

# The global burden of androgen excess

**Educational Slide Kit** 

Module 1

The AWARE group is a panel of independent physicians with an expert interest in androgen excess in women. Formation of the AWARE group and its ongoing work is supported and funded by Bayer AG.

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- Which of these typical skin symptoms of androgen excess is the most commonly used marker?
  - A. Seborrhea
  - B. Hirsutism
  - C. Acne
  - D. Alopecia

# Testing your knowledge

rsutism be present in women with

2. How often can hirsutism be present in women with androgen excess?

- A. In 2 out of 10 women
- B. In 4 out of 10 women
- C. In 6 out of 10 women
- D. In 8 out of 10 women



- 3. How frequently does alopecia occur in women with androgen excess due to PCOS?
  - A. Women with PCOS are not affected by alopecia
  - B. 1 out of 3 women are affected
  - C. 1 out of 5 women are affected
  - D. 1 out of 10 women are affected



- 4. When looking at the impact of hyperandrogenic skin symptoms, what proportion of women with hirsutism also report anxiety symptoms?
  - A. Women with hirsutism are rarely affected by anxiety
  - B. Approximately 25% of women are affected by anxiety
  - C. Approximately 50% of women are affected by anxiety
  - D. Approximately 75% of women are affected by anxiety

### Module content



- Defining androgen excess and its prevalence
- The burden of androgen excess
- Hyperandrogenic skin symptoms impact on:
  - Quality of life
  - Health and wellbeing
  - Healthcare systems

# Defining androgen excess

### Defining androgen excess



Androgen excess in women can be characterised by either clinical symptoms of hyperandrogenism and/or biochemical hyperandrogenism<sup>1</sup>

# Clinical hyperandrogenism

Clinical hyperandrogenism, where the pilosebaceous unit has increased sensitivity to normal serum androgen levels and causes hyperandrogenic skin symptoms. Clinical and biochemical hyperandrogenism

# Biochemical hyperandrogenism

Biochemical hyperandrogenism, where there is excessive production and/or secretion of androgens, which may be of ovarian or adrenal origin

# Prevalence and presentation of androgen excess

Androgen excess\* is the most common reproductive endocrine disorder in women<sup>1</sup>



\*Biochemical and/or clinical

It affects up to 1 in 5 women of reproductive age<sup>2</sup>



#### The majority of women with hyperandrogenism (80–85%) have polycystic ovary syndrome (PCOS)<sup>3,4</sup>

1. Yildiz, B. Best Practice Res Clin Endocrinol Metabol 2006;20(2):167–176; 2. Lizneva D, et al. Fertil Steril 2016;106(1):6–15; 3. Ehrmann DA. N Engl J Med 2005; 352(12):1223–1236; 4. Carmina E, et al. J Clin Endocrinol Metab 2006;91(1):2–6; 5. Bitzer J, et al. Eur J Contracept Reprod Health Care. 2017;22:172-182

# Women can present with a combination of different symptoms<sup>1,2</sup>





In some cases, women present with all four hyperandrogenic skin symptoms, described as the SAHA syndrome<sup>3,4</sup>

1. Yildiz, B. Best Practice Res Clin Endocrinol Metabol 2006;20(2):167–176; 2. Ozdemir S, et al. Acta Obstet Gynecol Scand 2010;89:199–204; 3. Orfanos CE, et al. Horm Res. 2000;54:251-8; 4. Fauser BCJM, et al. Fertil Steril 2012;97:28–38

Hirsutism is the most commonly used marker for diagnosis of androgen excess<sup>1</sup>

- It is present in up to 8 out of 10 women with androgen excess<sup>1\*</sup> Indicated by excess body or facial terminal (coarse) hair growth in females in a male-like pattern<sup>2</sup>
- Prevalence varies according to ethnicity<sup>2</sup>

