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CHARACTERIZATIONS OF PERSISTENT POST-FINASTERIDE SYNDROME IN A CROSS-SECTIONAL COHORT

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Introduction

- Finasteride is a 5-alpha reductase inhibitor used to treat benign prostatic hyperplasia and androgenic alopecia.
- An increasing number of patients report long-term symptoms after discontinuation of finasteride, known as Post-Finasteride Syndrome (PFS).
- Symptoms include persistent sexual dysfunction, cognitive impairment, mood changes, and other systemic effects.

Objective

This study aims to characterize the demographic, sexual, psychological, and systemic features of individuals reporting PFS through a cross-sectional questionnaire-based analysis.

Methods

Anonymous Qualtrics survey was distributed via online support forums and social media platforms (e.g. who X, Reddit, Facebook) targeting individuals over the age of 18 who reported persistent symptoms post Finasteride usage.

Results

- 292 respondents** that met eligibility criteria, 98.3% male, 1.7% female
- Average age** at start of Finasteride 27.8 (9.0)
- Race:** Asian (14.4%), Black (0.7%), Hispanic/Latino (4.5%), Middle Eastern or North African (4.5%), White (67.5%), Mixed race (8.6%)
- Countries:** United States (34.8%), Canada (7.5%), Europe (39.3%), and 22 other countries (18.3%)
- Prescribing physician:** 37.3% dermatologist, 31.5% online, 19.9% family physician, 8.6% over the counter, 2.7% urologist.

