

Thoughts on “Dermatologists’ Knowledge, Attitude, and Practice Pattern Toward Low-Dose Oral Minoxidil in Hair Loss in Saudi Arabia” [Letter]

Sabrina Shahid , Mahdi Sadeghi 

Medical Education, King’s College London, London, UK

Correspondence: Sabrina Shahid, Medical Education, King’s College London, Guys Campus Great Maze Pond, London, SE1 1UL, UK, Email sabrina.shahid@kcl.ac.uk

Dear editor

With great pleasure, we have read the recent article written by Altalhab. We want to express our appreciation for the insightful study on “dermatologists’ knowledge, attitude, and practice pattern toward low-dose oral Minoxidil in hair loss in Saudi Arabia”¹ and provide our perspectives as medical students in the UK. Oral Minoxidil is an antihypertensive used for hair loss management, and this study showed that the usage of low-dose oral Minoxidil is increasing; however, many dermatologists may not prescribe this medication.¹

The study showed that 84 dermatologists participated (60% being male). However, this is not representative of Saudi Arabia’s dermatologist population. In 2020, there were 2678 practicing dermatologists in Saudi Arabia.² Therefore, including a larger sample size would allow the results to be more generalisable and representative of the dermatologist population in Saudi Arabia.

Additionally, the questionnaire could have been more comprehensive. Firstly, no information was gathered regarding where they primarily work. Due to this omission, it can be difficult to draw general conclusions, as we are not aware of the demographics of the participants. Therefore, a large proportion of dermatologists could be from the same institution. Thus, results may demonstrate the local institution practices rather than generalisable practices nationally. Future studies could identify trends in the usage of Minoxidil compared to the educational background of participants in relation to the primary institution they attended and the number of educational events (eg, conferences) they participated in per year.

We commend Altalhab for creating and validating the questionnaire used in the study. However, the anonymous survey was in English, whereas the official language of Saudi Arabia is Arabic, thus meaning it may not be accessible to all dermatologists. Therefore, having the questionnaire in the national language may allow more dermatologists to partake in the study by dismantling language barriers and mitigating potential participant biases. In addition, the survey was conducted via Google Forms and distributed to participants via email or text messages if they were board-certified Saudi Arabia dermatologists.¹ Future research can use focus groups, which will provide qualitative data in addition to quantitative data, allowing further insight into the use of low-dose oral Minoxidil, providing candid responses and developing ideas from others.³ In Table 5, when participants were asked about prescribing Minoxidil, the option “no” should have had a follow-up open question where participants could have listed alternatives they prescribe, which could have allowed a better understanding of the prescribing patterns or behaviour when Minoxidil is indicated. In addition, a longitudinal study would allow continuous monitoring,⁴ allowing us to see trends in the usage of low-dose oral Minoxidil for hair disorders and how dermatologists prescribe it in the long term.

Overall, we appreciate Altalhab’s contribution to this journal. While this study provides valuable insights into using low-dose oral Minoxidil among dermatologists, it is crucial to acknowledge the limitations and develop them in future research.

Disclosure

The author(s) report no conflicts of interest in this communication.

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