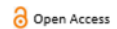


Original Article



Clinical characteristics of *Hirsutism* among female patients attending selected hospitals in Hyderabad, Pakistan

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Article Information

Received 09 Jan 2025

Accepted 26 Mar 2026

Available online 30
Mar 2026**Keywords:** *Hirsutism*,
Hyperandrogenic
Hirsutism, Polycystic
ovary syndrome,
Ferriman-Gallwey score,
Clinical characteristics,
Pakistan**Abstract**

Objectives: Hyperandrogenic hirsutism is a hormonal condition characterized by excessive terminal hair growth in a masculine pattern on female body areas where vellus hair typically grows. This study aimed to describe the clinical characteristics, associated factors, and sociodemographic profile of female patients with hirsutism in Hyderabad District, Pakistan. **Methods:** A hospital-based descriptive cross-sectional study was conducted in government hospitals and private clinics in Hyderabad District from July 2021 to July 2022. A total of 68 female patients aged 12-65 years with clinically diagnosed hirsutism (modified *Ferriman-Gallwey* score ≥ 8) were enrolled using convenience sampling. Data were collected through face-to-face interviews using a structured questionnaire. The *Ferriman-Gallwey* scoring system was used to assess terminal hair growth in nine body areas. **Results:** Among 68 patients, the majority were aged 20-30 years (41%, n=28), married (43%, n=29), and from rural areas (62%, n=42). The most commonly affected body areas were upper lips, chin, chest, and inner thighs (40%, n=27). Imbalanced diet was reported by 50% (n=34) of patients. The most frequent signs and symptoms were oily skin, acne, *amenorrhea*, and masculinization (48%, n=33). Associated factors identified included PCOS (13%), *thyroid dysfunction* (18%), and self-reported lifestyle factors (26%). *Idiopathic hirsutism* was observed in 34% (n=23), mild *hirsutism* in 24% (n=16), and *hyperandrogenic hirsutism* in 57% (n=39) of patients. **Conclusion:** *Hirsutism* predominantly affects women of reproductive age in Hyderabad District, with a high proportion from rural areas. The findings highlight the need for increased awareness, accessible diagnostic services, and psychosocial support for affected women. Further population-based studies are recommended to establish the true prevalence of hirsutism in the region.

Introduction

The Latin expression "*Hirsutism*" symbolizes coarse, textured *hairiness*. *Hirsutism* is a hormone-driven disorder that primarily affects women. The disorder causes exorbitant *hair* development, particularly on female body parts, notably the face, in a manner comparable to that of males [1]. This *androgen*-dependent disorder that is produced by the interplay of *androgen* levels in the blood and the susceptibility of *hair follicles* to *androgen*. *Hirsutism* refers to dark, unpolished *hair* that can appear on the face, chest, lower belly, back, upper arms, upper legs, or buttocks. *Hirsutism* is a warning indication for a number of diseases connected with *androgen*-related hormones [2]. *Hirsutism* is classified into three kinds depending on the intensity of the *hair* count, affected body areas, and frequency of symptoms: *Hyperandrogenic Hirsutism*, mild *Hirsutism*, and *Ideopathic Hirsutism*. *Hyper-androgenic Hirsutism* is a condition in which the female body produces more testosterone than it normally does, causing the *hair follicles* to turn hypersensitive to the *androgen* and begin to terminalize the *hair*.

Overproduction of *androgens* has been related to a variety of conditions, including (PCOS), Cushing's disease, insulin resistance *nigricans* acanthosis, thyroid dysfunction, ovarian or adrenal tumors, cultural norms, and heredity [3]. A 5 alpha-reductase enzyme found in skin and *hair follicles* allows the epidermis to store testosterone as the more potent *androgen* Dihydrotestosterone (DHT) [4]. *Hyperandrogenic Hirsutism* is frequently treated medically, and the results are typically quite positive. Timely medical action is essential since delaying treatment can exacerbate the illness and have lasting medical repercussions [5]. A female with the mildest kind of *Hirsutism* may notice noticeable *hair* development at her inferior belly, as well as around her upper lip, chin, and sideburn area. A benign illness causes mild *Hirsutism* [6]. It can be managed with the right advice and basic care. Abnormal *hair* growth in females with routine menstruation, normal testosterone levels, and no other root causes is referred to as "*idiopathic Hirsutism*" [7]. A follicle located far below the skin gives rise to each *hair*. The *hair* shaft, which is the portion of *hair* that rises from the skin's outer layer, will continue to develop if

these follicles are not entirely destroyed. Except for the palms and soles, every surface of body is covered in *hair* follicles. After birth, the human body does not develop new *hair* follicles; instead, it progressively starts to decrease once one turns forty [8]. During the patient's first medical appointment, the doctor will first examine for abnormalities among dead *hairs* developing in a masculine appearance, exhibiting *Hirsutism* and *hair* growth resulting from an intrinsic or racial tendency [9]. Blood tests, ultrasounds, If the patient develops *Hirsutism*, specialized x-rays and hormone tests may be required to assess the functionality of the endocrine glands the ovaries along with adrenal. Once the causes of *Hirsutism* have been identified, the doctor can suggest a suitable course of therapy [10,11,12].

