SYMPTOM

Excessive or unwanted hair in women

Excessive or unwanted hair is thicker or darker hair growing in areas where you do not want it.

WHAT IT FEELS LIKE
Coarse, dark hair growing where you do not want it

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

MOST COMMON CAUSES
Family pattern, polycystic ovary syndrome, hormone changes

WHEN IT IS URGENT
Rapid growth with a deepening voice or new muscle changes

USUALLY LASTS
Months to years, based on hormones, medicines, and treatment

SEE A DOCTOR IF
Growth is new, worsening, distressing, or paired with irregular periods

Overview

Some women develop coarse, dark hair on the upper lip, chin, chest, abdomen, back, or inner thighs. This pattern is called hirsutism .

Hirsutism occurs when hair follicles respond strongly to androgens, including testosterone. These hormones are present in everyone but usually at lower levels in women. Hair growth does not always match blood androgen levels because follicles differ in sensitivity.

Another pattern, called hypertrichosis , causes extra hair in areas that are not especially sensitive to androgens. It may be linked to family traits, medicines, or medical conditions.

Body hair differs widely between people, families, and ethnic groups. Assessment and treatment are available if a change is new, causes concern, or affects your well-being.

What it may feel or look like

The hair may be darker, thicker, or stiffer than nearby fine body hair. It often develops gradually around the:

You may also notice acne, oily skin, thinning scalp hair, or irregular or absent periods. These features can occur with increased androgen activity but do not identify one specific cause.

Note when the hair started, how quickly it changed, and whether other symptoms appeared. Photographs taken several months apart may help document changes if you are comfortable taking them.

- Upper lip, chin, or jaw
- Chest or nipples
- Lower abdomen
- Back
- Inner thighs

Common causes

Common causes include:

Medicines and supplements that can increase hair growth include testosterone products, some seizure medicines, minoxidil, and ciclosporin. Exposure to another person's testosterone gel can also matter. Do not stop prescribed medicine without medical advice.

Less common causes include thyroid, adrenal, or inherited hormone conditions. Rarely, an ovarian or adrenal growth produces androgens. This is more concerning when coarse hair appears quickly with marked body changes.

- Family or inherited pattern: Coarse facial or body hair can run in families even when hormone levels are typical.
- Polycystic ovary syndrome: PCOS can cause unwanted hair, acne, irregular periods, and difficulty becoming pregnant.
- Hormone changes with age: Hair patterns may change around menopause.
- No identifiable cause: Some women have typical hormone tests but follicles that are particularly sensitive to androgens.

When to seek medical care

Arrange a routine appointment if the hair is new, increasing, or upsetting you. Seek assessment if you also have irregular or absent periods, troublesome acne, scalp hair loss, difficulty becoming pregnant, or symptoms that began after starting a medicine or

supplement.

Seek same-day medical advice if coarse hair develops rapidly over weeks or months with a clearly deepening voice, substantial new muscle development, or enlargement of the clitoris. These changes may signal a rapid rise in androgens.

Unwanted hair alone is rarely an emergency. Call emergency services for sudden severe headache with vision loss, fainting, confusion, or one-sided weakness. These symptoms need emergency care whether or not hair growth is present.

How the cause is found

A healthcare professional will ask when the hair began, where it grows, and how quickly it has changed. They may ask about periods, acne, scalp hair loss, pregnancy plans, family patterns, medicines, and supplements.

An examination may assess hair growth and other hormone-related changes. You can ask for a chaperone.

Blood tests are not always needed. Depending on your symptoms, they may measure testosterone, thyroid function, prolactin, or hormones made by the ovaries and adrenal glands. A pregnancy test may be offered where relevant.

An ultrasound or other scan may be considered if hormone levels are markedly raised, symptoms progress quickly, or an ovarian or adrenal cause is suspected. A pelvic ultrasound alone does not confirm or rule out PCOS.

Treatment and self-care

You do not need treatment unless you want it or an underlying cause requires care. Your comfort, cost, skin type, and pregnancy plans can guide your choice.

Options include shaving, trimming, threading, plucking, waxing, bleaching, and depilatory creams. Shaving does not make hair grow back thicker, although the blunt tip may feel rough. Waxing, plucking, and creams can irritate skin. Follow product instructions and test creams on a small area first.

Laser treatment can provide longer-term reduction, particularly for darker hair. Results and risks depend on hair colour, skin tone, equipment, and operator experience. Electrolysis treats individual follicles and may work for more hair colours. Both usually require repeated sessions.

Prescription treatments may include:

Medicines generally slow new growth rather than remove existing hair. Some can harm a developing fetus, so tell the prescriber if you are pregnant, could become pregnant, or are planning pregnancy.

If PCOS is present, changes that improve insulin response may support menstrual and metabolic health. They are not a quick hair-removal treatment, and care should not focus on weight alone.

- Hormonal contraception when medically suitable
- Anti-androgen medicines, with monitoring and reliable pregnancy prevention
- Eflornithine cream to slow facial hair growth where available
- Treatment for PCOS or another identified condition

What to expect

Unwanted hair often persists unless its trigger is temporary. Treatment usually takes several months because hair grows in cycles. Existing coarse hairs may still need physical removal while medicine reduces new growth.

Hair may return after medication or laser sessions stop, so maintenance may be needed. Follow up if symptoms progress, periods remain irregular, or treatment is not helping after an appropriate trial. Return sooner if rapid growth or voice and body changes develop.

Common questions

Does shaving make hair grow back thicker?

No. Shaving cuts hair at the skin surface. The blunt end may look darker or feel coarser, but shaving does not change the follicle or growth rate.

Does facial hair always mean PCOS?

No. Other causes include family traits, age-related hormone changes, medicines, and increased follicle sensitivity.

Can stress cause unwanted hair?

Stress is not a usual direct cause of coarse, male-pattern hair. It can affect menstrual cycles and make an existing hormone problem more noticeable.

Should I remove the hair before an appointment?

You may remove it if you wish. A description or previous photograph can help show its pattern.

You do not need to leave unwanted hair untreated for an examination.

Sources

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