

Men's health: hair and skin problems

In this final article in our men's health series, **Christine Clark** looks at some non-life threatening but, none the less, serious men's health problems

There are a number of common skin and hair problems for which men seek advice from pharmacists. These include hair loss, shaving problems, acne and fungal infections.

Male pattern baldness

Male pattern baldness (alopecia androgenetica) is the most common form of hair loss in men. It usually develops gradually and typically involves the appearance of a bald spot on the crown of the scalp, accompanied by hair thinning at the temples. Male pattern baldness can start at any time, but most men first become aware of it as they approach their thirties. It is estimated that two-thirds of all men will be affected by male pattern baldness. This occurs most commonly in Caucasians, followed by Afro-Caribbeans. Male pattern baldness is hereditary but, curiously, maternal genes appear to have the stronger influence.

Male pattern baldness is androgen-dependent and may be associated with oversensitivity of hair follicles to dihydrotestosterone (DHT). Men with a genetic deficiency of type-II 5 α -reductase (the enzyme that converts testosterone to DHT) do not develop male pattern baldness. One study has shown a link between smoking and hair loss.

Other types of hair loss can be caused by serious systemic illness, chemotherapy, scalp infections (eg, ringworm), stress and thyroid disease. It is important to establish the correct diagnosis because some types of hair loss can be reversed.

It is now recognised that male pattern baldness can cause considerable psychological distress and have a significant impact on quality of life. Consequently, some men with male pattern baldness are easy targets for charlatans and miracle-cure merchants. Referral to a qualified trichologist (see Institute of Trichologists website: www.trichologists.org.uk) can be helpful but this service is not available on the NHS. Nothing can prevent male pattern baldness and only general measures such as good hair care, avoidance of unnecessary trauma to the hair or scalp and a balanced diet can be recommended. Advice from a hair stylist can also help (eg, a short haircut draws less attention to thinning or receding hair than hair combed over a bald spot).

Treatment Effective treatments for baldness are drug treatment (using the antihypertensive minoxidil or the anti-androgen finasteride) or hair transplants.

Minoxidil Topical minoxidil is available in two strengths (2 or 5 per cent). Both are

licensed for the treatment of alopecia androgenetica in men aged 18 to 65 years; the lower strength can be used for hair loss in women.

Applied twice daily, minoxidil is believed to work by increasing blood flow (by vasodilatation) to the remaining hair follicles. Each pack contains the lotion, a metering device and three different applicators (pump spray, extended spray tip and rub on applicators) to suit individual needs. It can take at least two months before an effect is noticed and, unfortunately, minoxidil does not work for everyone. It is estimated that about one third of men who use it will get good hair growth, one third will get a fine, downy regrowth and one third will get little or no effect. If there has been no response after 12 months' treatment it is unlikely that further treatment will produce any effect. Moreover, minoxidil is only effective if it is used regularly. Once stopped, any regrowth will be lost.

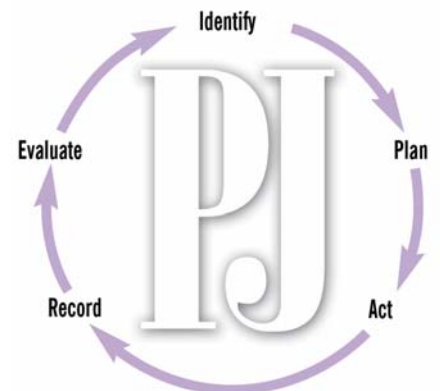
The summary of product characteristics states that topical minoxidil should not be used by men who have hypertension, those with scalp lesions (eg, sunburn or psoriasis) that could lead to increased absorption of minoxidil or those who have shaved scalps or who are using other topical scalp treatments. Although there is normally little absorption of topical minoxidil, users should be reminded that if they experience dizziness, palpitations, chest pain or sudden weight gain, they should stop using minoxidil and seek medical advice. The topical product contains alcohol and the mist may burn the face or eyes.

Finasteride Finasteride, an inhibitor of type-II 5 α -reductase, is licensed for the treatment of male pattern baldness. Currently it is only available on a private prescription. The dose is 1mg daily (Propecia).

Hair follicles contain type-II 5 α -reductase. In men with male pattern baldness, the scalp contains shrunken hair follicles and increased amounts of DHT. Finasteride decreases scalp and serum DHT concentrations in these men and reverses the balding process. Daily treatment for three to six months is usually needed before the effects are seen.

