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Spironolactone for female pattern hair loss

What is female pattern hair loss (FPHL)?

FPHL is the most common cause of gradual hair thinning in women. It is a condition that usually gets worse over time. The hair follicles gradually shrink, which means the hair may become thinner, shorter and grow more slowly. It usually affects the crown and the top of the scalp. This is also called diffuse thinning.

FPHL can be linked to a mix of things, including your genes, age and hormones.

Using spironolactone for FPHL

Spironolactone treats FPHL loss by acting as an anti-androgen. It blocks hormones like dihydrotestosterone (DHT) from attaching to receptors in hair follicles and slows the bodies production of these hormones. This stops follicular miniaturisation (hair getting thinner and finer) allowing hair to grow thicker, stopping further hair loss. While it is licensed for conditions such as high blood pressure and fluid retention, it is commonly used ‘off label’ to treat FPHL in women.

‘Off licence’ means the medicine is not specifically licensed in the UK to treat this condition. However, doctors commonly use it for FPHL clinical practice.

Spironolactone will not cure FPHL but may:

- slow down or stop further shrinking of hair follicles
- help prevent existing hair become thicker over time

It works slowly, so you will need to take it for several months. The treatment will be long-term. Most women

notice improvements after 6 months, but treatment needs to be continued for the full 12 to 18 months to see the effect.

What dose should I take?

The usual dose is between 100 milligrams (mg) and 200 mg once a day.

You will usually start with 50 mg once a day for a month.

If you have no side effects and your blood tests are normal, your healthcare professional may increase your dose to:

- 100 mg once a day for one month
- 150 mg once a day for one month
- up to the maximum recommended dose of 200 mg once a day

What are the common side effects of spironolactone?

Side effects of spironolactone may depend on the dose which is taken.

Common side effects

- Sore or swollen breasts
- Irregular menstrual periods, which may improve if you take the pill or use a hormonal device within the uterus (IUD).
- Drop in blood pressure (Postural hypotension) can make you feel dizzy, lightheaded or faint.

Uncommon side effects

- Skin rashes
- Drowsiness
- Fatigue
- Headache
- Loss of sex drive

Rare side effects

- Confusion
- Loss of coordination
- Increased urine production, this medicine is a diuretic (water tablet)

Very rare side effects

- High potassium levels in the blood (more likely if you are over 45 or have heart/kidney problems).
- Changes in blood tests for your kidneys or liver (these usually go back to normal if you stop or lower the dose).
- Cancer. Animal studies showed a possible link to cancer at very high doses, but this has not been seen in people using regular doses.

Important precautions

- Do not take spironolactone if you are pregnant or trying to get pregnant.
- Do not take spironolactone if you have Addison's disease or serious kidney problems.
- Drinking alcohol may increase some of the side effects of spironolactone, such as dizziness. We

advise decreasing the amount of alcohol you consume.
- Use reliable contraception while using spironolactone
- The combined pill can help reduce side effects and improve acne.
- It is usually safe to try for a baby one month after stopping spironolactone.
- Both the World Health Organisation (WHO) and the American Academy of Paediatrics (AAP) classified spironolactone as compatible with breastfeeding in agreement with LactMed.

How will I be monitored for the side effects of spironolactone treatment?

Your doctor will recommend a blood test to check your potassium level before starting treatment. They may also monitor your bloods during treatment. These checks may be needed more frequently if you have heart or kidney problems, or if you take other medications that affect potassium levels.

Can I take other medicines with spironolactone?

Please tell your doctor if you take any of the following medicines or supplements:

- Angiotensin-converting-enzyme (ACE) inhibitors, used to treat high blood pressure or heart problems, such as quinapril, captopril, perindopril.

- Anti-inflammatory painkillers, such as aspirin, ibuprofen, diclofenac.
- Antibiotics, such as trimethoprim, trimethoprim-sulfamethoxazole)
- Water tablets, also called diuretics, such as furosemide, indapamide, bumetanide.
- Medicines for heart conditions, such as digoxin.
- Medicines for high blood pressure, such as candesartan, losartan, olmesartan.
- Potassium supplements

If you are taking a medication that is not listed above, please inform your doctor. There may be other medications or supplements that can interact with spironolactone and cause problems.

Contact Information

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Content reviewed: July 2026

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation.

***Ask 3 Questions** is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85

AQuA Advancing Quality Alliance

Right Care Shared Decision Making Programme

NHS https://aqua.nhs.uk/resources/shared-decision-making-case-studies/

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GHPI1956_07_26
Department: Dermatology
Review due: July 2029
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