

[REDACTED]

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**From:** Informationservices  
**Sent:** 26 November 2013 11:51  
**To:** [REDACTED]  
**Subject:** RE: Finasteride syndrome

Dear [REDACTED] please find below the article from American J pathology. It seems to be a conference abstract.  
Best wishes  
[REDACTED]

**EMD3. Preliminary Evidence of a Peculiar Hormonal Profile in Men with Adverse Effects After Use of Finasteride Against Androgenetic Alopecia**  
**F. La Marra<sup>1</sup>, C. Di Loreto<sup>1</sup>, G. Mazzon<sup>2</sup>, G. Chiriaco<sup>2</sup>, C. Trombetta<sup>2</sup>, S. Cauci<sup>1</sup>**  
**1Dipartimento di Scienze Mediche e Biologiche, Università di Udine, Udine, Italy;**  
**2Clinica Urologica, Università di Trieste, Trieste, Italy**

Background: Finasteride is a 5-alpha-reductase inhibitor that impairs the conversion of testosterone (T) to dihydrotestosterone (DHT). At dosage of 1 mg/die finasteride is successfully used against androgenetic alopecia. In young men finasteride used against hair loss is reported to provoke reversible sexual side effects. However, some very recent reports highlighted long-term persistence of sexual dysfunctions. We aimed to hormonally characterize 9 patients with long-term post-finasteride syndrome. Methods: Nine patients (36 ± 5 years old) with persistent (over 6 months) adverse effects including erectile dysfunction, infertility and depression, and 10 healthy matched controls were enrolled. Testosterone, lutenizing hormone (LH), follicle stimulating hormone (FSH), estradiol (E2), progesterone and prolactin levels were evaluated in morning serum of all subjects. Results: Testosterone concentrations did not differ in cases and controls, P = 0.74. However, LH was 2-fold lower in cases (P = 0.03), whereas FSH was not statistically different between groups. Interestingly, the ratio of T/LH was 1.8-fold higher in cases than in healthy controls (P = 0.04). Conclusions: A concerning evidence is accumulating on severe long-term consequences of finasteride use in less than 50 years-old men. The percentage of subjects having post-finasteride syndrome is still to be determined and reasons of such persistent effects are unknown. We were the first to determine a peculiar hormonal profile in these patients suggesting an impairment of the endocrine interplay of hypothalamus, pituitary and the testis, which specifically dampens only one of the gonadotrophins released from the pituitary gland, i. e. LH.

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**From:** [REDACTED]  
**Sent:** 22 November 2013 11:38  
**To:** [REDACTED]  
**Subject:** RE: Finasteride syndrome

Dear [REDACTED]

Please could you obtain the full articles for me?  
Also I wonder if it would be possible to ask about how to gain access to CME or BMJ learning through the MHRA. I would like to be able to access learning modules as part of my PDP. Do you know who I need to contact for this?

Many thanks

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**From:** ■■■■  
**Sent:** 06 November 2013 14:06  
**To:** ■■■■  
**Subject:** Finasteride syndrome

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■■■■ I just wanted to check with you if this is the type of article you would be interested for the proquest alert.  
Thanks  
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