

Q&A: Kathryn Martin, MD



Endocrine News talks with Kathryn Martin, MD, chair of the task force that created the latest Endocrine Society Clinical Practice Guideline on hirsutism. She discusses why it was important for the Society to release such a guideline on this topic now and why she thinks it will impact the care patients receive in the future.

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In February, the Endocrine Society issued a Clinical Practice Guideline on hirsutism, the first such guideline since 2008. Titled “Evaluation and Treatment of Hirsutism in Premenopausal Women: An Endocrine Society Clinical Practice Guideline,” it was published online and will appear in the print issue of *The Journal of Clinical Endocrinology & Metabolism* (JCEM) in April.

Kathryn A. Martin, MD, of the Massachusetts General Hospital in Boston, served as the chair of the task force that created the guideline. She spoke with *Endocrine News* about how clinicians can address this problem, which is often key to other underlying disorders, as well as how hirsutism is much more common than many people may realize.

Endocrine News: For endocrinologists familiar with the 2008 guideline, what changes can they expect to see in the updated version?

Kathryn Martin: We have modified our recommendations for both the evaluation and management of hirsutism.

We have broadened our suggestions for biochemical testing. We now suggest testing (with a serum total testosterone level) for all women with hirsutism, not just those with moderate-to-severe hirsutism. We have also broadened the suggestions for measuring serum-free testosterone and 17-hydroxyprogesterone concentrations.

Our treatment suggestions are quite similar, but we have made a new recommendation for lifestyle changes for obese women with polycystic ovary syndrome (PCOS). We have a stronger recommendation against the use of flutamide because it causes hepatotoxicity, and we have reconfirmed that all oral contraceptives appear to be equally effective for hirsutism (based upon our

Hirsutism is often a sign of an underlying medical problem — often PCOS — and patients need to be tested to find out the underlying causes and potential treatments.



updated meta-analysis). Lastly, we provide more detail on the uses, efficacy, and safety of photoepilation (laser and intense pulsed light). It is a very effective therapy for women with light skin and dark hair but is less effective and sometimes associated with complications in women with darker skin.

EN: What was the main reason for the publication of the hirsutism guideline — what drove the decision, and why now?

KM: The original decision for doing this guideline (as well as the reason for updating it) is that hirsutism is:

- Very common (5% to 10% of all women);
- Usually associated with an underlying endocrine disorder (most commonly PCOS); and
- Associated with personal distress and high rates of depression and anxiety if not treated.

EN: What are your hopes for the impact of the guideline on endocrine standards of care of the patient with hirsutism?

KM: Our hope is that clinicians will become more aware that hirsutism causes important personal distress for women and is usually a sign of an underlying endocrine disorder. In addition, we hope that women who present with hirsutism will be offered an endocrine evaluation followed by appropriate therapy as outlined in the guideline (pharmacologic, direct hair removal methods, or both).

EN: How do you expect other medical specialties to be affected by the task force's recommendations?

KM: This guideline is relevant for a number of other specialties including primary care, family medicine, ob-gyn, and adolescent medicine.

EN: What are the key take-home messages for patients in this guideline?

KM: Hirsutism (excess facial or body hair) is often the sign of

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an underlying medical problem (particularly PCOS). Your healthcare provider can do testing to find out what is causing it and then offer you treatment.

Hirsutism can make women feel distressed, anxious, and depressed. But there are many available treatments that can help them manage the hair growth. They should ask their healthcare providers for more information. The main treatments are oral contraceptives, another group of medicines called “antiandrogens,” and direct hair removal methods like laser and electrolysis. Other cosmetic methods like shaving, plucking, waxing, and threading can also be helpful, and they do not make hair grow back faster. EN