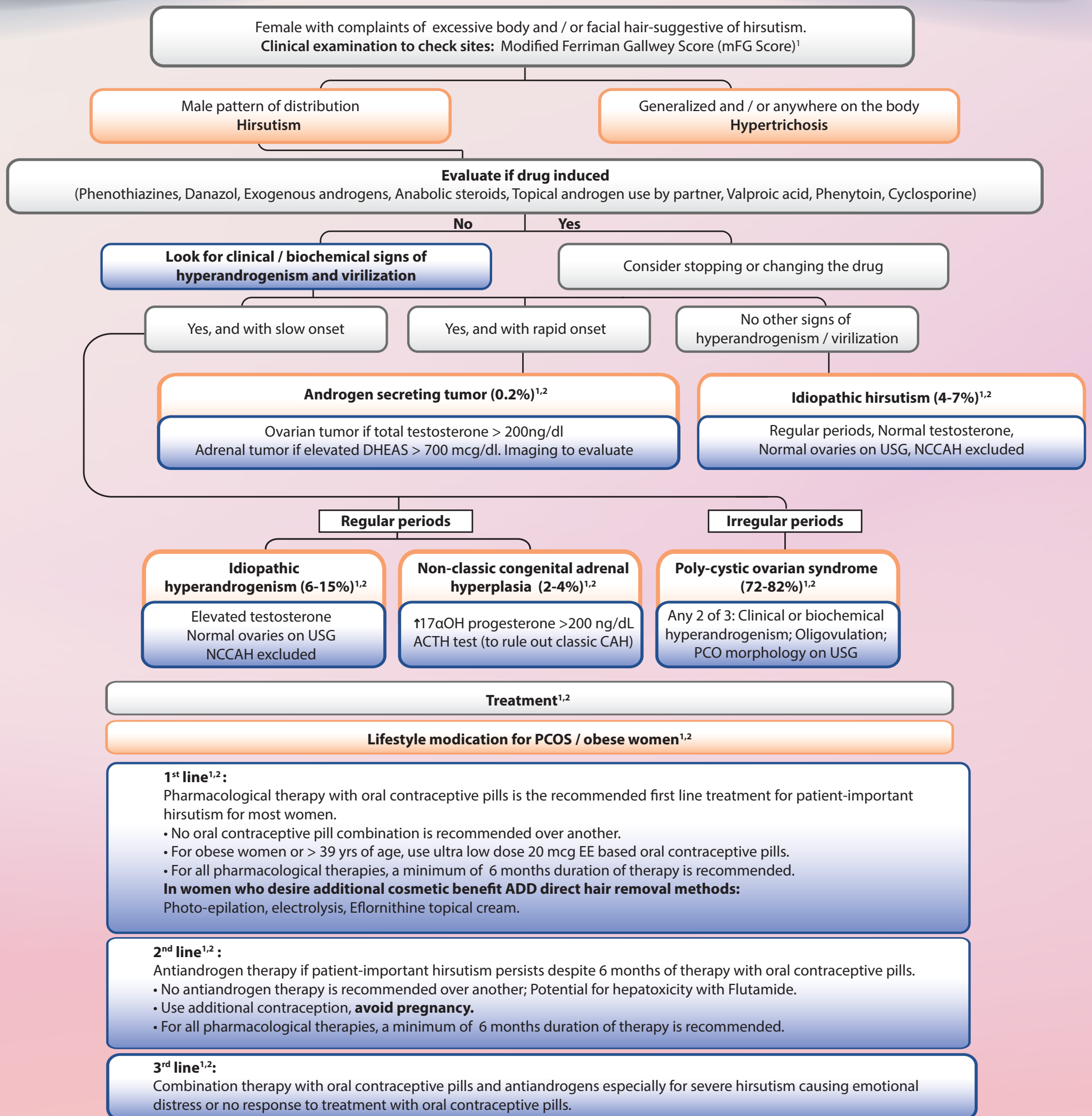




# FOGSI Endocrinology Committee Algorithm for Clinical Evaluation & Management of Hirsutism

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Progestin generation	Progestin relative androgenicity	Progestin / dose	EE dose (mcg)
1	Medium	Norethindrone 0.5 - 1.0 mg	20 / 35
2	High	Levonorgestrel 0.15 mg	20 / 30
2 - 3	Low	Norgestimate 0.25 mg	35
3	Low	Gestodene 0.075 mg	20 / 30
3	Low	Desogestrel 0.15 mg	20 / 30
4	Antiandrogen	DSP 3 mg	20 / 30
-	Antiandrogen	CPA 2 mg	35

Antiandrogens	Dosing
Spironolactone	100 - 200 mg/d (given in divided doses twice daily)
Finasteride	2.5 - 5 mg/d
Flutamide	250 - 500 mg/d (high dose), 62.5 ≤ 250 mg/d (low dose)

**References:** 1. H.F. Escobar-Morreale, E. Carmina, D. Dewailly, A. Gambineri, et al. Epidemiology, diagnosis and management of hirsutism: a consensus statement by the Androgen Excess and Polycystic Ovary Syndrome Society. *Human Reproduction Update*. Volume 18, Issue 2, March/April 2012, Pages 146-170, <https://doi.org/10.1093/humupd/dmr042> 2. Akter N, Qureshi NK. Hirsutism - Evaluation and Treatment. *Delta Med Col J*. 2016; 4(1):35-44.

**Sources:** 1. Martin KA, Anderson RR, Chang RJ, et al. Evaluation and Treatment of Hirsutism in Premenopausal Women: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab*. 2018 Apr 1;103(4):1233-1257. doi: 10.1210/clinem.2018-00241. PMID: 29522147. 2. Sachdeva S. Hirsutism: Evaluation and treatment. *Indian J Dermatol*. 2010; 55(1): 3-7. 3. Kini S, Ramalingam M. Hirsutism, Obstetrics, Gynaecology and Reproductive Medicine (2018), <https://doi.org/10.1016/j.ogrm.2018.03.004>.

\*Hirsutism may be outside the health authority approved indication for oral combined estrogen progestin combinations in India  
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