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Email address: [REDACTED]
Alert name: Finasteride [REDACTED]
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References

Safety Profile of Finasteride: Distribution of Adverse Effects According to Structural and Informational Dichotomies of the Mind/Brain

Author: Motofei, Ion G 1 ; Rowland, David L 2 ; Manea, Mirela 1 ; Georgescu, Simona R 3 ; Păunică, Ioana 1 ; Sinescu, Ioanel 4 1 Department of Psychiatry, Carol Davila University, Cazangiilor Street No. 10, 033063, Bucharest, Romania, Romania igmotofei@yahoo.com 2 Department of Psychology, Valparaiso University, Valparaiso, IN, 46383-6493, USA, USA 3

Publication info: Clinical drug investigation (Feb 4, 2017).

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Abstract: Finasteride is currently used extensively for male androgenic alopecia and benign prostatic hyperplasia; however, some adverse effects are severe and even persistent after treatment cessation, the so-called 'post-finasteride syndrome'. The following most severe adverse effects-sexual dysfunction and depression-often occur together and may potentiate one other, a fact that could explain (at least in part) the magnitude and persistence of finasteride adverse effects. This paper presents the pharmacological action of finasteride and the corresponding adverse effects, the biological base explaining the occurrence, persistence and distribution of these adverse effects, and a possible therapeutic solution for post-finasteride syndrome. The distribution of finasteride adverse effects is presented within a comprehensive and modern neuro-endocrine perspective related to structural and informational dichotomies of the brain. Understanding the variation of finasteride side effects among different populations would be necessary not only to delineate the safety profile of finasteride for different subgroups of men (a subject may or may not be affected by a certain anti-hormonal compound dependent on the individual neuro-endocrine profile), but also as a possible premise for a therapeutic approach of finasteride adverse effects. Such therapeutic approach should include administration of exogenous hormones, which are deficient in men with post-finasteride syndrome, namely dihydrotestosterone (in right-handed men) or progesterone/dihydroprogesterone (in left-handed subjects).

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

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