical minoxidil whatever the potential adverse consequences—even after careful explanation of the nature of the drug. Because my department has an interest in hair diseases we have been inundated with requests for the drug. I therefore asked the manufacturers, Upjohn Ltd, for information on the status of topical minoxidil and was aghast at the problems they have had to deal with.

They have had many requests from retail and hospital pharmacies for information or supplies of minoxidil tablets to enable topical solutions to be produced. It is important to point out the following facts about topical application.

Firstly, about one third of subjects with mild to moderate common baldness show significant regrowth of coarse, pigmented hair after daily application of topical minoxidil (2-5%) for a few months; as yet there are only limited data available on long term studies.

Secondly, the preparation does not have a product licence, and a licence is being sought only for the use of 2% solution (Regaine) in common baldness, not alopecia areata.

Thirdly, it is wrong, and possibly dangerous, to compound topical minoxidil solutions extemporaneously in a variety of vehicles. One cannot guarantee the adequacy of solubility, stability, or efficacy—or assess toxicity. The cost of preparing a topical extemporaneous solution of minoxidil from tablets is necessarily high—over £100 for 200 ml of 2% minoxidil solution—owing to the cost of the ingredients and the time of the pharmacist.

Fourthly, when topical minoxidil receives a product licence it will be available only on private prescription; exceptional circumstances will be required for DHSS reimbursement.

Finally, an extemporaneous solution of minoxidil should not be made from minoxidil tablets, which have a product licence only for the treatment of severe hypertension. Nevertheless, the preparation of these solutions cannot be controlled since in principle any doctor can prescribe any preparation that he sees fit for any patient.

Until a product licence is granted, thereby removing the need for extemporaneously prepared solutions of minoxidil, it is important to limit its use to departments with a special interest in assessing the preparation, and patients should be carefully informed of the current position.

RODNEY DAWBER

Department of Dermatology,
Slade Hospital,
Oxford OX3 7JH

Intercalated degrees

SIR,—We wish to echo the sentiments expressed by Dr Andrew H Wyllie and Professor Sir Alastair Currie (21 June, p 1646). At Aberdeen the degree Bachelor of Medical Biology is offered by several departments. In the department of pathology we value the course as an opportunity for the able and motivated student to experience academic teamwork and gain confidence and self discipline. We