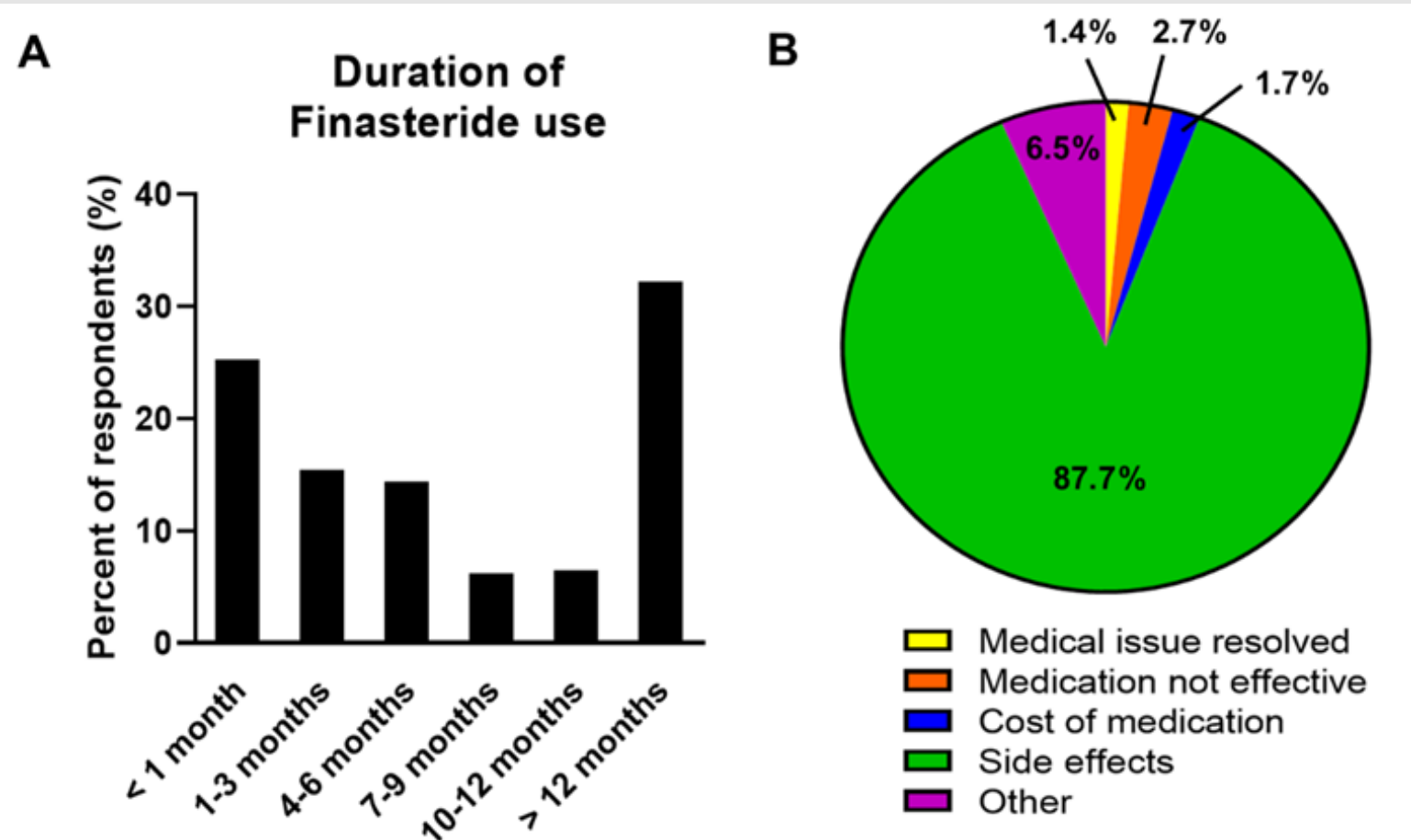


Figure 1: Length of Finasteride usage varied greatly among study participants, most listed side effects as primary reason to discontinue medication. Study participants were asked how long they used Finasteride for (A) and what their subsequent primary reason was for discontinuing the medication (B).

Figure 2: Overall, sexual dysfunction (SD) worsened after cessation of Finasteride. Study participants were asked if they experienced sexual dysfunction, and what type of sexual dysfunction either during Finasteride use or after discontinuing the medication.

