

Your hair options, *mapped.*

Thinning, shedding, and the widening part — what's happening, and every tool we use.

If your part is wider than it used to be, your ponytail is thinner, or the shower drain has become a daily surprise — you're not imagining it, and you're not alone. Hair grows in cycles, and estrogen keeps follicles in the growing phase longer. As estrogen falls, that protection fades and follicles become more sensitive to androgens, so hairs grow finer and shorter. **Two different problems look alike: a sudden shed (telogen effluvium) and gradual pattern thinning (female pattern hair loss).** The first fixes itself once the trigger is found; the second responds to treatment — but only treatment you keep up.

Cost tiers: \$ under ~\$30/mo · \$\$ ~\$30–100/mo · \$\$\$ often \$100+/mo

Estimates only. Most hair treatments are used off-label and cash-pay; generics with a discount card are the affordable route. Every option here takes 4–6 months to judge.



Topical minoxidil

\$

The only FDA-approved medicine for female pattern hair loss. It lengthens the growing phase and widens the hair shaft; it doesn't change hormones.

Where it goes: 5% foam once daily (or 2% solution twice daily) to a dry scalp along the part and crown — not the hair.

Dosing flexibility: one strength; daily and for good. Stop, and the gain reverses over months.

Good to know: over the counter, generic ~\$15–25/mo. A shed in weeks 2–8 is the old hairs leaving — expected, temporary. Scalp irritation is the main complaint.



Low-dose oral minoxidil — off-label

\$

A tiny dose of an old blood-pressure pill, now a first-line choice among hair specialists — the same growth effect as the foam, with nothing to apply.

Where it goes: by mouth, once daily.

Dosing flexibility: started low (~0.625–1.25 mg) and stepped up to effect, typically ≤2.5 mg for women.

Good to know: generic, pennies a day. Unwanted facial or body hair is the most common side effect (dose-related, reversible); ankle swelling and light-headedness are why we start low. Not with certain heart conditions.



Spirolactone — off-label

\$

An anti-androgen: it blocks the hormone signal that shrinks follicles. Best when thinning comes with acne, oily skin, or facial hair — it helps all three.

Where it goes: by mouth, daily.

Dosing flexibility: 50–200 mg; titrated over months.

Good to know: generic, covered by most plans. Potassium is checked; more urination and breast tenderness early on. Before menopause it requires reliable contraception. Often paired with minoxidil.



Finasteride / dutasteride — off-label

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Pills that block conversion of testosterone to DHT, the androgen that miniaturizes follicles. Evidence in women is modest and best after menopause.

Where it goes: by mouth, daily.

Dosing flexibility: a few strengths; dutasteride is the stronger of the two.

Good to know: generic. Postmenopausal use only in our practice — these can harm a developing pregnancy. Low mood or libido changes are uncommon but worth watching; we'll tell you if we'd rather start elsewhere.



Your hormone therapy, tuned for hair

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Estrogen is a hair ally; it holds follicles in the growing phase. But some progestins and testosterone can nudge the other way in androgen-sensitive follicles.

Where it goes: no new product — a review of what you already take.

Dosing flexibility: swapping an androgenic progestin for micronized progesterone; adjusting a testosterone dose; confirming estrogen is adequate.

Good to know: often the first move, and sometimes the only one needed. See our estrogen, progesterone, and testosterone cards.



Ketoconazole shampoo

\$

A medicated shampoo with mild anti-inflammatory and local anti-androgen effects on the scalp — a supporting player, not a solo act.

Where it goes: lather onto the scalp, leave 3–5 minutes, rinse.

Dosing flexibility: 2–3× a week; 1% over the counter, 2% by prescription.

Good to know: generic and inexpensive. Especially useful with scalp flaking or itch. Can be drying — follow with conditioner on the lengths.



Red-light (laser) caps & combs

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Low-level light therapy, FDA-cleared for pattern hair loss. Trials show modest gains in hair density — real, but smaller than minoxidil.

Where it goes: a cap or helmet worn at home.

Dosing flexibility: most devices run 10–25 minutes, 3× a week, ongoing.

Good to know: one-time purchase, ~\$200–1,000; painless, no drug interactions. Best as an add-on for wahine who want every lever — or who can't use the medicines.



Labs, iron & nutrition

\$

A sudden, diffuse shed usually has a cause we can find: low iron stores, thyroid shifts, a crash diet or rapid weight loss, illness, surgery, a new medication, or major stress 2–4 months earlier.

Where it goes: a blood draw — ferritin, thyroid, vitamin D, sometimes zinc and a full count.

Dosing flexibility: replete what's low (ferritin ideally above ~50); protein of ~1.2 g/kg a day.

Good to know: the shed after rapid weight loss — including on GLP-1 medications — is common and self-limited once protein and iron are supported. Labs are covered by most plans.



A closer look: *compounded* & in-office options

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When single products aren't enough, we combine active ingredients through the highly regarded Maui compounding pharmacy we work with closely, and add in-office treatments that work on the scalp directly.

