

Hair today Gone tomorrow

Management of hair loss in primary care

Dr Martyn Chambers

"Eunuchs are not subject to gout nor do they become bald."

- Hippocrates

"It's not about hair loss. It's about face GAIN. I hear the term, 'receding hairline'. I say, 'Expanding Facial Frontier'. One day I might have a whole head of FACE."

- Sheng Wang

Approach to hair loss in primary care

- Patchy or diffuse
- Scarring or not
- Evidence of scalp inflammation
- Family history
- Recent life events/illness
- Other illnesses
- ?signs of hyper-androgenic state eg PCOS
- History of autoimmune disease
- Other skin conditions eg Lichen Planus, Discoid Lupus



Diffuse Hair Loss -Common Causes-

- Androgenetic alopecia
 - Male pattern baldness
 - Female pattern baldness
- Telogen Effluvium
- Hypothyroidism
- Iron deficiency

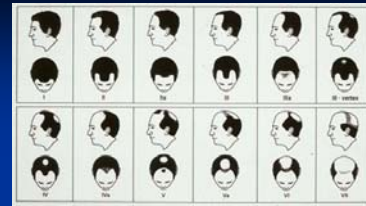
Diffuse Hair Loss -General Assessment-

- Medications
 - Cyclophosphamide and Methotrexate
 - Allopurinol
 - Beta-blockers
 - Lithium
 - Carbamazepine and Sodium Valproate
- FBC, TSH, Ferritin in everyone
- LH, FSH, Testosterone in women

Androgenetic Alopecia

- Common in men and women
- Usually earlier onset in men due to androgen activity, but can occur early in women too
- In women, often related to hyperandrogenic state eg PCOS or post-menopause
- Possibly an autosomal dominant inheritance
- Different patterns in men and women

Common male patterns of baldness



Common female patterns of baldness



Androgenetic Alopecia -Management-

- Men
 - Topical Minoxidil 2% or 5% (Regaine) – OTC only
 - Oral Finasteride 1mg daily (Propecia) – private script
- Women
 - Topical Minoxidil 2% - OTC only
 - Oral contraceptive
 - Co-Cyprindiol or any COC
 - Oral contraceptive + Cyproterone or Spironolactone
 - Probably specialist only



Telogen Effluvium

- “Telogen” – resting phase of hair follicle
- “Effluvium” – shedding
- Commonest cause childbirth, but also severe illness
- Many hairs pushed into Catagen at the same time
- Sudden shedding of a large amount of hair 2-3 months after the traumatic event
- The only treatment is reassurance and optimise thyroid/iron levels etc



Patchy Hair Loss -Causes-

- Alopecia Areata
- Trichotillomania
 - Habitual hair-pulling
 - Twisted and fragmented hairs, broken at variable distance from the follicle
- Traction – ie tight plaits, ponytails, hot combing
 - Black African hair particularly prone to this

Alopecia Areata

- Onset can be at any age, M=F
- Well circumscribed, totally bald, smooth patch
- Exclamation mark hairs (short, broken hairs) at the border
- There may be a family history (20% of cases)
- Autoimmune associations
 - Thyroid
 - Vitiligo
 - Addison's Disease
- Usually asymptomatic and noted by someone else
eg Hairdresser



Alopecia Areata -Prognosis-

- Up to 80% will resolve spontaneously within one year, although the degree of re-growth may be variable
- 14-25% progress to total scalp hair loss (Alopecia Totalis) or total body hair loss (Universalis)
- Resolution more likely with small area of involvement
- Prognosis worse with childhood onset
- Regrowth is often white initially but usually regains its normal colour after a few months

Alopecia Areata -Management-

- Emotional support required in most cases
- Carefully manage expectations
 - All treatments have a high failure rate
 - Hair regrowth may not be seen for at least 3 months, so improvement will often take time
 - If hair regrows, it is often initially fine and depigmented (white) before it returns to its original colour

Alopecia Areata -Management (cont)

- Masterly inactivity is a good option for most patients with limited alopecia (<50% of scalp)
- Topical potent corticosteroid (Dermovate) commonly used, but limited evidence
- Intra-lesional steroid better, but painful – needs referral
- >50% of scalp involved or totalis/universalis – offer referral
- Women with extensive hair loss may wish to wear a wig.

Alopecia Areata -Resources-

- Alopecia UK (online)
www alopeciaonline.org.uk
- Alopecia Awareness
www alopecia-awareness.org.uk
- Patient UK
www.patient.co.uk/health/Alopecia-Areata.htm
- Clinical Knowledge Summaries 2009
http://www.cks.nhs.uk/alopecia_areata#-376022