Although some studies have been conducted to study *Hirsutism* in different populations, there is a lack of information regarding the clinical characteristics and associated factors of *Hirsutism* in women in Sindh, Pakistan especially in Hyderabad District. Local *epidemiology*, burden and patient characteristics are key to designing appropriate clinical services and health education programs.

Methodology

❖ Study Design and Setting

This is descriptive cross-sectional hospital-based study was conducted in selected government hospitals (Bhittai Hospital Hyderabad, LUMHS Civil Hospital Hyderabad and Jeejal Mau Hospital Hyderabad) and private clinics in Hyderabad district for a period of July 2021 to July 2022 in the province of Sindh, Pakistan.

❖ Study Population and Sampling

The convenience sampling technique was used to recruit the participants. Patients with *Hirsutism* who presented to the involved health care facilities during the study period were all female and met the inclusion criteria and were invited to participate.

❖ Sample Size

A total of 68 female patients with *Hyperandrogenic Hirsutism* were enrolled in the study. No formal sample size calculation was performed; all eligible patients who presented during the study period were included.

Inclusion Criteria

- Female patients aged 12-65 years
- Clinically diagnosed *Hirsutism* (modified *Ferriman-Gallwey* score ≥ 8)
- Willing to provide informed consent/assent
- Attending participating healthcare facilities during the study period

Exclusion Criteria

- Patients already on treatment for *Hirsutism*
- Pregnant or lactating women
- Patients unable to provide informed consent

- Patients with conditions affecting *hair* growth assessment (e.g., alopecia, chemotherapy)

Data Collection Instrument

The development of the structured questionnaire with 30 items was based on a review of published literature and following WHO guidelines for conducting a cross-sectional health survey. The questionnaire was presented by a face-to-face interview by the principal investigator with the help of certified gynecologists, dermatologists and endocrinologists. The questionnaire was used to gather details of:

- Sociodemographic characteristics (age, marital status, education, locality)
- Clinical aspects (involved body parts, duration of symptoms, signs and symptoms)
- Posture and position at the computer
- Profiles of menstrual irregularities, PCOS, and hormonal profile

Treatment history

❖ *Ferriman-Gallwey* Scoring Procedure

The modified *Ferriman-Gallwey* (mFG) scoring system [11,12] was used for evaluation of *Hirsutism*. A total of 9 body areas were assessed: Upper lip, Chin, Chest, Upper back, Lower back, Upper abdomen, Lower abdomen, Upper arms and Thighs. *Hair* growth at the terminal end of each area was given a score of 0 (no terminal *hair*) to 4; a maximum of 36 points was awarded throughout the total area. A total score of ≥ 8 was taken to be diagnostic of *Hirsutism* as per the cut-off value for South Asian population.

Scored by trained gynecologists and dermatologists, who had been standardized with photographic reference materials with regard to mFG scoring. Ten per cent (Kappa 0.85) of patients had inter-rater reliability evaluated.

Ethical Considerations

The study was approved by the Institutional Review Board/Ethics Committee before it was started. All adult subjects (age ≥ 18) had informed written consent obtained, with an explanation of the objectives and procedures, and the right to withdraw at any time without repercussions. Written informed consent was signed by a parent/legal guardian and written assent was signed by the participant for 12-17 years old.

To anonymize all data, unique participant codes were used. Study data were separated from personal identifiers (names, contact information) and only the principal investigator had access to these identifiers. Consistency of the confidentiality of the participants during the study was ensured, and the data were kept on a computer protected with a password. Study was performed in line with the Declaration of Helsinki. Questionnaire given in Annexure A.

The most often used scoring method elevates the body areas with negligible to extreme *Hirsutism* [13, 14]. Scores of eight or above are consistent with a diagnosis of *Hirsutism*. Instead of evaluating *hair* thickness, this scoring method evaluates the quantitative frequency of *hair* emergence at a particular location on the body. A useful technique for assessing a patient's level of *Hirsutism* is the FGs scoring method [15].

Results

Here are the findings of the frequency of *Hyperandrogenic Hirsutism* among women in the Hyderabad District, ranging from puberty to old age. From July 2021 to July 2022, a total of 68 hirsute patients were examined and interviewed at Bhattai Hospital in Hyderabad, Civil Hospital in Hyderabad, and Jeejal Mau Hospital in line with the requirements listed in the survey.

The age range of the reported cases was 12 to 65 years old for females. Eight (12%) of the 68 female hirsute patients that were evaluated were between the ages of 12-19, twenty-eight females were among the 20 - 30 (41%), while 19 female patients were between the ages of 31 and 40 (28%), Table 1 shows that the age range of 9 female patients was 41-50 years old (13%) and 4 female patients were 51-65 years old (6%).

The mean, median, mode, and standard deviation are assessed in relation to the prevalence of *Hyperandrogenic Hirsutism*. 12 to 19-year-olds had a mean of 15.125, a median of 15, modes of 12, 15, and 17, a standard deviation of 2.47. The 20-30 age groups had a mean of 24.37, a median of 24.5, a mode of 26, a standard deviation of 2.83. The age group of 31 to 40 had a mean of 34.47, a median of 34, a mode of 31, a standard deviation of 2.79. The age group 41-50 had a mean of 44.55, a median of 44, a mode of 41, a standard deviation of 3.205. The mean of 51-65 was 58.28, the median was 58.25, the modes were 51, 55, 62, and 65, the standard deviation was 6.39 shown in Table 2.

