

[REDACTED]

From: [REDACTED]
Sent: 09 May 2016 15:42
To: [REDACTED]
Subject: RE: [ProQuest Alert] "finasteride syndrome"

Follow Up Flag: Follow up
Flag Status: Completed

Hi [REDACTED]

I've gone through most of the papers and identified ones I think I can review and marked them in the spreadsheet – including the ones I have already reviewed.

Some papers do not report depression/suicide outcomes and only focus on the sexual dysfunction ADRs – do these need to be included in our paper?

Thanks,
[REDACTED]

From: [REDACTED]
Sent: 03 May 2016 16:27
To: [REDACTED]
Subject: RE: [ProQuest Alert] "finasteride syndrome"

Excellent. I've put the spreadsheet on and I will start loading the articles on tomorrow. I have requested the outstanding ones.

Thanks
[REDACTED]

From: [REDACTED]
Sent: 03 May 2016 15:44
To: [REDACTED]
Subject: RE: [ProQuest Alert] "finasteride syndrome"

Hi [REDACTED]

I've saved the papers in my folder – wasn't quite sure where else to put them!

[G:\VRMMPharmacovigilance Group\Pharmacoepidemiology\Pharmacoepidemiology \[REDACTED\] Assessments\Literature reviews\Finasteride & suicide](#)

I've requested the three articles – they might not be massively useful, as I don't think they report anything related to suicide/depression, so will have to see.

From: [REDACTED]
Sent: 03 May 2016 11:10
To: [REDACTED]
Subject: RE: [ProQuest Alert] "finasteride syndrome"

Ok cool. Let me know the link when you get it. I'll put articles onto G, as I get them.

I'm doing a spreadsheet with the proposed articles. Other than the 3 you are going to get there is about 10 which I will chase up.

Best

■

From: ■
Sent: 03 May 2016 10:14
To: ■
Subject: RE: [ProQuest Alert] "finasteride syndrome"

Hi ■

Yes no problem, will request those articles.

Yes I think the U drive does get wiped sometimes, so might be best to save on G drive. I can move them over if you like?

■

From: ■
Sent: 03 May 2016 09:56
To: ■
Subject: RE: [ProQuest Alert] "finasteride syndrome"

Thanks ■

I have 5 the Trost article and 54, 95 (Irwig) but not 29, 38, 39.

Would you be able to get the last 3 from Information Services and I'll get the others if I don't have them. I have put another couple on U drive, not sure if it would be safer to move to G drive..does U drive get wiped every so often?

Best
■

From: ■
Sent: 27 April 2016 09:40
To: ■
Subject: RE: [ProQuest Alert] "finasteride syndrome"

Hi ■

Thanks for this.

I agree with your selections. There were some articles in the second attachment which I thought might be useful (5, 29, 38, 39, 54, 95).

■

From: ■
Sent: 26 April 2016 15:47
To: ■
Subject: FW: [ProQuest Alert] "finasteride syndrome"

Hi ■

Quickly, because I know you would like to be getting on with planning this at least...Of these 2 searches I identified 20 which may be useful but can be narrowed down further. I'm not sure if you want to take a look to see what you think.

Some will be a re-hashed version of the same material by the same author. I should have copies of many of them.

From the 1st attachment only doc 11 might be useful.

The second attachment:

Possibly 1,2, 3, 8, 14, 16,27,33, 48 (54), , 64, 75, 78, 86,90, 91, 93, 98.

I will look to see if I already have the articles before we request.

■

I'm off tomorrow on AL but will be back Thursday.

Best

■

From: Informationservices
Sent: 15 March 2016 14:46
To: ■
Subject: FW: [ProQuest Alert] "finasteride syndrome"

Dear ■ I have run your search using the terms you have given and after 2011.
Please find attached the results.
Please let me know if this is useful or if you require further searching or full text articles.

Best wishes

■

Information Services

From: ■
Sent: 11 March 2016 14:31
To: Informationservices
Subject: RE: [ProQuest Alert] "finasteride syndrome"

Dear ■

Please can you obtain the full text articles from the search below. It would be much appreciated.
Also I have been asked to conduct a review of various adverse events associated with finasteride (particularly the brand Propecia/ 1 mg dose for male pattern baldness)
Please can I ask for your help with this. Although I have been to a couple of study drop ins for Proquest I don't have confidence that I will pick up all articles.
Would you possibly be able to do a search on my behalf?
The topic is suicide, suicidal ideation, [severe depression]
I guess safety, adverse events and finasteride will also form part of the search.
Articles from the last 5 years, especially any reviews would be welcome.
Many thanks in advance for your help
The deadline for my review is, unfortunately quite soon [29th March]

BW

■

From: Informationservices
Sent: 07 March 2016 08:11
To: ■
Subject: FW: [ProQuest Alert] "finasteride syndrome"

From: alert@proquest.com [<mailto:alert@proquest.com>]
Sent: 07 March 2016 00:02
To: Informationservices
Subject: [ProQuest Alert] "finasteride syndrome"

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ProQuest Search alert

ProQuest Dialog will send alerts **Monthly** to:

Email address: library@mhra.gsi.gov.uk
Alert name: Finasteride [REDACTED]
Alert ID: 315183
Dates of coverage: February 6 2016 through March 6 2016
Created by My Research account: RELYAE (MHRA Information Services)
Subject: "finasteride syndrome"

[View all search results](#) - in ProQuest Dialog

[Do more with documents in this alert](#) at ProQuest Dialog. See documents in available formats (e.g., Citation/Abstract, Full text, etc.). Export documents to PDF, RTF, XML, etc.

