

Menopause

# Menopause Hair Checklist

What to rule out first, what to ask your dermatologist, and how the real options compare. Much of this is manageable when you start from the right diagnosis.

## Rule these out first

Before spending on serums, rule out the common, fixable causes. Bring this list to your doctor and ask for the tests.

- Thyroid (TSH).** Both under- and overactive thyroid can thin hair.
- Ferritin (iron stores).** Low ferritin is a frequent, easy-to-miss driver of shedding in women.
- Vitamin D.** Often low and simple to correct.
- A basic blood count and metabolic panel** for the wider picture.

⚠ **Why this comes first.** If one of these is off, treating it may do more than any product, and you will have saved months of chasing the wrong problem.

### Also note what you are seeing

- Is your part widening, with more scalp at the crown? (points toward pattern loss)
- Or did it come out suddenly in a heavy shed? (points toward a temporary shed)

## Questions for your dermatologist

- Is this female pattern hair loss, or a temporary shed?
- Should I check ferritin, thyroid, and vitamin D?
- Is low-dose oral minoxidil an option for me?
- Would you combine treatments, such as minoxidil with spironolactone?
- What is a realistic timeline before we judge whether it is working?

## How the options really compare

Option	What to expect	Notes
Topical minoxidil (Women's Rogaine)	FDA-approved; fuller density for many by ~3 months; expect an early shed	Lifelong use; avoid in pregnancy
Low-dose oral minoxidil	Well-studied off-label; a convenient daily pill; watch for facial hair	Prescription; lifelong
Spironolactone	Anti-androgen, usually paired with minoxidil; ~12 months to judge	Prescription; lower response after menopause
Hormone therapy (HRT)	Mixed and individual; not prescribed for hair alone	Decide as part of wider menopause care
OTC supplements & serums	Mostly gentle; evidence is thin; a few have some data	Rule out deficiency first

## When to see a dermatologist

- Your part is visibly widening, or thinning is progressing.
- Your bloodwork is normal but the shedding continues.
- You want the prescription options with the most evidence, which run through a clinician.

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