The results of the current study varied in terms of the body parts affected by *Hyperandrogenic Hirsutism*; 27 females (40%) had upper lip *hair*, chin, chest, inner thighs, 15 girls (22%) had growth on their upper arms and shoulders, 10 females (15%) had excessive *hair* growth on their entire face and buttocks, and 16 females (23%) had side burns on their faces and backs given in Table 3.

Twenty-five (37%) of the 68 HAH female patients were single, twenty-nine (43%) were married, six (9%) were divorced, and eight (11%) were widowed given in Table 4.

The literacy rate of 68 female patients was also assessed; of these, 5 were postgraduates (7%), 20 were graduates (29%), 23 were intermediate (34%), 12 were primary (18%), and 8 were illiterate (12%) given in Table 5.

Out of 68 HAH female patients, 15 (22%) follow a balanced diet, 19 (28%) follow a moderate diet, and 34 (50%) follow an

imbalanced diet, according to statistics about the prevalence of *Hyperandrogenic* hirsute females given in Table 6.

Out of 68 female patients with HAH, 33 (48%) had signs and symptoms such as oily skin, acne on the face and body, *amenorrhea*, *masculinization*; 15 (22%) had obesity, deepening of voice and temporal; 6 (9%) had virilization, such as enlarged *clitoris* and decreased breast size; 8 (12%) had *oligomenorrhea*, infertility, mood swings, and severe depression; and 6 (9%) had random, nonspecific symptoms given in Table 7.

Six females had *ovarian tumors*, seven had *adrenal tumors* and *Cushing syndrome*, nine had *polycystic ovary syndrome* and *HAIR-AN Hyperandrogenic insulin resistance acanthosis nigricans*, twelve had *thyroid dysfunction* and *insulin resistance*, sixteen had used cosmetic products without medical supervision, and eighteen had a genetically inherited, stressful, and unhealthy lifestyle, such as not exercising or getting enough sleep given in Table 8.

Of the 68 female patients with HAH, 23 (34%) had idiopathic *Hirsutism*, 16 (24%) had moderate *Hirsutism*, and 39 (57%) had *Hyperandrogenic Hirsutism* given in Table 9.

68 female patients, 26 of whom were from Hyderabad's urban area and 42 of whom were from the rural areas, were included in the data gathered from a location viewpoint given Table 10.

Table 1: Affected age group of female patients out of 68

S. No	Age group (years)	No: of patients	% of prevalence
1.	12 to 19	8	12%
2.	20 to 30	28	41%
3.	31 to 40	19	28%
4.	41 to 50	9	13%
5.	51 to 65	4	6%
Total		68 patients	100%

Table 2: Mean, median, mode, min: max: standard deviation, and standard mean of error of affected hirsute patients out of 68 females.

S .no	Mean	Median	Mode	Min:	Max:	St: deviation	St: error of mean
1	15.125	15	12, 15, 17	12	19	2.47	0.875
2	24.35	24.5	26	20	30	2.83	0.535
3	34.47	34	31	31	40	2.79	0.641
4	44.55	44	41	41	50	3.205	1.06
5	58.28	58.25	51, 55, 62, 65	51	65	6.39	3.19

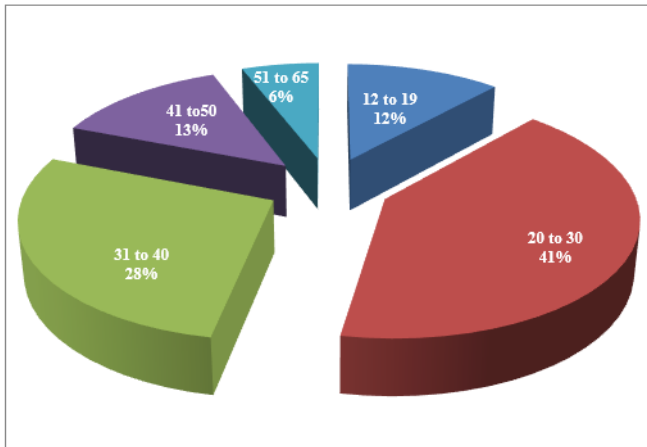


Figure 1: Affected age groups

Table 3: Affected body parts of female patients by excessive hair growth among 68 hirsute patients.