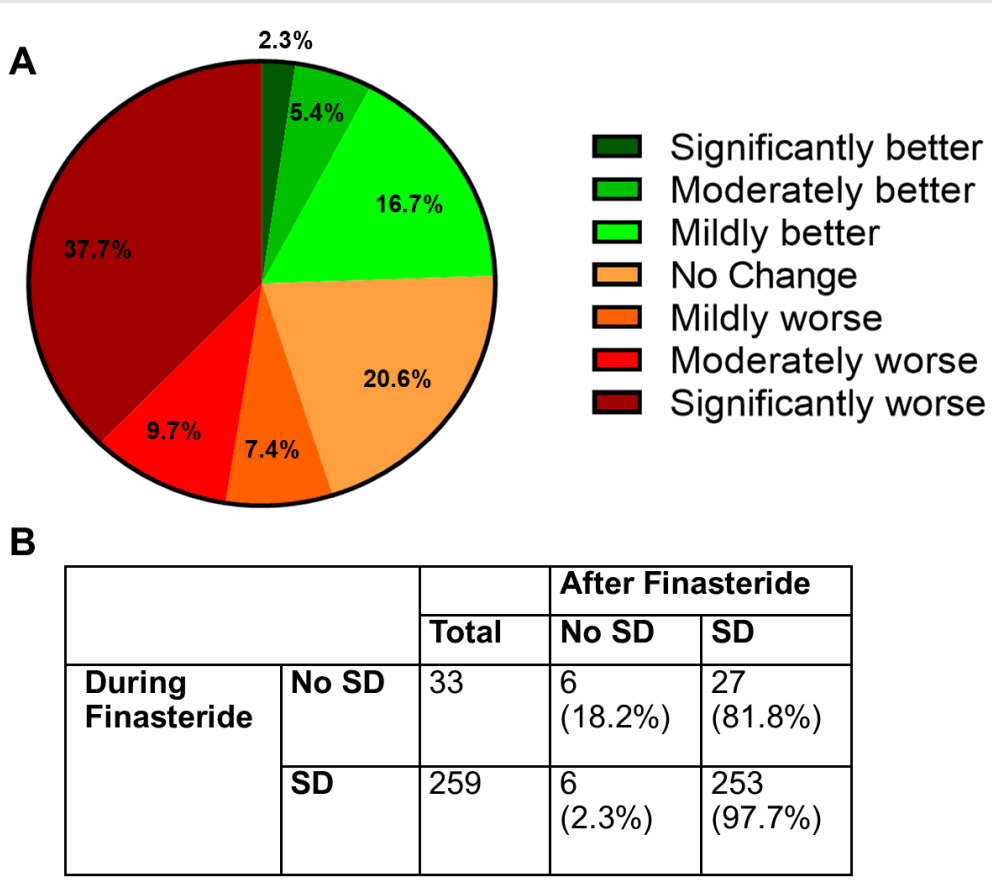
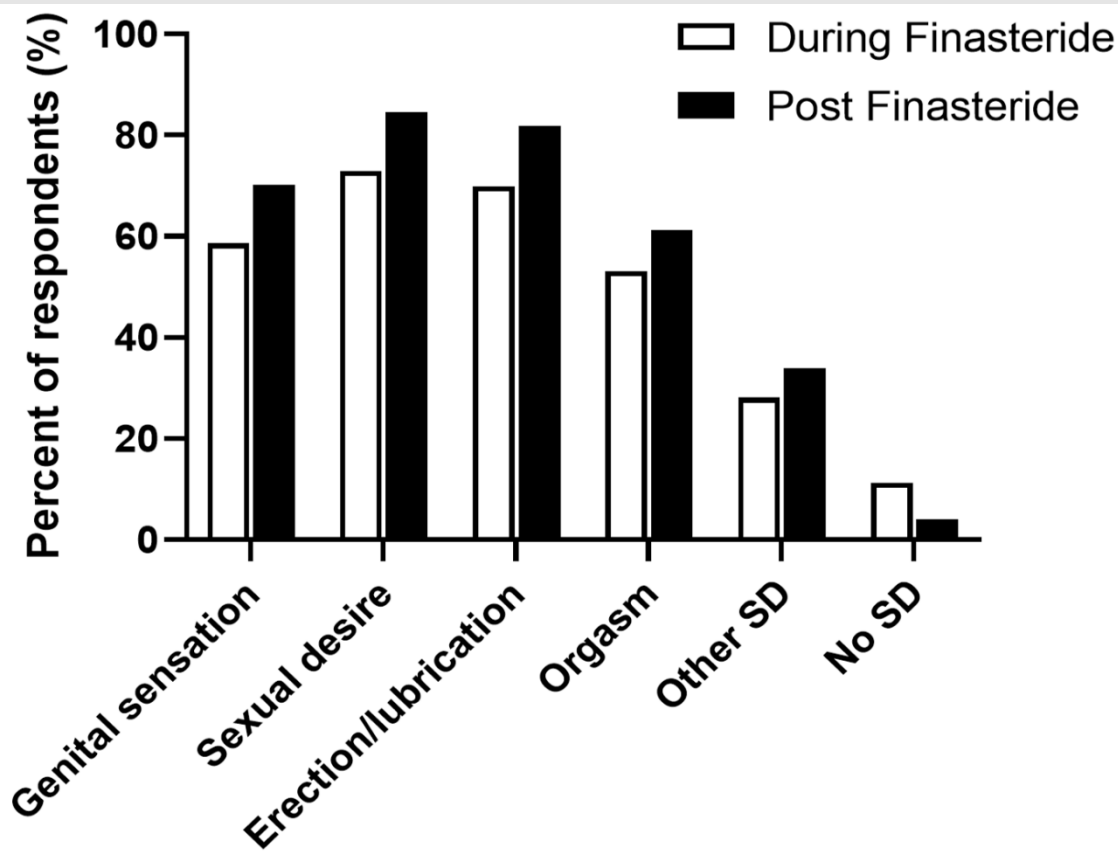


Figure 3: Majority reported no change or worsening of sexual dysfunction (SD) after stopping Finasteride. Study participants were asked to report how their sexual dysfunction symptoms changed after stopping medication compared to when they were actively taking Finasteride (A). Of the people that had no SD while on Finasteride, 81.8% developed SD after stopping. Only 2.3% of individuals who had SD while on Finasteride, reported complete symptom relief after stopping the medication (B).

Table 1: Participants reported non-sexual symptoms that they believed were related to Finasteride usage. *Other symptoms included: insomnia, muscle weakness or loss, chronic fatigue, tinnitus, suicidal ideation, headaches, neuropathy, slurred speech, emotional blunting, palpitations, weight loss.

