

Eflornithine (Vaniqa) Cream for Facial Hirsutism

Recommendations

Treatment with Eflornithine cream is only recommended for consideration in patients with facial hirsutism, who have had the following excluded:

- 1. Clinical symptoms that indicate the need for referral for further assessment for underlying conditions eg. Cushings, androgen secreting tumour, polycystic ovary syndrome.*
- 2. Moderate to severe hirsutism with raised testosterone levels*
- Prescription of medication that may cause hirsutism e.g. ciclosporin, glucocorticoids, minoxidil, phenobarbitone, phenytoin, combined oestrogen-androgen hormone replacement therapy*

More information regarding management of hirsutism can be found at CKS http://cks.nice.org.uk/hirsutism

If none of the above apply then:

- Encourage weight loss in women who are overweight or obese.
- Discuss methods of hair reduction and removal (such as shaving and waxing), as these will remain an important part of management.
- If hirsutism is mild and does not significantly impact on the woman's quality of life, reassure and advise that no additional treatment is required.
- 4. If additional treatment is required for women with facial hirsutism, offer Dianette[®] (co-cyprindiol) provided there are no contraindications, such as uncontrolled hypertension and current breast cancer, or topical effornithine, provided the women is over 18 years and is not pregnant or breast feeding.

If improvement is seen with effornithine, continued treatment is necessary to maintain the benefits. Once the cream is discontinued, hair growth returns to pretreatment levels within about 8 weeks.

Prescribers are reminded that effornithine treatment should be reviewed at 4 months and if ineffective, therapy should be discontinued at this time. Patients should also be advised that they may need to continue to use a hair removal method in conjunction with effornithine cream.