adverse events seem highly relevant to hair loss, which is a significant confounder in this study and should be considered thoroughly before drawing a conclusion (Figure).

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In Reply We thank Choi et al for their interest in our work. Our analysis identifies 2 avenues of investigation into the association of depression, anxiety, and suicidality with finasteride use in young patients with alopecia: mediation by adverse effects and confounding by stimulated reporting.1 Confounding by indication, while concerning, is mitigated by our comprehensive sensitivity analyses.

Sexual dysfunction and decreased libido are postfinasteride syndrome symptoms and are known adverse effects of finasteride that are listed on the drug’s label and supported by clinical trial data.2,3 Our findings suggest that these known adverse effects mediate the association observed between finasteride use and depression, anxiety, and suicidality. These known adverse effects are also not present with minoxidil, another commonly used hair loss medication, for which we did not detect an association with psychological adverse events and suicidality. This sensitivity analysis mitigates confounding by hair loss. To the point of Choi et al, and as we stated, any direct biological association between suicidality and psychological adverse events with finasteride is less likely, considering that the dutasteride sensitivity analysis was negative and that a dose-response association was not found. However, pharmacovigilance is ill suited to make any definitive statements regarding biological causality.

Choi et al do not address the second hypothesis that is generated by our analysis that suggests that stimulated reporting may be biasing results. Increased awareness of postfinasteride-syndrome via advocacy groups and media could be spurring the observed association by increasing the reporting of adverse events that are associated with finasteride use. This may explain why we detected a signal for finasteride but not dutasteride. It may also explain why there was significantly more reporting after 2012, when major news outlets first reported on adverse events that were associated with finasteride use. Stimulated reporting can increase true and false reporting, and more granular research is required to ascertain a direction of bias in this case.

Pharmacovigilance analyses are not meant to provide externally generalizable proof of a given association; rather, pharmacovigilance provides a signal that an association between a therapy and an adverse event may exist, requiring further studies with varying methods to explore and define the association.4 Based on our primary findings and sensitivity analysis, we suspect that a combination of stimulated reporting and younger patients being more vulnerable to finasteride’s known adverse effects contribute to the detected signal of psychological adverse events and suicidality being associated with finasteride use.

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CORRECTION

Error in Author Surname: In the Research Letter entitled “Treatment of Xanthoma Disseminatum With Narrowband UV-B Phototherapy,” the first author’s surname was listed as “Martinez” but should be “Garcia-Legaz Martinez.” This article was corrected online.