Post-Finasteride-Syndrome: Myth or Reality?
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The post-finasteride syndrome has been claimed to occur in men who have taken oral finasteride to treat either hair loss or benign prostatic hyperplasia. Reported symptoms include: loss of libido, erectile dysfunction, reduction in penis size, penile curvature or reduced sensation, gynecomastia, muscle atrophy, cognitive impairment, severely dry skin, and depression. The condition allegedly may have a life-altering impact on sufferers and their families, such as job loss and the break-up of romantic relationships or marriages, while also being linked to suicides. As yet, the condition is not recognized by the scientific community, although individuals who suffer from the syndrome do present with very distinctive and relatively homogenous symptoms. While the incidence of persistent sexual, mental, and physical side effects which continue despite quitting finasteride is unknown, it is likely that over 1’000 men worldwide are experiencing the effects. This estimate is based on the number of registered users of the Internet forum www.propeciahelp.com. Persistent neurological effects from other drugs are well recognized, such as tardive dyskinesia related to the use of phenothiazines for treatment of chronic schizophrenia. The mechanisms of irreversible tardive dyskinesias from phenothiazines may be similar to the mechanisms underlying the persistent side effects of finasteride. There is a growing body of scientific evidence from studies in rodents, that finasteride may reduce the concentration of several neuroactive steroids important for neurogenesis and neuronal survival. In rats treated with the phenothiazine haloperidol to induce orofacial dyskinesias, co-administration of progesterone prevented this side effect, while pre-treatment of the rats with finasteride reversed this protective effect, demonstrating an important role of the progesterone pathway and its metabolites. Up to date there is no predictive factors for the risk of development of post-finasteride syndrome and no known treatment for the disorder. For the time being, as a general rule: (1) Refrain from prescribing oral finasteride to a patient with a personal history of depression, sexual dysfunction, or fertility problems (2) When fertility is an issue, may consider performing a sperm count before and during treatment with oral finasteride. (3) In any case of adverse effects, stop oral finasteride treatment. (4) In all men 45 and over, perform PSA before, after starting therapy with oral finasteride, and thereafter on twice yearly basis. The level should drop by ca. 50% upon initiation of therapy. In case of increase > 0.4 ng/ml per year, refer to urologist to check prostate condition. (5) For men who choose regular prostate-cancer screening, the use of oral finasteride meaningfully reduces the risk of prostate cancer.