S.no	Affected parts of body	No. Of affected patients	% of affected female
1.	Upper lips, chin, chest, inner thighs	27	40%
2.	Abdomen, side burns of face, back of body	16	23%
3.	Upper arms, shoulders,	15	22%
4.	Full face, buttocks	10	15
Total		68 patients	100%

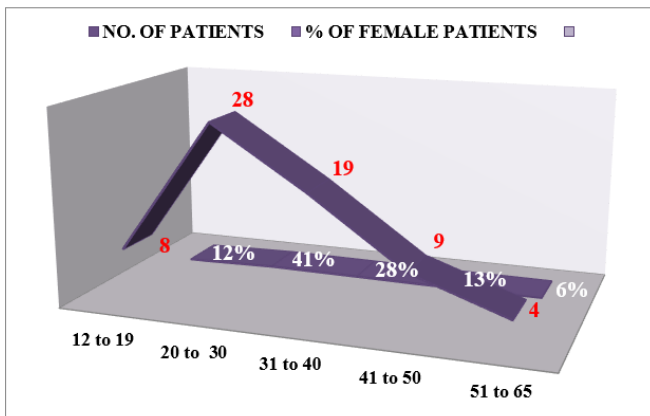


Figure 2: Affected age groups of Hyperandrogenic females

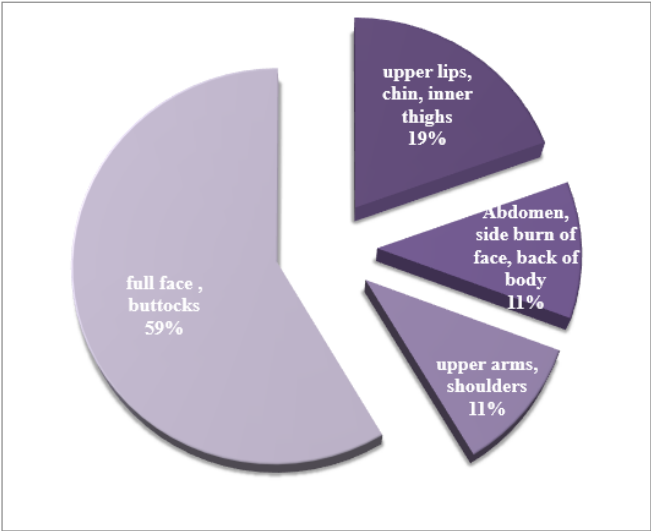


Figure 3: Affected body parts of HAH female

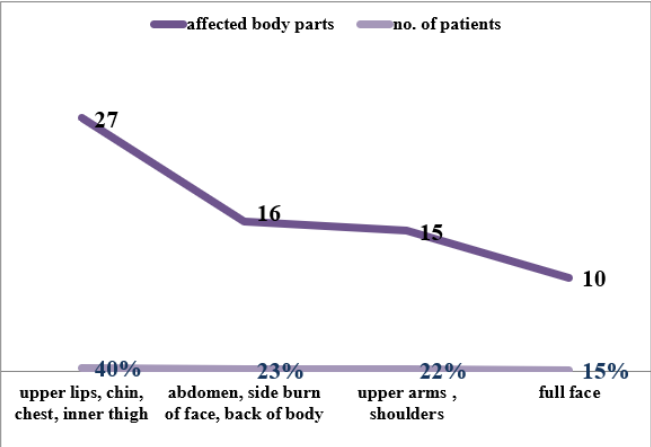


Figure 4: The number of patients out of 68 females and its %

Table 4: Marital Status of Female Patients Out of 68 Patients

S.no	Marital status	No of patients	%age of patients
1.	Unmarried	25	37
2.	Married	29	43
3.	Divorced	6	9
4.	Widow	8	11
Total		68 patients	100%

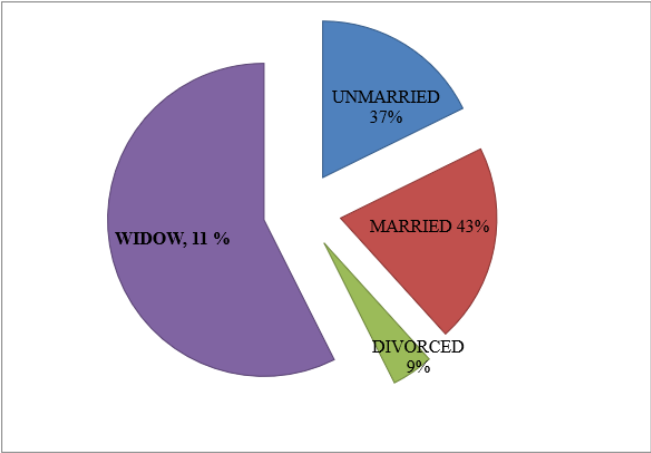


Figure 5: Marital Status of Female Patients

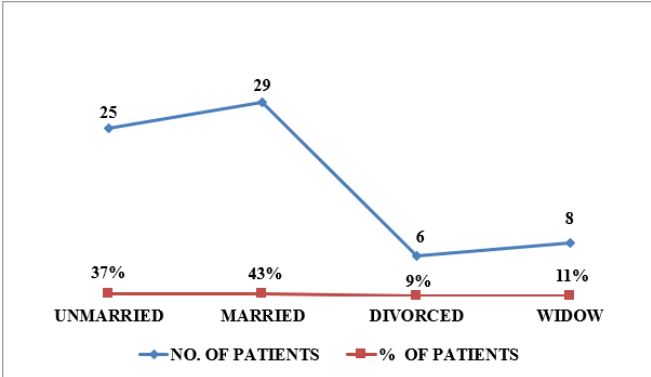


Figure 6: Marital status of 68 hah female patients

Table. 5: Literacy Rates of Female Patients Out Of 68

S.no	Qualification of patient	No. Of patient	%age of patient
1.	Post graduate	5	7%
2.	Graduate	20	29%
3.	Intermediate	23	34%
4.	Primary	12	18%
5.	Illiterate	8	12%
Total		68 patients	100%