Reported side effects are rare but include impotence, reduced sex drive and reduced semen volume. All are reversible on discontinuation of treatment. Finasteride also reduces serum prostate-specific antigen (PSA) levels and this should be taken into account if a PSA assay is required during treatment with Propecia.

Men who are already taking finasteride for prostatic hyperplasia (Proscar) should not also take Propecia. The effects of oral finasteride and topical minoxidil used together have not been evaluated.



Identify knowledge gaps

1. What is balanitis?
2. How is sycosis barbae treated?
3. What are the options for men with hair loss?

Before reading on, think about how this article may help you to do your job better. The Royal Pharmaceutical Society's areas of competence for pharmacists are listed in "Plan and record", (available at: www.rpsgb.org/education). This article relates to "common disease states and their drug therapies" (see appendix 4 of "Plan and record").

Shaving problems

Red, raised bumps and ingrown hairs, irritation or rashes in the beard area can all be problems associated with shaving. These are more common in men who have curly facial hair — up to 80 per cent of Afro-Caribbean men suffer from shaving problems.

Barber's rash (sycosis barbae, folliculitis) is caused when the hair follicles become infected with the commensal organism *Staphylococcus aureus*, which is commonly found in the nasal passages. Infection leads to redness, itching and small, pus-filled blisters.

Razor bumps (shaving rash, pseudofolliculitis barbae) occur when the hair curls and grows back into the skin. The follicle becomes inflamed and susceptibility to infection is increased (leading to full-blown folliculitis.) Ingrowing hairs occur spontaneously in individuals with curly hair but can also occur in others when the hair is cut too short (below the skin surface).

Treatment and prevention Folliculitis is treated with systemic antibiotics (eg, flucloxacillin). Pseudofolliculitis can be treated by adopting a good shaving technique. If the skin is irritated a period of not shaving can also help. Occasionally, a topical antibiotic is recommended (eg, clindamycin). In the long term, good skin care and a good shaving technique usually solve the problem (see Panel 1, p643).

Christine Clark, PhD, FRPharmS, is a principal research fellow in clinical therapeutics (part-time) at Bradford University School of Pharmacy

Acne vulgaris

Some 70 per cent of adolescents develop acne and men appear to be affected more severely than women. Incidence peaks at 18 years of age, but older adults can be affected.

Acne vulgaris is an inflammatory condition affecting the sebaceous follicles of the face, chest and back. Increased androgen levels at puberty stimulate sebum secretion and follicular hyperkeratosis. Comedones form when the sebaceous glands become blocked with skin debris and lipid-rich sebum. These are readily colonised by *Propionibacterium acnes* and pustules and inflammatory lesions develop.

Mild acne involves open and closed comedones (whiteheads and blackheads). In more severe disease, pustules and inflammatory nodules are present. If untreated, severe inflammatory acne can lead to permanent scarring and severe psychosocial consequences including depression, loss of self-esteem and social withdrawal.

Treatment Acne cannot be prevented. It is not caused by poor hygiene or eating chocolate or a fatty diet. The mainstay of treatment of mild to moderate acne is the oxidising agent benzoyl peroxide. This is bactericidal against *P. acnes* and has some anticomedogenic activity. Benzoyl peroxide is available in a wide range of formulations and strengths (from 2.5 to 10 per cent). The choice of formulation depends on skin type as well as personal preference. Gels and solutions have a drying effect, which people with oily skin may like. In contrast, creams are moisturising so may be better for dry skin. Lotions are useful when application to large areas of skin is required. In general, gels, creams and lotions are preferable to washes, which have shorter skin contact. Skin irritation (redness, dryness, and stinging) is a common side effect of benzoyl peroxide, but can be minimised by starting with the lowest strength.