Non-sexual symptoms	N = 269
Cognitive impairment	204 (75.8%)
Mood changes	205 (76.2%)
Skin changes	138 (51.3%)
Joint pain	94 (34.9%)
Loss of/reduction in previous hobbies/interests	189 (70.3%)
Bladder changes	101 (37.5%)
Bowel changes	128 (47.6%)
Visual changes	103 (38.3%)
Difficulty getting pregnant or fertility issues	21 (7.8%)
Other symptoms*	117 (43.5%)
No other symptoms	16 (5.9%)

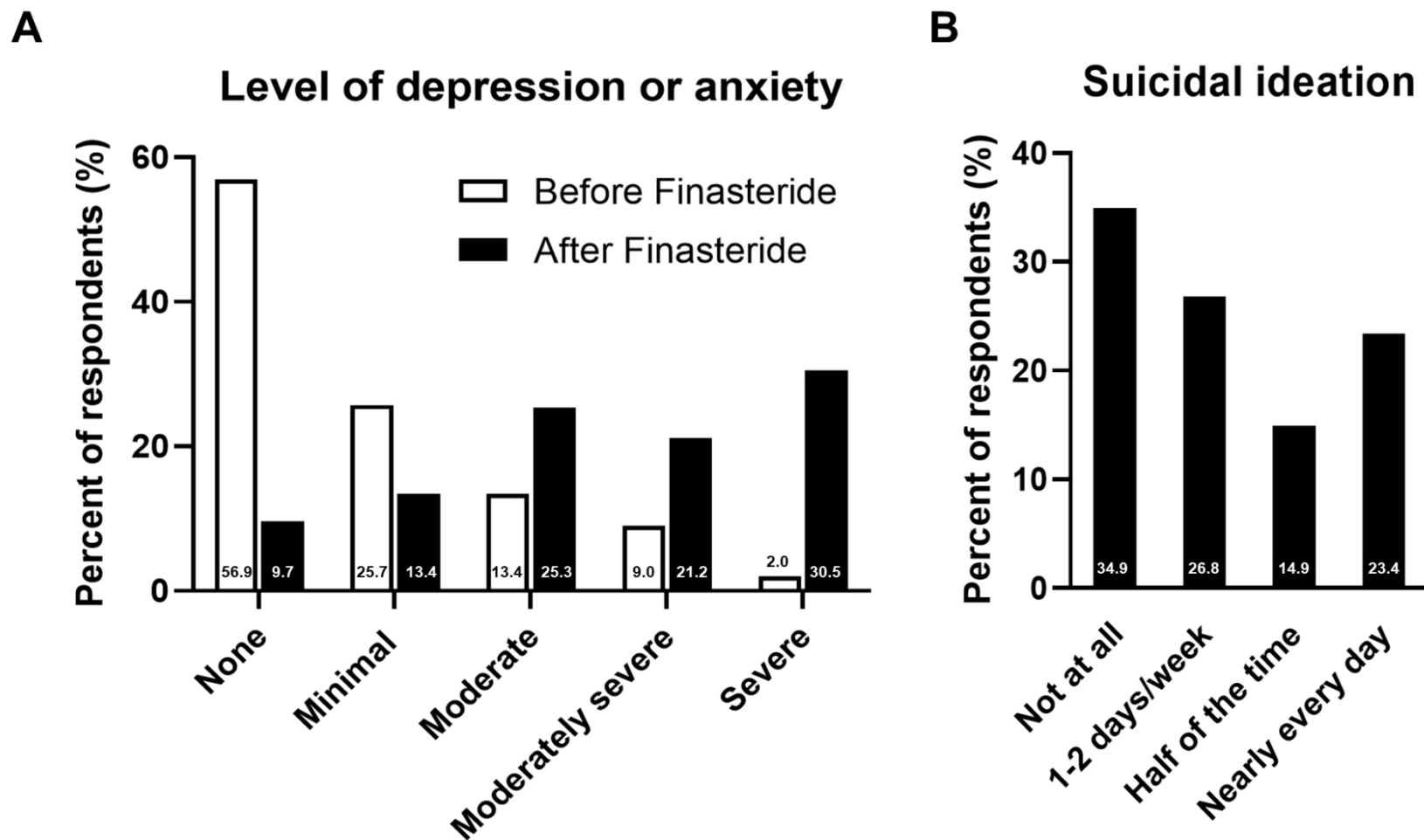


Figure 4: Mental health severely declined after stopping Finasteride with majority reporting suicidal ideation. Study participants were asked to rank their mental health before and after taking Finasteride (A). In addition, study participants were asked if they ever had thoughts about hurting themselves or having the feeling they were better off dead (B).

Conclusion

Individuals identifying with PFS report substantial, multi-systemic symptoms and deteriorations in mental health. Awareness remains limited among healthcare providers, and treatment efficacy appears low. Further investigation is needed to better understand and support this patient population and informed consent is crucial.