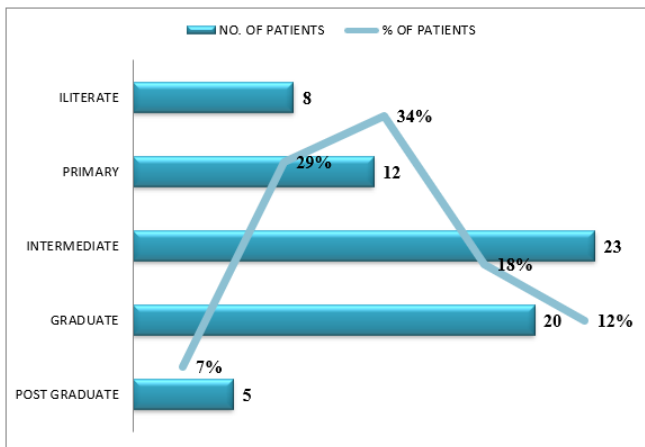


Figure 7: Literacy Rate in HAH Patient

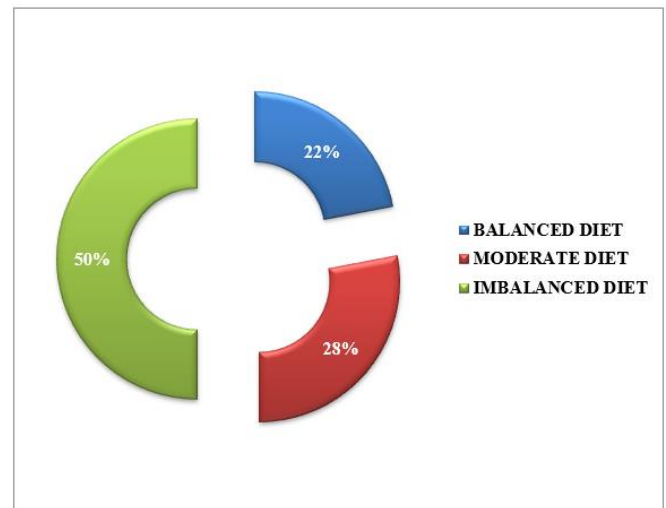


Figure 9: Types of diet consumed by 68 HAH female patients

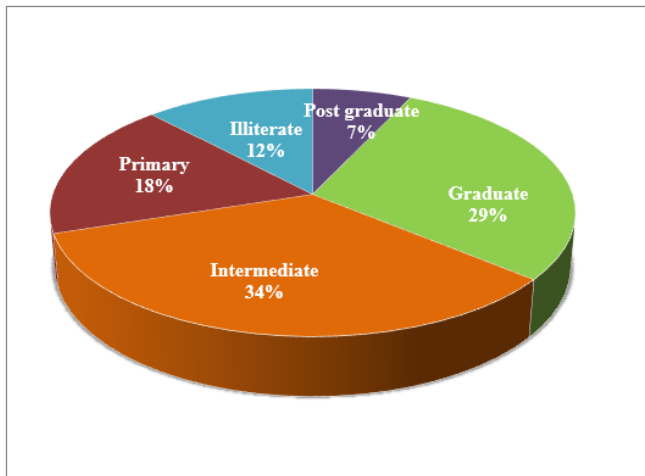


Figure 8: Literacy rate percentage wise

Table 6: The types of diet consuming by the female hirsute patients

S.no	Types of diet	No. Of consumer	% of consumer
1.	Balanced diet	15	22%
2.	Moderate diet	19	28%
3.	Imbalanced diet	34	50%
Total		68 patients	100%

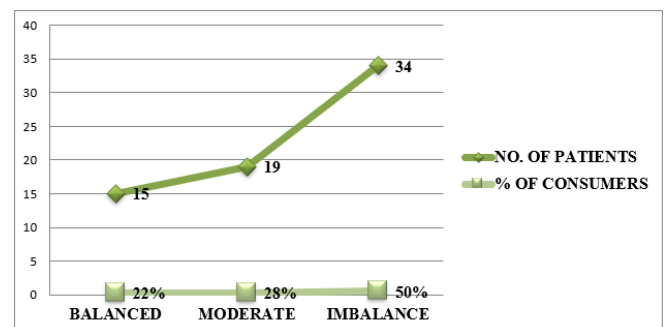


Figure 10: Types of diet consumed by female hirsute patients

Table 7: Signs and Symptoms of 68 hirsute patients

S.no	No. Of patients	Sign and symptoms in female hirsute patients	%age of patients
1.	33	Oily Skin, Acne on Face and Body, Amenorrhea, Masculinization.	48%
2.	15	Obesity, Deepening of Voice, Temporal Baldness.	22%
3.	6	Virilization such as decreased breast size, enlargement of clitoris.	9%
4.	8	Oligomenorrhea, Infertility, Mood Swings Severe Depression	12%
5.	6	Random nonspecific symptoms	9%