2 new documents found for "**finasteride syndrome**"

References

Document 1 of 2

An observational retrospective evaluation of 79 young men with long-term adverse effects after use of finasteride against androgenetic alopecia

Author: Chiriaco, G 1 ; Cauci, S 2 ; Mazzon, G 1 ; Trombetta, C 1 1 Urological Hospital Department, Department of Medical, Surgical and Health Sciences, University of Trieste, Trieste, Italy, Italy 2 Department of Medical and Biological Sciences, School of Medicine, University of Udine, Udine, Italy, Italy

Publication info: Andrology 4.2 (Mar 2016): 245-50.

[ProQuest document link](#)

Abstract: Concern regarding adverse effects of finasteride is increasing. We aimed to determine the type and frequency of symptoms in men having long-term sexual and non-sexual side effects after finasteride treatment (a condition recently called post-finasteride syndrome, PFS) against androgenetic alopecia (AGA). Subjects were recruited at the Urology Unit of the Trieste University-Hospital, and from a dedicated website. Out of 79 participants, 34% were white Italians, mean age was 33.4 ± 7.60 years, mean duration of finasteride use was 27.3 ± 33.21 months; mean time from finasteride discontinuation was 44.1 ± 34.20 months. Symptoms were investigated by an ad hoc 100 questions' questionnaire, and by validated Arizona Sexual Experience Scale (ASEX) and Aging Male Symptom Scale (AMS) questionnaires. By ASEX questionnaire, 40.5% of participants declared getting and keeping erection very difficult, and 3.8% never achieved; reaching orgasm was declared very difficult by 16.5%, and never achieved by 2.5%. By the ad hoc questionnaire, the most frequent sexual symptoms referred were loss of penis sensitivity (87.3%), decreased ejaculatory force (82.3%), and low penile temperature (78.5%). The most frequent non-sexual symptoms were reduced feeling of life pleasure or emotions (anhedonia) (75.9%); lack of mental concentration (72.2%), and loss of muscle tone/mass (51.9%). We contributed to inform about symptoms of PFS patients; unexpectedly loss of penis sensitivity was more frequent than severe erectile dysfunction and loss of muscle tone/mass was affecting half of the subjects. Further studies are necessary to investigate the pathophysiological and biochemical pathways leading to the post-finasteride syndrome.

Links: [360 Link to Full Text](#)

Language: English

Language of abstract: English

Publication title: Andrology

Volume: 4

Issue: 2

Pages: 245-50

Publication type: Journal

ISSN: 2047-2919 (ISSNLinking)

eISSN: 2047-2927

Journal code: 101585129

Publisher location: ENGLAND

DOI:

<http://dx.doi.org/10.1111/andr.12147>

Date created: 2016-03-04

Document type: Journal Article

Accession number: 26763726

Copyright: © 2016 American Society of Andrology and European Academy of Andrology.

First available: 2016-03-05

Updates: 2016-03-05

Database: MEDLINE®; 1946 to date (1946 - current)

Document 2 of 2

Emotional Consequences of Finasteride: Fool's Gold

Author: Ganzer, Christine Anne 1 ; Jacobs, Alan Roy 1 1 Hunter-Bellevue School of Nursing, New York, NY, USA, USA cganzer@hunter.cuny.edu

Publication info: American journal of men's health (Feb 11, 2016).

[ProQuest document link](#)

Abstract: Androgenetic alopecia, the gradual, progressive loss of hair frequently results in psychological despair, in part related to changes in self-image. Current androgenetic alopecia treatments are limited to hair transplantation and medications that inhibit dihydrotestosterone, a potent androgen associated with follicular micronization. Users of finasteride, which prevents dihydrotestosterone production, report serious physical and emotional adverse effects, collectively known as post-**finasteride syndrome**. Psychiatric illnesses and personality traits, specifically neuroticism influence emotional well-being. Limited research exists exploring the psychological corollaries of post-**finasteride syndrome** and preexisting Axis I and Axis II mental health conditions. The aim of this study was to explore how having a preexisting personal and/or familial history of a psychiatric diagnosis and certain personality traits may influence anxiety and depression among finasteride users. Participants in this online survey completed the Beck Depression Inventory, the Beck Anxiety Inventory, and Ten-Item Personality Inventory. An important finding in this study was that almost 57% (n = 97) of men reported a psychiatric diagnosis and 28% (n = 27) had a first-degree relative with a mental health disorder, of this

group 17 only had a family history. Nearly 50% of the men surveyed reported clinically significant depression as evidenced by Beck Depression Inventory score and 34% experienced anxiety on the Beck Anxiety Inventory. There were no statistically significant trends in personality traits reported. Results provide evidence on the need to screen for psychiatric history and counseling patients about the potential psychological consequences of finasteride. Prescribing clinicians should carefully weigh the risk/benefit ratio with these patients.

Links: [360 Link to Full Text](#)

Language: English

Language of abstract: English

Publication title: American journal of men's health

Publication type: Journal

ISSN: 1557-9883 (ISSNLinking)

eISSN: 1557-9891

Journal code: 101287723

Date created: 2016-02-12

Date revised: 2016-02-13

Document status: Revised

Document type: JOURNAL ARTICLE

Accession number: 26868914

Copyright: © The Author(s) 2016.

First available: 2016-02-14

Updates: 2016-02-14

Database: MEDLINE®; 1946 to date (1946 - current)

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