COMBINATION TOPICAL SOLUTIONS

Minoxidil paired with finasteride, spironolactone, or tretinoin in one nightly scalp solution — several mechanisms in one step, with the hormone-blocking ingredients acting locally rather than throughout the body.

GHK-CU COPPER PEPTIDE SERUM

A naturally occurring peptide that signals follicle growth and repair in lab studies, as a nightly scalp serum. Low-risk, pairs with everything; human data are early and small — an add-on, not a foundation.

RF MICRONEEDLING — WITH OPTIONAL PRP

Radiofrequency heat through fine needles stimulates growth signaling and blood supply, and opens channels so topicals absorb far better. Adding PRP — your own platelets, spun down — layers growth factors on top; meta-analyses show meaningful density gains. In-office series, then maintenance. Cash-pay.

ORAL MINOXIDIL AT EXACT DOSES

Commercial tablets start at 2.5 mg; compounding lets us start at a true 0.625 or 1.25 mg and climb in small steps — a gentle start instead of side effects on day one.

PTD-DBM + VALPROIC ACID TOPICAL

A compounded scalp solution on the Wnt pathway that wakes dormant follicles: PTD-DBM (a peptide that blocks a Wnt "brake" protein) with valproic acid, which turns Wnt signaling up. Striking regrowth in animal studies; small human pilots of topical valproic acid show real gains in hair count. Newer science, plainly labeled.

PLATED HAIR SERUM

A platelet-derived exosome serum — the growth-factor signals from platelets, no blood draw — applied to the scalp daily; available in our office. Early data show improved density and a calmer scalp. The daily companion to RF microneedling, or on its own.

One thing worth knowing: compounded preparations aren't FDA-approved products; they're prepared for an individual patient by licensed pharmacies under federal 503A/503B rules, and the rules for compounded peptides are actively changing. Typically cash-pay.

What the evidence *actually* says.

First, which problem is it?

A *shed* — handfuls, everywhere, sudden — is telogen effluvium: the follicles are fine, all pushed into rest at once by a trigger 2–4 months earlier. Find the trigger and it regrows on its own by 6–9 months. *Thinning* — a widening part, a see-through crown, finer hairs, over years — is female pattern hair loss, and needs treatment you continue. Many wāhine have both.

The six-month rule.

Hair grows about a centimeter a month, so nothing shows in weeks. We photograph the part and crown at the start and judge at six months — a shed in the first two months of minoxidil means it's working, not failing.

Hormone therapy and hair.

Estrogen protects the follicle. Progestins vary: norethindrone and levonorgestrel carry androgenic activity; micronized progesterone and drospirenone don't — a swap can matter. Testosterone can accelerate thinning in sensitive follicles, one reason we dose it carefully. None of this argues against hormone therapy; it argues for choosing the pieces well.

The supplement shelf, honestly.

Biotin only helps if you're deficient (rare) — and it distorts thyroid and cardiac lab tests, so stop it a week before any blood draw. Branded hair supplements have small, industry-funded trials showing modest benefit. Iron, vitamin D, and zinc help when they're low, not otherwise. Rosemary oil has one small trial comparing it to 2% minoxidil — modest, not nothing, not a substitute for 5%. What we recommend is in our Fullscript store (10% patient discount).

Triggers we look for: weight loss and medications.

Rapid weight loss — after surgery, a strict plan, or on a GLP-1 medication — commonly triggers a shed about three months in; follicles paused under metabolic stress and restart on their own with protein, iron, and patience. Medicines can do the same: aromatase inhibitors and tamoxifen, retinoids, anticoagulants, beta-blockers, lithium, some antidepressants, and starting or stopping hormonal contraception. Timing is the clue — the shed lands 2–4 months after the change.

Two more levers: the pill, and your metabolism.

Before menopause, a contraceptive pill with an anti-androgen progestin (drospirenone) can treat the thinning, the acne, and the contraception spironolactone requires — one prescription, three jobs. And androgen-driven thinning in your 30s–50s often tracks with insulin resistance or PCOS; treating the metabolic picture, including with metformin or GLP-1 medications when appropriate, improves the hair along with everything else.

When we send you to dermatology.

Smooth, shiny scalp; a receding front hairline or thinning eyebrows (frontal fibrosing alopecia — increasingly common after menopause); burning, scaling, or patches. These need a specialist, often a biopsy, quickly — scarring hair loss is permanent where it has already happened. Thinned brows from menopause or FFA: bimatoprost (Latisse), FDA-approved for lashes, works well off-label on brows.

Questions worth bringing to your visit

- Is this a shed or pattern thinning — or both?
- Which labs do we check, and what's my ferritin?
- Could my hormone therapy be part of this?
- Topical or oral minoxidil — and what do I add?
- Would RF microneedling, PRP, or Plated be worth it for me?

Wahine Health · Gynecology Care for Maui

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Is it perimenopause? Free, private 3-minute check-in: wahinehealth.com/gynecology-blog/perimenopause-quiz

This handout is patient education, not medical advice or a treatment plan. Treatment decisions are individual and made with your clinician. Cost tiers are general estimates and vary by pharmacy and insurance.

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