



## Research Update • Le point sur la recherche

### Bald today, hair tomorrow

It may seem like the stuff of advertisements in your TV listings: a drug that really does help balding men grow back some of their hair. But this time the claims are backed by scientific evidence. A double-blind multicentre placebo-controlled trial sponsored by the manufacturer shows that finasteride halts the progression of male-pattern hair loss and often leads to hair growth. Results were presented during a meeting of the American Academy of Dermatology Aug. 1 but have not been published.

Finasteride is widely used to treat benign prostatic hyperplasia. However, according to Dr. David Gratton, associate professor of dermatology at McGill University and one of the study investigators, taking finasteride also results in visible improvement in hair growth.

"We looked at men 18 to 40 years of age who were actively losing hair. At the vertex you could see through to the scalp. After a year of taking finasteride, you couldn't. So it filled in the 'bald spot.'" On the front of the scalp, where the usual "M"-shaped receding hairline occurs, the hair did not fill in as well, Gratton says.

The study was designed to be as objective as possible. Participants' scalps were photographed periodically with a camera that provides a close view, and hairs within a 2.5 cm circle were photographed and meticulously counted. Manufacturer Merck Frosst says that after 1 year 86% of men taking finasteride maintained or increased the number of hairs in the scalp area being observed, whereas 58% of patients taking a placebo lost hair. Furthermore, 48% of the men taking finasteride had increased hair growth, compared with only 7% of men re-

ceiving the placebo. Three Canadian centres are involved, with 20 patients enrolled at each site.

Finasteride is not currently approved for treating hair loss, although Merck Frosst is pursuing approval. Gratton says the drug "is probably going to be used in 2 ways: in men who are losing their hair at a young age and want to delay hair loss, and in men with hair transplants who want to grow hair to fill in the space between the transplants. Hair loss is not a disease, but hair is a very important sociologic aspect of people's lives."

He says finasteride appears to have no effect on a normal prostate. However, he believes that it may be useful to conduct prostate-specific antigen testing periodically in men taking finasteride for hair loss until more is known. — *C.J. Brown*

### Child-abuse survey stuns Ontarians

A recent survey concerning child abuse in Ontario caused a lot of concern in the province after its publication in *JAMA* (1997;278:131-5). In the largest general population survey to date, 31.2% of men and 21.1% of women reported having been abused physically while growing up. Childhood sexual abuse was reported by 12.8% of women and 4.3% of men. Severe physical abuse was reported by 10.7% of men and 9.2% of women, and severe sexual abuse was reported by 11.1% of women and 3.9% of men.

Researchers from McMaster University, the University of Toronto and Harvard Medical School analysed data from the Ontario Health Supplement, conducted in 1990 and 1991, which used plain language to ask respon-

dents about specific abusive acts.

Previous studies have mainly looked at child abuse reported to child-protection authorities, but this study captured the undetermined proportion of abuse that goes unreported. The sample was large (9953 randomly selected residents aged 15 and older), making it more likely that the results are representative.

The authors defined "abuse" and "severe abuse" from among responses available on the survey. According to Dr. Harriet MacMillan, the principal author: "We used the definition that people are using clinically. I work as a clinician in the area and I discussed it with my colleagues. We wanted to make sure that the results would be taken seriously. Previous definitions have been very inclusive." The authors did not equate slapping or spanking — use of which is contentious — as child abuse, and they included pushing, grabbing, shoving, throwing things and hitting with something only if incidents occurred "sometimes" or "often."

"What policymakers and child-protection agencies really need to be taking away from this is that what reaches the Children's Aid societies is the tip of the iceberg. We have to be asking why so little is reaching them. If abuse is this common, and we aren't seeing it, then we should be looking more closely."

Physicians may see children who have suffered physical or sexual abuse. However, MacMillan says that current screening instruments have not enjoyed a high success rate in clinical use and she does not advise physicians to use them. "On the other hand, we need to be including questions about abuse in our clinical interviews with patients and developing ways of asking children about it." — *C.J. Brown*