
Subject: Aldosteron und AGA/PCO-S...neue Erkenntnisse

Posted by [tino](#) on Mon, 07 May 2007 21:57:53 GMT

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Hallo

Dürfte auch,..oder besonders die Frauen interessieren.Insbesondere solche die auch Spironolactone substituiren.

Vor einiger Zeit schrieb ich hier folgende Theorie auf:

http://www.alopezie.de/foren/frauen/index.php/mv/tree/900/95_12/

Jetzt hat sich eine Forschergruppe damit beschäftigt, und es untersucht. Sie sehen das ebenso wie ich, und fordern weitere Studien. Inwiefern sie das bestätigen könnten, kann ich erst sagen wenn ich den Volltext habe.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&doct=AbstractPlus&list_uids=17478384&am_p;am_p;am_p;query_hl=1&itool=pubmed_docsum

Association of androgenetic alopecia and hypertension. Ahouansou S, Le Toumelin P, Crickx B, Descamps V.

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Androgenetic alopecia is considered to be associated with coronary heart disease but the explanation of this association remains unknown. Hypertension is highly prevalent in patients with coronary heart disease. Essential hypertension is linked to hyperaldosteronism and spironolactone, an antihypertensive drug which is a mineralocorticoid receptor antagonist, has been used for a long time in the treatment of androgenetic alopecia. We recently observed in a double transgenic mouse model that overexpression of a mineralocorticoid receptor targeted to the skin induced the development of alopecia. We prospectively studied the association of hypertension and androgenetic alopecia in Caucasian men. Two hundred and fifty Caucasian men aged 35-65 years were consecutively recruited by 5 general practitioners (50 per practitioner). Data collected included age, androgenetic alopecia score with a simplified Norwood's score (0-4), blood pressure or history of hypertension, smoking, history of diabetes mellitus or hyperlipidemia, familial history of androgenetic alopecia, and treatment. Chi-square, Fisher exact tests and linear regression model were used for statistical analysis. Hypertension was strongly associated to androgenetic alopecia ($p < 0.001$). Linear regression tests confirmed that this association was independent of age : odds ratio was 2.195 (95% CI : 1.1-4.3). Familial history of androgenetic alopecia was also strongly associated with androgenetic alopecia : odds ratio was 10.870 (95% CI : 4.3-27.1). Other variables (diabetes mellitus, hyperlipidemia, smoking, treatment) were not associated with androgenetic alopecia. We were limited by a relatively small study sample but in this study androgenetic alopecia was strongly associated with hypertension. Association of androgenetic alopecia and hyperaldosteronism warrants additional studies. The use of specific

mineralocorticoid receptor antagonists could be of interest in the treatment of androgenetic alopecia.

Eine sehr sehr interessante Sache....

Gruss tino