Total	68 patients	100%
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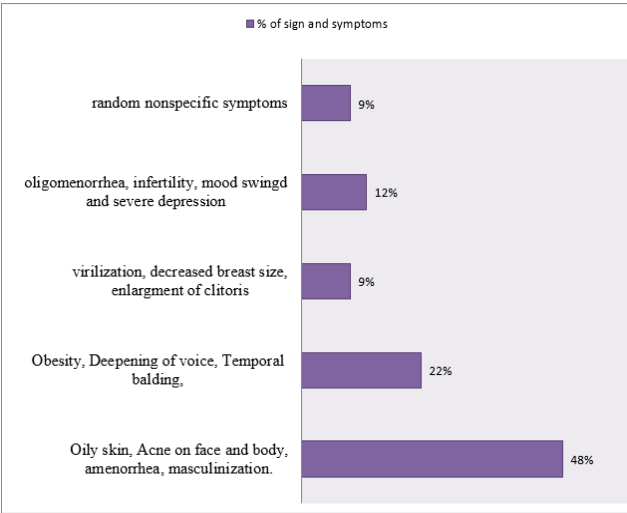


Figure 11: Signs and Symptoms in hirsute female

Table 8: Causes evaluated throughout the case study in *Hyperandrogenic* hirsute female patients

S.no	No. of Patients	Associated Factors/Clinical Findings	% of patients
1	6	Ovarian tumor (clinically diagnosed)	9%
2	7	Adrenal tumor / Cushing syndrome (clinically diagnosed)	10%
3	9	Polycystic Ovary Syndrome (PCOS) / HAIR-AN syndrome	13%
4	12	Thyroid dysfunction / Insulin resistance	18%
5	16	Self-reported use of cosmetic products containing chemicals	24%

6	18	Self-reported: genetic predisposition, stress, sedentary lifestyle, irregular sleep	26%
Total	68		100%

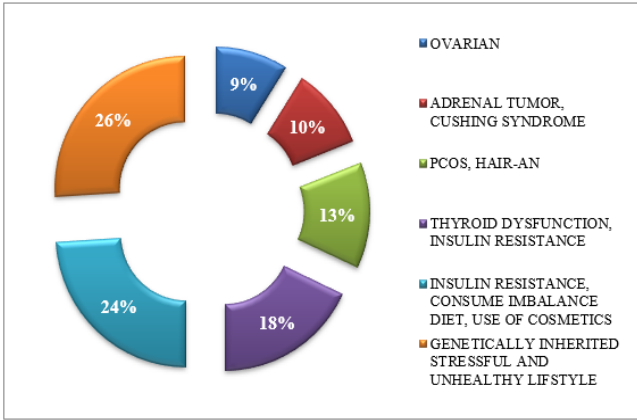


Figure 12: Causes in HAH females

Table 9: Type of *Hirsutism*

S.no	Type of <i>Hirsutism</i>	No. Of patients	%age of patient
1.	Idiopathic or familial <i>Hirsutism</i>	23	34%
2.	Mild <i>Hirsutism</i>	16	24%
3.	<i>Hyperandrogenic Hirsutism</i>	39	57%
Total		68 patients	100%

Note: The sum exceeds 68 (78 patients total) because some patients may have overlapping conditions (e.g., mild *Hyperandrogenic Hirsutism*). Categories are not mutually exclusive.