Treatment should be applied to the whole of the affected area and not just the visible spots (new comedones may be forming below the skin surface). It should be used

Panel 1: Tips for a good shaving technique

- Hairs should be cut flush with the surface of the skin, with minimal friction and irritation to the surrounding skin
- Shaving when the hairs have been wet for five minutes (eg, at the end of a shower) means that the hair is easier to cut — wet hair is much softer than dry hair
- Shave in the direction of hair growth (usually with downward strokes)
- Repeated strokes should be minimised — this will not give the closest shave, but it reduces the risk of ingrown hairs and irritation
- Shave with the skin in a relaxed position — avoid stretching the skin taut
- Alternatively, use an electric razor that leaves the hair a little longer

Sycosis barbae can be prevented with a good shaving technique

correctly for two months before considering an alternative — treatment failures often result from incorrect use or unrealistic expectations. If correctly used benzoyl peroxide is ineffective, prescribed treatment can be tried. The three topical antibiotics licensed for acne in the UK are erythromycin, clindamycin and tetracycline. First line oral antibiotics are oxytetracycline and tetracycline. Other treatments include retinoids and azelaic acid.

Fungal infections

Fungal infections are caused by infections with dermatophyte fungi or yeasts, which thrive in warm, moist conditions.

Tinea Athlete's foot (*tinea pedis*) is the most commonly seen fungal infection. It is estimated to affect 15 per cent of the population and presents as itchy, macerated skin, between the toes. Itching and inflammation can spread to the skin around the toes and the sole of the foot (known as "moccasin" distribution). Occlusive footwear, warm, damp working conditions and hot weather create the conditions for athlete's foot to thrive. Shared washing facilities allow the fungus to be transmitted.

Fungal infection of the groin (*tinea cruris*, jock itch, Dhubie itch) affects men more frequently than women and is caused by the same dermatophytes that cause athlete's foot. The skin of the upper inner thighs, pubis and anal region is infected. The scrotum is usually spared. Typically, it appears as an erythematous area with a well-defined, scaly edge.

Superficial dermatophyte infections can be treated with topical products containing imidazoles (eg, clotrimazole) or terbinafine. Imidazoles are fungistatic whereas terbinafine is fungicidal. Both types of product are used twice daily but terbinafine is effective in seven days whereas up to four weeks' treatment with an imidazole may be required to clear an infection. The symptoms will be relieved before a mycological cure is achieved.

It is important to take steps to minimise the possibility of reinfection. These include regular washing and careful, thorough drying of the affected areas. An antifungal dusting powder can be helpful. Footwear should also be treated to prevent reinfection from residual spores. Wearing cotton socks and avoiding trainers whenever possible helps to avoid conditions favourable to dermatophytes. Because the fungi can survive on skin debris in cloth-

ing, socks and underwear should be washed on a hot wash cycle. There is no need to avoid sports but sports clothes should be washed regularly and towels should not be shared.

Candidal balanitis

Balanitis is inflammation of the head of the penis. Although it has many causes, infection with the yeast *Candida albicans* is the most common. Typically, this presents as generalised erythema of the glans or foreskin, or both (which may have a dry glazed appearance), with eroded white papules and a white, foul-smelling discharge. Other symptoms include soreness and irritation. Candidal balanitis can be acquired through intercourse with an infected partner but it can also occur in people with diabetes and after antibiotic treatment. Intercourse should be avoided during treatment to avoid reinfection.

Topical imidazoles are the first line treatment for candidal balanitis. The cream or ointment should be applied twice daily for two weeks and for at least one week after symptoms have disappeared. A topical imidazole combined with 1 per cent hydrocortisone may be prescribed if there is significant inflammation and itching. Oral fluconazole is an option if topical treatment is ineffective. Over-the-counter packs of fluconazole should only be sold for balanitis if recommended by a doctor. Bathing with saline is soothing and may be helpful.

Although balanitis is less common in those who have been circumcised, there are no trial data on circumcision as a treatment for recurrent balanitis. For uncircumcised men, good personal hygiene is important to avoid infection — the area under the foreskin should be kept clean and dry. The consensus view is that circumcision may benefit individuals with recurrent infective balanitis.

Action: practice points

Reading is only one way to undertake CPD and the Society will expect to see various approaches in a pharmacist's CPD portfolio.

1. Visit the Prodigy website and answer the following questions:
 - How is acne classified in clinical trials?
 - When are oral antibiotics effective for acne?
 - If a treatment appears to be working, for how long should it be continued?
2. Review which products can be sold for candidal balanitis and read their patient information leaflets.
3. Brainstorm with your staff. What can you do to bring more men into your pharmacy?

Evaluate

For your work to be presented as CPD, you need to evaluate your reading and any other activities. Answer the following questions: What have you learnt? How has it added value to your practice? (Have you applied this learning or had any feedback?) What will you do now and how will this be achieved?