**Statement Regarding the Concern over Whether Finasteride Use Results in Persistent Sexual Dysfunction**
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A recent news story suggested that men who used Finasteride to treat male pattern hair loss developed a high rate of sexual dysfunction and that the sexual dysfunction persisted often for months or years after the cessation of the drug. This is based on a paper by Drs. Michael Irwig and Swapna Kolukula published in the Journal of Sexual Medicine 2011, volume 8, pages 1747-1753.

In this article titled "Persistent Sexual Side Effects of Finasteride for Male Pattern Hair Loss" retrospective interviews were conducted with 71 otherwise healthy men age 21-46 who had used Finasteride for the treatment of male pattern hair loss. The trial was a standardized interview obtained from patients who were recruited from the practice of one clinician. The patients were recruited either by word of mouth or from a website called "Propeciahelp.com", a self-help group with over 1400 members who are suffering from Finasteride side effects. The precise number of people recruited from this group is not given in the article but the authors clearly recognize that there is a selection bias by including men who already claim to be suffering adverse side effects from the drug. Furthermore, the average length of time the patient were taking the drug was 28 months and the average length of time after they stopped taking the drug before the interview was performed was 40 months. Therefore, people were asked to recall what their sexual health had been like the month before they started Finasteride and the month after they started Finasteride, often removed by 5 to 6 years from the event.

What the researchers found was an extremely high incidence of sexual dysfunction in patients in this group. Between 90% and 96% of the people interviewed had sexual dysfunction in several categories including low libido, erectile dysfunction and decreased arousal. Although a validated survey instrument was used it suffers from the very real bias that the patients did not take the survey prior to the initiation of therapy.

The findings in this study are in direct conflict with two larger studies sponsored by Merck and Glaxo-Smith Kline. In these two much larger studies which were randomized and placebo-controlled, the incidence of sexual side effects was less than 8% in the Finasteride group and less than 3% in the control group. Therefore, the overall risk of sexual side effects was only 5% in these large studies compared to over 90% in the very small group that were recruited from a potentially highly biased source; that is, a website for people complaining of sexual dysfunction.

The authors propose at least two possible mechanisms for sexual side effects associated with Finasteride. One is that there may be the conversion of testosterone to dihydrotestosterone in neurons in brain cells and that may be interrupted by Finasteride. It may also block the conversion of progesterone to some of its metabolites. However, they fail to give any plausible explanation for why changes would be permanent once the drug is stopped.

There are several important differences between the study which has been published and the population of men which uses Finasteride for the management of benign prostatic hyperplasia. In general, men who are using Finasteride for an enlarged prostate are much older than the population evaluated in this study. The dosage of the drug is much higher as well for men being treated for BPH. All of the currently published data we have for Finasteride use for BPH treatment suggests that sexual dysfunction is transitory and reverses. It is certainly concerning that in this very small observational

study some men have persistent sexual dysfunction but it is also possible that these men had sexual dysfunction independent of the Finasteride use and that sexual dysfunction may persist independent of whether they ever took the drug much less whether the stopped it.

We have always counseled patients that there may be decreased libido or desire associated with the use of 5-Alpha reductase inhibitors but erectile dysfunction is still a very unlikely outcome of using the drug based on current evidence. I strongly suspect that this information will stimulate a new round of randomized placebo-controlled trials to evaluate the effect of Finasteride on sexual dysfunction. Only in that setting are we likely to answer the question definitively.

For those men who are concerned about the possible long-term consequences of the drug it is certainly reasonable to stop it until additional studies shed further light on the risks. I think this study gives only very preliminary and unsubstantiated information about the long-term consequences of Finasteride use.

References:

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