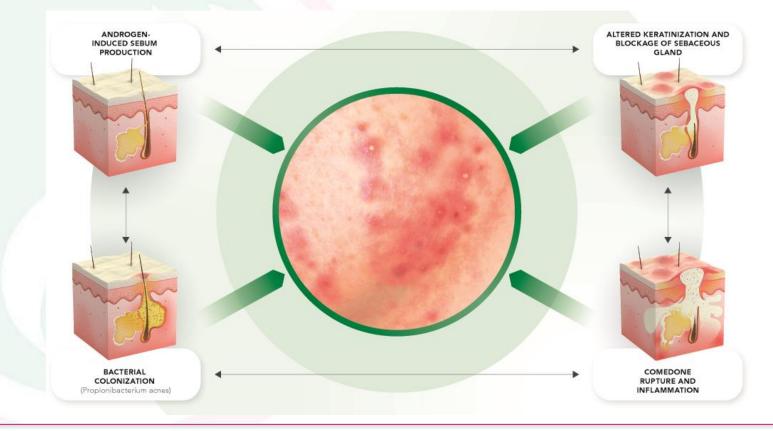


\*Depending on criteria for definition and population studies

# Acne is an extremely common, chronic skin condition<sup>1,2</sup>



Acne is caused by androgen excess in approximately
 1 in 6 women<sup>3</sup>



Alopecia in women is most commonly caused by androgen excess<sup>1</sup>

- Affects approximately 1 in 3 of women with PCOS<sup>2</sup>
- Characterised by overall thinning of scalp hair mainly in frontal and parietal areas<sup>1</sup>
- Commonly presents with other skin symptoms of androgen excess<sup>1</sup>



Seborrhea can also present as a symptom of androgen excess<sup>1</sup>

- Often occurs alongside other skin symptoms of androgen access (SAHA syndrome)<sup>1</sup>
- Presents in approximately 1 in
  5 women with hyperandrogenism
- Is a useful marker of androgen metabolic disorders<sup>2</sup>





# The burden of androgen excess

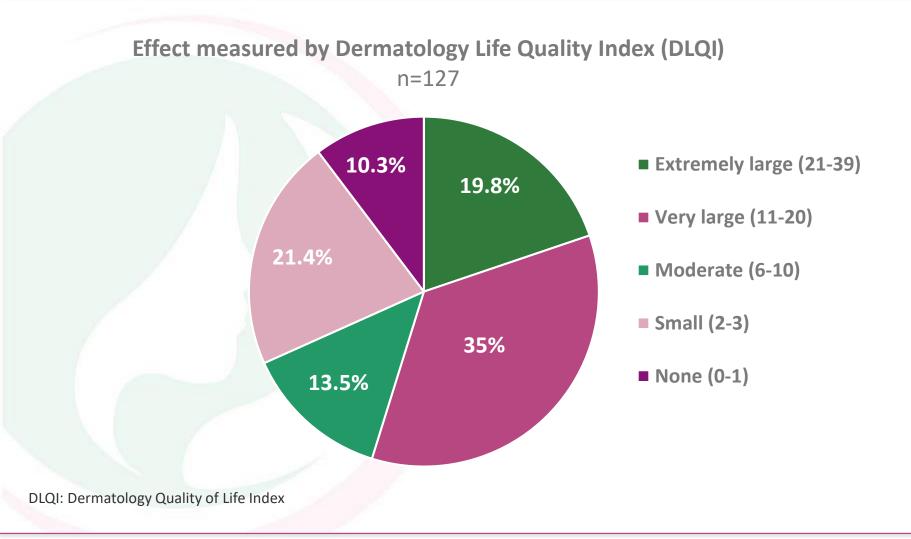
Hyperandrogenic skin symptoms cause significant quality of life and psychological impairment<sup>1-3</sup>

- Both hirsutism and acne can significantly and negatively impact on quality of life and cause anxiety and depression<sup>1-3</sup>
- Alopecia has a negative effect on self-esteem, psychological wellbeing and body image<sup>3</sup>



# Hirsutism can significantly and negatively impact on quality of life<sup>1</sup>





Hirsutism negatively affects multiple healthrelated quality of life domains<sup>1</sup>



Acne also has a significant impact on quality of life<sup>1-4</sup>

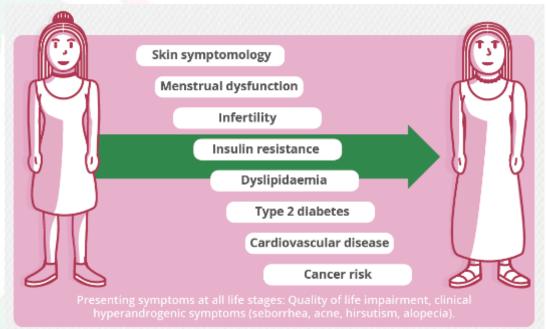


Clinically important depression and anxiety have been reported in **18%** and **44%** of acne patients respectively<sup>4</sup>

