T38 Policy- Laser hair removal for excessive hair growth including hirsutism

Policy Author: Public Health Suffolk on behalf of Ipswich and East Suffolk & West Suffolk CCGs
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Policy summary

Laser hair removal for excessive hair growth will be funded if one of the following criteria is met:

1. For the treatment of facial hirsutism* where eflorenithine has been tried for 4 months if clinically appropriate and has failed and is stopped as a result; and where medical treatment such as hormone suppression treatment has been tried for at least a year or is contraindicated**, usually in the secondary care setting and if obese (BMI > 30) should be in a weight reduction programme and should have lost at least 5% of their body weight

Or

2. Those undergoing treatment for intractable pilonidal sinus disease

Or

3. Those who have undergone reconstructive surgery leading to abnormally located hair.

*Ferriman-Gallwey (F-G) score of 3 in an individual facial area or a combined facial hirsutism score of ≥6.


**This includes women with current VTE on anticoagulants, or previous VTE for example. Please refer to the Royal College of Obstetricians and Gynaecologists (RCOG) Venous thromboembolism and hormonal contraception Green-top Guideline No. 40. Please see for contraindications.

Background to the condition and treatment

Excessive hair growth can occur due to many clinical conditions. Excessive hair growth can include hirsutism and pilonidal sinus disease. A pilonidal sinus is a small hole or "tunnel" in the skin. It usually develops in the cleft of the buttocks where the buttocks separate; it becomes symptomatic when the area becomes infected. Hirsutism is defined as excessive hair growth of terminal hair in a male pattern of growth in women. It occurs in 5-15% of women; with up to 72% of these women being diagnosed with polycystic ovarian syndrome whilst some 25% are due to idiopathic causes (1). Other causes can be due to medication-induced, Cushing’s syndrome and very rarely due to androgen-producing tumours.

Conservative first line management involves giving advice regarding procedures such as waxing, shaving or the use of hair removal creams, provided that no life threatening or endocrinological causes are found in the first instance. Second line hormonal treatment is indicated if no improvement is seen.

Laser hair removal has been used in the private care setting for almost 20 years and uses the use of heat and light sources to achieve hair removal. It is mainly used when hair growth is not seen as manageable by the secondary care physician despite treatment. Some NHS organisations offer laser hair removal following unsuccessful management in the secondary care setting with systemic medications, whilst other organisations see it as a low priority procedure which needs prior approval by an Individual Funding Request panel.

The prevalence of reproductive age females with hirsutism in Suffolk could be up to an estimated 20,000; however it is difficult to ascertain the percentage of these women who would require laser hair removal following unsuccessful treatment in primary and secondary care.

Rationale behind the policy decision

Evidence of clinical effectiveness
Most of the evidence for the use of laser hair removal focused on short term effect of laser hair removal (6 months following treatment). Poor methodology and the likelihood of bias were evident in some of the literature. However a Cochrane systematic review in 2006 involving 444 women looking at short and long term effectiveness found a 50% reduction in hair in the 6 month period post treatment with Alexandrite and diode lasers (2). In two different studies looking at the use of eflornithine combined with laser hair removal by Hamzavi et al. and Smith et. al. found that hair reduction was statistically more significant than laser hair removal alone (3,4).

Evidence showing a decreased level of quality of life in hirsute females and improvement in these levels were also evident in the research literature (5, 6, 7, and 8).

Evidence of cost effectiveness
Our search of literature did not reveal cost effectiveness data for laser hair removal in hirsutism.

Other NHS policies
There seems to be a divide in NHS organisations routinely funding laser hair removal for uncomplicated hirsutism compared to those that don't routinely fund. A common theme in those routinely funding was the criteria of the patient having an underlying endocrinological
cause. Pilonidal sinuses and abnormally located hair bearing skin following transplantation however were routinely funded. NHS organisations not routinely funding laser hair for hirsutism viewed it as a cosmetic procedure.

References