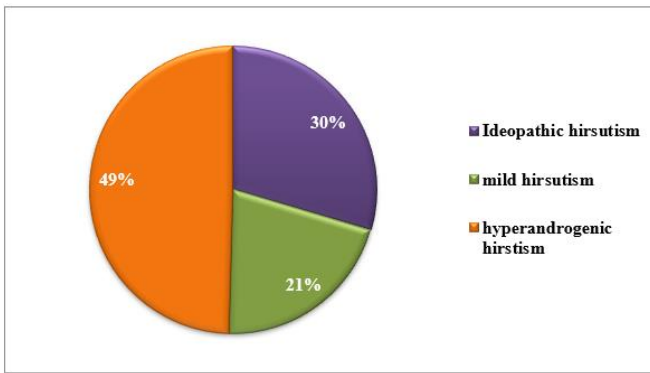


Figure 13: Prevalence among 68 hirsute females

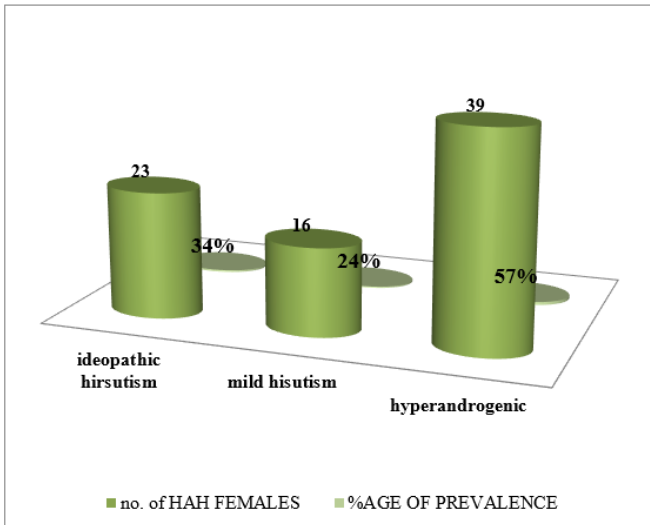


Figure 14: Prevalence of *Hirsutism* out of 68 females

Table.10: Locality of Prevalence

S.NO	LOCALITY	NO. OF AFFECTED FEMALES	%AGE
1	RURAL	42	62%
2	URBAN	26	38%
TOTAL		68	100%

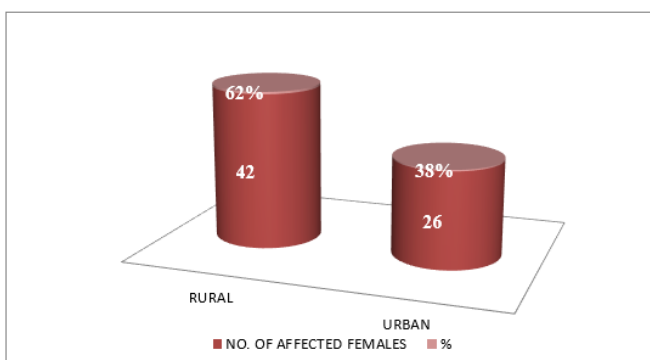


Figure 15: Locality



Figure 16: Terminal *hair* from patient's body



Figure 17: *Hair* follicle

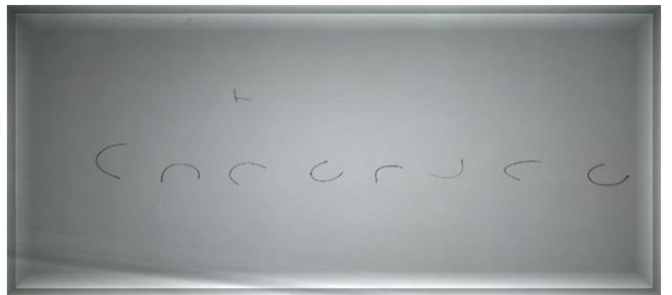


Figure 18: Curly texture of terminal *hairs* collected from different HAH female patients

Discussion

The current investigation on the prevalence of *Hyperandrogenic Hirsutism* was completed from both private and governmental hospitals in the Hyderabad District. Hyderabad is a well-established city in terms of population, amenities of all kinds, and way of life. The Hyderabad District's increasing occurrence has been made clear by this study endeavor. Due to the availability of numerous private gynecologists, dermatologists, psychologists, and some endocrinologists who work in Hyderabad's government hospitals and private clinics, this study has been able to gather enough information about *Hyperandrogenic Hirsutism* in adolescence to older women. In Sindh, Pakistan's Hyderabad District, 68 instances of *Hyperandrogenic Hirsutism* were identified. The frequency was greater in rural Hyderabad District than in urban areas due to poor lifestyle choices, delayed medical provider consultation, and a lack of knowledge about hormonal abnormalities. True *Hirsutism*, according to medical professionals, is characterized by an abundance of male-patterned terminal *hair* on females [16]. According to the current study, females with *Hirsutism* had a range of risk factors. These standards would classify a large number of healthy women as *hirsutistic* [17]. In those with

Hirsutism, *androgen* production and distal levels are usually greater. The method that is currently most commonly used to visually estimate the amount of terminal *hairs* (.5 mm in length) on the face and body is a variation of the one that FG first proposed [18]. With the exception of Mongoloid races, most populations with a mFG score between 6 and 8 are hirsutistic. The substantial portion of females with mFG scores between 2 and 6, irrespective of race, have *androgen* surplus, particularly PCOS, and an average quantity of *hair* may have a mFG of 2 or even 3 [19]. This study supports that statement by observing same kind of result in 68 patients. Despite the availability of a variety of objective techniques for assessing *hair* growth, density, and diameter, the complexity and cost of these procedures prohibit their application in routine clinical practices [20]. As the treatment is too expensive and long duration is required to see the optimal results in patients for the improvement. Females required significant care, timely diagnosis for the medical condition and a good lifestyle is compulsory to maintain the healthy scale of life.

Limitations

This study is subject to certain limitations and restrictions that need to be taken into account when interpreting the findings:

Sampling: Convenience sampling from selected hospital and clinic indicates that the results may not be representative in the entire Hyderabad District of all *hirsute women*. Women who do not seek care in the facility or who go to other facilities may have different attributes.

Sample Size: Only 68 participants took part in this study which may not have been large enough to establish any relationship between variables.

Study Design: This is a cross-sectional study and hence causal relationships cannot be established between the factors studied and *Hirsutism*. The associations between "associated factors" and the activities are indicative only.

Subjectivity: The mFG scoring is standardized but subjective therefore maybe there is variability.

Self-reporting: Multiple variables (diet, stress, sleep, cosmetic use) were self-reported and could be subject to recall and social desirability bias.

Biochemical Data: Not all diagnoses could be confirmed by biochemical data due to the lack of a complete hormonal profile in all participants.

