LIVING WELL

What Actually Works for Hair Loss

The useful options depend on why your hair is thinning, and the best-supported treatments are less glamorous than the internet suggests.

The hairbrush cannot tell you why

You notice more strands in the hairbrush, then catch yourself studying the bathroom mirror from three different angles. Soon, every hair on the countertop feels like evidence. Yet the number you see does not tell you whether you are experiencing ordinary shedding, progressive pattern loss or hair loss connected to something else.

Losing up to 100 scalp hairs a day can be normal, and those hairs grow back in most people. That fact is reassuring only up to a point. If your hair looks thinner, the question is not simply whether strands are falling. It is whether they are being replaced and, if not, what is interrupting that process.

Hair loss can be associated with thyroid problems, diabetes, lupus, certain medicines, chemotherapy, stress, low protein intake and poor nutrition. Family history matters too. Because these possibilities do not all call for the same response, reaching immediately for a fashionable serum or supplement can mean trying to answer the wrong question.

Pattern loss is its own problem

Much of the treatment research concerns androgenetic alopecia (AGA), the progressive condition commonly called male or female pattern hair loss. In men, it is the most common type of progressive hair loss. It arises from an interaction between endocrine factors and genetic susceptibility, rather than from one habit you failed to perfect.

A 2018 systematic review described progressive miniaturisation of genetically susceptible hair follicles under the action of androgens. Several genes appear to contribute, with major genetic risk regions identified on the X chromosome and chromosome 20. The exact genetic picture is still incomplete, but the important point is simpler: inherited pattern loss is not evidence that you used the wrong shampoo.

That distinction changes what "works" means. Treating an underlying illness or nutritional problem may correct hair loss caused by that problem. A treatment shown to promote growth in AGA does not establish that it will solve hair loss caused by medicine, chemotherapy, illness

or inadequate nutrition. The cause sets the job; the treatment follows.

The cause sets the job; the treatment follows.

Three options have the firmest footing

For AGA, minoxidil and finasteride have the strongest evidence among the options in these sources. A 2017 systematic review and meta-analysis included good- or fair-quality randomised controlled trials. It found that minoxidil and finasteride promoted hair growth in men compared with placebo, while minoxidil was effective in women. The studies assessed measures including hair density, thickness, growth and overall assessments by patients and investigators.

The same analysis found low-level laser light therapy superior to placebo in men. However, there was high variation among most of the included studies, and treatments without suitable data could not be analysed. "Better than placebo" is meaningful. It does not mean that every person grows back all the hair they have lost, or that every available device or formulation has equivalent evidence.

Minoxidil and finasteride were recognised by the Food and Drug Administration (FDA) as treatments for AGA when that review was published; the laser device studied was FDA-cleared. A broader 2024 review of 141 studies also concluded that topical and oral medicines, low-level light treatment and several procedures can promote growth. It favoured individualised, multifaceted care rather than one supposedly universal answer.

Finasteride also comes with a trade-off that deserves more than fine print. A 2019 meta-analysis of 15 double-blind, placebo-controlled trials involving 4,495 men found that the drug class including finasteride and dutasteride carried a 1.57-fold risk of sexual dysfunction. For finasteride specifically, the relative risk was 1.66. That does not predict what will happen to you, but it belongs in the decision.

A 2024 observational analysis linked finasteride use in men with lower cholesterol, and a follow-up experiment found cardiovascular effects in mice. Interesting is not the same as proven treatment benefit: an association in people and an animal experiment do not establish finasteride as a heart treatment. The reason to consider it here remains pattern hair loss, with its possible adverse effects discussed openly.

Supplements are not a universal shortcut

Vitamins and minerals are appealing because they turn an unsettling problem into a shopping

list. The evidence is more conditional. A 2024 systematic review of 49 articles found that deficiencies or imbalances in several micronutrients may contribute to AGA. Vitamin B, vitamin D, iron and zinc appeared particularly important to hair growth and maintenance.

But the findings were not consistent. Some studies found no significant associations, while supplementation showed only potential benefit. That supports investigating and addressing a deficiency; it does not establish that adding nutrients indiscriminately treats every case of thinning hair. Hair loss can be related to poor nutrition, but poor nutrition is not the explanation for all hair loss.

Procedures occupy similarly uneven ground. The 2024 review reported successful growth outcomes for options including platelet-rich plasma, fractionated lasers and hair transplantation. Yet its conclusion was not that one procedure should replace everything else. It was that management should be tailored, potentially combining approaches according to the person and the condition.

This is where the marketing can outrun the question. A long ingredient list, an impressive device or an elaborate procedure cannot make up for uncertainty about the cause. The best-supported choices in AGA remain recognisable: minoxidil, finasteride for appropriate men, and low-level light therapy. Other approaches may have a place, but the evidence presented here does not justify treating every option as equally established.

Your next step takes one appointment

This stops being a cosmetic puzzle when you do not know why the loss is happening. If you have a condition associated with hair loss, take medicines that might be relevant, have received chemotherapy, or are concerned about stress or nutrition, contact a healthcare professional. Treating the underlying cause may be the part that corrects the problem.

At the appointment, ask one direct question: "Does this look like androgenetic alopecia, or should we consider another cause?" Then ask which evidence-backed option fits you and what its risks are. If finasteride is being considered, make sexual adverse effects part of that conversation rather than an issue discovered later.

If AGA is confirmed and topical treatment is appropriate, the practical item you may leave with is topical minoxidil. If a prescription medicine, light treatment or procedure is being considered instead, the appointment is where its evidence and trade-offs should be matched to you. Do not build a cupboard of supplements first. Spend the next week establishing what job the treatment actually needs to do.

Where this comes from

- Hair Loss

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/hairloss.html
- Commonly prescribed hair loss drug might lower risk of heart disease

  National Heart, Lung, and Blood Institute · https://www.nhlbi.nih.gov/news/2024/commonly-prescribed-hair-loss-drug-might-lower-risk-heart-disease
- Management of androgenic alopecia: a systematic review of the literature.

  Journal of cosmetic and laser therapy : official publication of the European Society for Laser Dermatology, 2024 · https://pubmed.ncbi.nlm.nih.gov/38852607/
- Micronutrients and Androgenetic Alopecia: A Systematic Review.

  Molecular nutrition & food research, 2024 · https://pubmed.ncbi.nlm.nih.gov/39440586/
- Androgenetic alopecia: a review.

  Endocrine, 2018 · https://pubmed.ncbi.nlm.nih.gov/28349362/
- The effectiveness of treatments for androgenetic alopecia: A systematic review and meta-analysis.

  Journal of the American Academy of Dermatology, 2017 · https://pubmed.ncbi.nlm.nih.gov/28396101/
- Adverse Sexual Effects of Treatment with Finasteride or Dutasteride for Male Androgenetic Alopecia: A Systematic Review and Meta-analysis.

  Acta dermato-venereologica, 2019 · https://pubmed.ncbi.nlm.nih.gov/30206635/