# Anxiety Depression Suicidal thoughts Self-esteem Low mood Poorer social functioning

Androgen excess due to <u>biochemical</u> hyperandrogenism may have long-term impact on general health<sup>1-3</sup>

With increasing age, there is a change in presenting symptoms and health implications



- Women with abnormalities in androgen metabolism may have accompanying anovulation and/or polycystic ovary syndrome (PCOS)
- These have reproductive and metabolic implications if left untreated

Androgen excess represents a significant financial burden to healthcare systems<sup>1</sup>



	Symptoms included in literature review	Prevalence (%)	Annual cost in millions US\$ (% of total)
Initial evaluation			99 (2.3)
Treatment			
	Menstrual dysfunction/abnormal uterine bleeding	75	1350 (30.9)
<	Hirsutism*	70	622 (14.2)
	Infertility	50	533 (17.2)
	Type 2 diabetes	7.2	1766 (40.4)
Total cost			4370

\* Treatment of hirsutism includes both cosmetic and hormonal therapies but does not take into account management of psychological and QoL impact or women's own expenditure on treatment





- Androgen excess affects up to 1 in 5 women of reproductive age<sup>1</sup>
- Presenting symptoms include hyperandrogenic skin symptoms (Seborrhea, Acne, Hirsutism and Alopecia) alone or in combination with menstrual irregularities and infertility<sup>2,3,4</sup>
- It is associated with <u>significant</u> quality of life impairment and <u>negative</u> quality of life<sup>5,6,7</sup>
- Although data is limited, evidence shows it can be a significant economic burden<sup>8</sup>

1. Lizneva D, et al. Fertil Steril 2016;106(1):6–15; 2. Orfanos CE, et al. Horm Res. 2000;54:251-258; 3. Fauser BCJM, et al. Fertil Steril 2012;97:28–38; 4. Ekbäck MP, et al. 2013;227(3):278–84; 5. Gupta MA & Gupta AK. Br J Dermatol 1998;139(5):846–50; 6. Sawaya ME. Dermatol Clin 1997;15(1):37-43; 7. Yildiz, B. Best Practice Res Clin Endocrinol Metabol 2006;20(2):167–176; 8. Azziz R, et al. J Clin Endocrinol Metab 2005;90:4650–8



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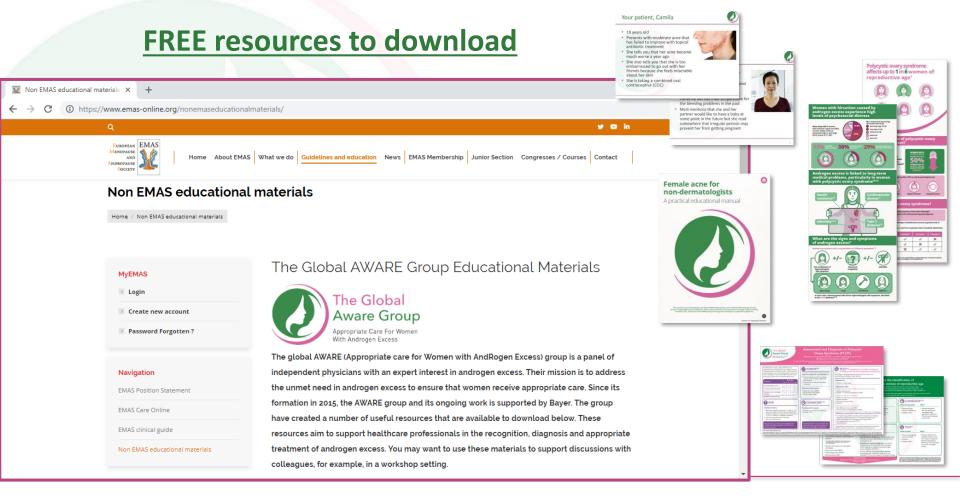
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Find The Global AWARE Group educational materials on the European Menopause & Andropause Society website

https://www.emas-online.org/nonemaseducationalmaterials/



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