Generalizability: Results of the study may not be generalizable to other part/parts of Pakistan.

Conclusion

Jeejal Mau Hospital, Bhittai Hospital, and the Civil Hospital were among the hospitals located in the Hyderabad district where the current study was conducted between July 2021 and July 2022. The prevalence of *Hirsutism* in the three groups was

evaluated for the current study. The recent study indicates that women from the ages of 20 and 30 are more susceptible to *Hyperandrogenic Hirsutism*. Because of this group's startlingly high prevalence, possibly harmful issues might develop in the future if it is not managed and reduced. The body areas impacted by *Hyperandrogenic Hirsutism* were the subject of several discoveries in the current investigation. There was extra *hair* on the chin, chest, inner thighs, and upper lips of the 27 female participants (40%) who had the disorder. The disorder was discovered on the back of the body, side burns of the face, and the belly in 16 female subjects (23%). Of the 68 females HAH patients, twenty-five (37%) were single, while twenty-nine (43%) were married, 6 (9%) were divorced, and Eight (11%) were widows. The literacy rates of 68 female patients were also evaluated; of them, five had postgraduate degrees (7%), Twenty had degrees, twenty-three had intermediate degrees, twelve had basic degrees, and Eight had no formal schooling (12%). The statistics on the prevalence of *Hyperandrogenic* hirsute females also includes the kind of food; of the sixty-eight female patients with HAH, fifteen (22%) have a balanced diet, nineteen (28%) have a moderate diet, and thirty-four (50%) have an unbalanced diet. Of the 68 females HAH patients, thirty-three (48%) had symptoms such as oily skin, acne on the face and body, amenorrhea, and masculinity; fifteen (22%) had obesity; six (9%) had virilization, which included symptoms like enlarged clitoris and smaller breasts; eight (12%) had oligomenorrhea; six (9%) had fertility issues, fluctuating moods, and profound depression; and six (9%) had a variety of generalized manifestations. The primary severe consequences of this imbalance in hormones are brought on by psychological stress, negligent health-related behavior, and failing to seek medical advice. The results of the investigation show that a female's personal, emotional, social, and psychological well-being is significantly impacted by her marital status. There are also more reasons why females generally have higher amounts of *androgen*. Emotional stress causes a hormonal imbalance in the female body, which has several detrimental consequences.

Conflict of Interest: NIL

Funding Sources: NIL

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Declarations:

Authors' Contribution:

- All Authors Conceptualization, data collection, interpretation, drafting of the manuscript and intellectual revisions
- The authors agree to take responsibility for every facet of the work, making sure that any concerns about its integrity or veracity are thoroughly examined and addressed

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Annexure A:

No.	Questionnaire Item	Response / Options
1	Name of the patient	_____
2	Age	☐ 12–19 years ☐ 20–30 years ☐ 31–40 years ☐ 41–50 years ☐ 51–65 years
3	Weight of the patient	_____ kg
4	Height of the patient	_____ cm
5	Marital status	☐ Married ☐ Unmarried ☐ Widow ☐ Divorced
6	Qualification	☐ Primary ☐ Intermediate ☐ Graduate ☐ Postgraduate
7	Where are you from?	_____
8	Have you ever experienced excessive hair growth on your body?	☐ Yes ☐ No
9	Which body parts are affected?	☐ Upper lips ☐ Chin ☐ Sideburns ☐ Chest ☐ Upper arms ☐ Lower abdomen ☐ Back ☐ Thighs ☐ Buttocks
10	How long have you been suffering from this problem?	_____
11	Do you experience any irregularity in menstruation?	☐ Yes ☐ No
12	What is your skin type?	☐ Normal ☐ Dry ☐ Oily ☐ Combination ☐ Sensitive
13	Do you experience any type of acne?	☐ Yes ☐ No
14	Are you suffering from PCOS?	☐ Yes ☐ No
15	How long have you been suffering from PCOS?	_____
16	Have you ever experienced deepening of your voice?	☐ Yes ☐ No
17	Do you have any past history of the following medical conditions?	☐ Adrenal hyperplasia ☐ Fibroids ☐ Cushing's syndrome ☐ Hormonal imbalance ☐ None
18	Have you visited a gynecologist, dermatologist, or cosmetologist?	☐ Yes ☐ No
19	What type of diet do you consume?	☐ Balanced ☐ Moderate ☐ Imbalanced
20	Do you experience any disturbance in sleep?	☐ Yes ☐ No
21	Have you ever used any type of cosmetics without a prescription?	☐ Yes ☐ No
22	Have you ever waxed your face or body?	☐ Yes ☐ No
23	Which method do you use to remove unwanted hair?	_____
24	Have you ever checked your hormonal profile?	☐ Yes ☐ No
25	What is your usual sleep time at night?	_____
26	Do you exercise daily?	☐ Yes ☐ No
27	Have you ever used contraceptive pills?	☐ Yes ☐ No
28	Do you feel a lack of confidence due to this problem?	☐ Yes ☐ No
29	Have you started treatment for this problem recently?	☐ Yes ☐ No
30	Any suggestions for prevention?	_____