Oral minoxidil	He showed new data on safety (no severe adverse events), even in patients with hypertension and arrythmia and reinforced that for him, it is one of the most useful new therapies for AGA in daily practice. Concomitant use of spironolactone or bicalutamide can decrease the risk of hypertrichosis. Spironolactone can also reduce water retention. Some conditions require a visit to cardiologist prior to prescribing minoxidil: coronary disease, heart failure, severe valvar disease, recent pericardial disorders, advanced renal disease.
Bicalutamide 10-50mg daily	Effective for female AGA, especially interesting in pre-menopausal women with associated seborrhea. It requires liver enzymes monitoring (pre, 1month, 3-6 months) – low hepatotoxicity risk, usually during first months. It must be discontinued 2 months before seeking pregnancy.
Mesotherapy with antiandrogens (Dutasteride 0,01-0,025%, Bicalutamide 0,5%)	For patients who don´t want to take oral antiandrogens, require more intensive treatment, or to optimize outcome in patients taking low doses of oral antiandrogens.
Botulinum toxin A	Two theories: - One is the toxin relaxes the muscles, increases blood flow in scalp and increases the wash out of DHT. - The other is the decrease of TGFβ. Protocol suggested: 60U intradermal (4mm needle) and 40U intramuscular (13mm needle), dilution 100U/5ml. 0,1ml (2U) per point. 30 points intradermal, 16 points in temporal and 4 points in occipital muscle.
Others, for the future…	GT20029, pyrilutamide (topical antiandrogens), SAMiRNA (self-assembled micelle inhibitory RNA – decrease androgen receptors in dermal papilla cells. Topically applicated 1-2X a month), exosomes (still with FDA warnings!), HMI-115 (monoclonal antibody that inhibits prolactin receptor).