SYMPTOM

Excessive hair growth

Excessive hair growth means more coarse or widespread body hair than expected for you.

WHAT IT FEELS LIKE
Coarse, dark hair growing where you did not expect it

WHERE IT IS FELT
Face, chest, abdomen, back, or inner thighs

MOST COMMON CAUSES
Family traits, polycystic ovary syndrome, certain medicines

WHEN IT IS URGENT
Sudden growth with voice deepening or new genital enlargement

USUALLY LASTS
Months to years, according to hormones, medicines, and hair removal

SEE A DOCTOR IF
New, bothersome, worsening growth or irregular periods

Overview

Body hair differs widely between people. Genes, age, hormones, medicines, and family background can affect its amount, color, and thickness. Hair growth is not automatically a medical problem because it differs from someone else's.

Clinicians use hirsutism to describe coarse, dark hair growing in an androgen-related pattern in women and people assigned female at birth. Androgens are hormones, including testosterone, that everyone produces. Areas affected may include the upper lip, chin, chest, lower abdomen, back, and inner thighs.

Widespread growth outside this pattern is sometimes called hypertrichosis . It can have different causes. Excessive hair growth is a symptom or physical feature, not a diagnosis itself.

What it may feel or look like

The hair may be darker, thicker, or stiffer than nearby hair. It may appear on the face, chest, abdomen, back, buttocks, or thighs. Hair itself does not usually hurt, but removal can irritate the skin or cause ingrown hairs.

Other symptoms may include:

Unwanted hair can cause embarrassment or distress. You can ask about treatment even when tests do not identify a medical problem.

- Irregular or absent periods
- Acne or oily skin
- Thinning scalp hair
- Weight changes
- Difficulty becoming pregnant
- A deeper voice or increased muscle bulk

Common causes

Family traits and normal variation are common. Hair follicles may be sensitive to androgens even when hormone levels are within the expected range. When no cause is found, this may be called idiopathic hirsutism.

Polycystic ovary syndrome (PCOS) is a common hormonal cause. It may occur with irregular periods, acne, scalp hair thinning, or fertility concerns. PCOS does not require visible ovarian cysts.

Medicines that may increase hair growth include testosterone or anabolic steroids, minoxidil, ciclosporin, and some seizure medicines. Do not stop prescribed medicine without speaking with the prescriber.

Hormonal changes with age may make facial hair more noticeable, particularly after menopause.

Less common causes include thyroid or adrenal disorders, Cushing syndrome, and inherited conditions affecting hormone production. Rarely, an ovary or adrenal gland produces unusually high androgen levels. This is more concerning when hair develops quickly over several months with voice deepening, genital enlargement, or markedly increased muscle bulk.

When to seek medical care

Book a routine appointment if growth is new, worsening, or upsetting. Arrange an assessment if you also have irregular periods, significant acne, scalp hair loss, fertility concerns, or symptoms that began after starting a medicine or supplement.

Seek same-day medical advice if hair growth develops rapidly with a deeper voice, new genital enlargement, or a substantial increase in muscle bulk. These changes need prompt assessment, although they do not necessarily mean there is a serious cause.

Excessive hair growth alone is not usually an emergency. Go to emergency care if it occurs with severe, sudden abdominal or pelvic pain, fainting, or another emergency symptom.

How the cause is found

A clinician will ask when growth began, how quickly it changed, and which areas are affected. They may ask about periods, pregnancy possibility, acne, scalp hair loss, weight changes, medicines, supplements, hormone use, and family hair patterns.

An examination may check the hair distribution and look for skin, scalp, or hormonal changes. Mention hair you regularly remove because it may not be visible.

Blood tests are not needed for everyone. Depending on your symptoms, tests may measure testosterone, thyroid function, adrenal function, or other hormones. A pregnancy test may be appropriate before certain investigations or treatments.

Ultrasound may be used to examine the ovaries. Imaging of the ovaries or adrenal glands is usually reserved for concerning symptoms or markedly abnormal hormone results. PCOS cannot be confirmed or ruled out by ultrasound alone.

Treatment and self-care

Treatment depends on the cause, affected area, and whether the hair bothers you. You do not have to remove body hair unless you want to.

Shaving, trimming, threading, waxing, plucking, and depilatory creams provide temporary removal. Shaving does not make hair grow back thicker, although the blunt tip can feel coarse. Patch-test creams and stop using them if they burn or severely irritate your skin.

Laser treatment can reduce growth over repeated sessions, especially for darker hair. Results and risks depend on hair color, skin tone, equipment, and operator experience. Electrolysis treats individual follicles and may work for lighter hair, but also requires repeated sessions.

A clinician may discuss hormonal contraception or medicines that block androgen effects. Some can harm a developing fetus, so pregnancy plans and reliable contraception must be discussed. Eflornithine cream may slow facial hair growth where available, but does not remove existing hair.

If a medicine may be responsible, the prescriber can review alternatives. Treating an underlying condition may reduce new growth, but existing coarse hairs often still need cosmetic treatment.

What to expect

Hair grows in cycles, so improvement is gradual. Medical treatment often takes several months to show a clear difference. Laser treatment, electrolysis, and temporary removal methods usually require repeat sessions or ongoing care.

The outlook depends on the cause. Medicine-related growth may improve after a safe treatment change, while inherited or hormone-sensitive growth may continue long term. PCOS and other hormonal conditions may require ongoing follow-up.

Return for review if treatment is not helping, side effects develop, or symptoms change quickly.

Common questions

Does shaving make hair grow back thicker?

No. Shaving cuts hair at the surface and does not change the follicle. Regrowth may look darker or feel rougher because its tip is blunt.

Can I have hirsutism with normal hormone tests?

Yes. Hair follicles may be especially sensitive to normal androgen levels, and tests do not identify every cause.

Does facial hair mean I have PCOS?

Not necessarily. Other causes include family traits, medicines, age-related changes, and different hormonal conditions.

Can stress cause excessive hair growth?

Stress alone is not a usual cause of coarse, patterned growth. It can affect periods and may still be relevant during an assessment.

Will weight loss remove the hair?

No. If PCOS and higher body weight are both present, weight changes may improve some hormonal symptoms but will not remove existing coarse hairs. Weight-focused care should be individualized and respectful.

Sources

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