

From: Mayer Brezis <brezis@mail.huji.ac.il>
 Date: Wed, Mar 2, 2022 at 12:55 PM
 Subject: RE: New message from Contact Us
 To: Philip Roberts <proberts@pfsfoundation.org>

I was stunned by your [dispatch](#). I have done an analysis of reported neuropsychiatric adverse effect of finasteride to the FDA (based on FAERS data) which may be of interest to you: it shows a much higher signal in comparison with other drugs used for alopecia or suspected to affect mood.

Please see below relevant results about reported neuropsychiatric adverse effect of finasteride to the FDA (based on FAERS data):

Reaction	Finasteride	Adjusted Relative Risk		Spironolactone (S)	Inderal (I)
		vs. (S)	vs. (I)		
Depression	2040	X21	X14	124	153
Anxiety	1643	X25	X33	85	51
Insomnia	822	X6	X9	163	99
Fatigue	799	X2	X11	481	75
Suicidality	550	X7	X14	101	41
Suicide	119	X2	X2	91	51
Number of prescriptions in the USA in 2019	8,986,897			11,432,027	9,277,061
Number of patients in the USA in 2019	2,314,978			2,985,578	2,421,089

The last two rows are derived from data available at <https://clincalc.com/DrugStats/Default.aspx>. Spironolactone has been used also for alopecia, and Inderal has also been linked to depression. I got similar high RR in comparison with minoxidil. **I'm surprised the FDA has not done these simple comparisons to explore safety signals for finasteride.**

Best wishes,

Mayer Brezis, MD MPH
 Professor of Medicine (Emeritus)
 Hebrew University, Jerusalem, Israel
 Former Director of the Center for Clinical Quality & Safety
 Hadassah Medical Center