

THE LONDON DERMATOLOGIST'S:

Do I Have Severe Hair Loss? Top Five Causes Of Hair Loss Explained

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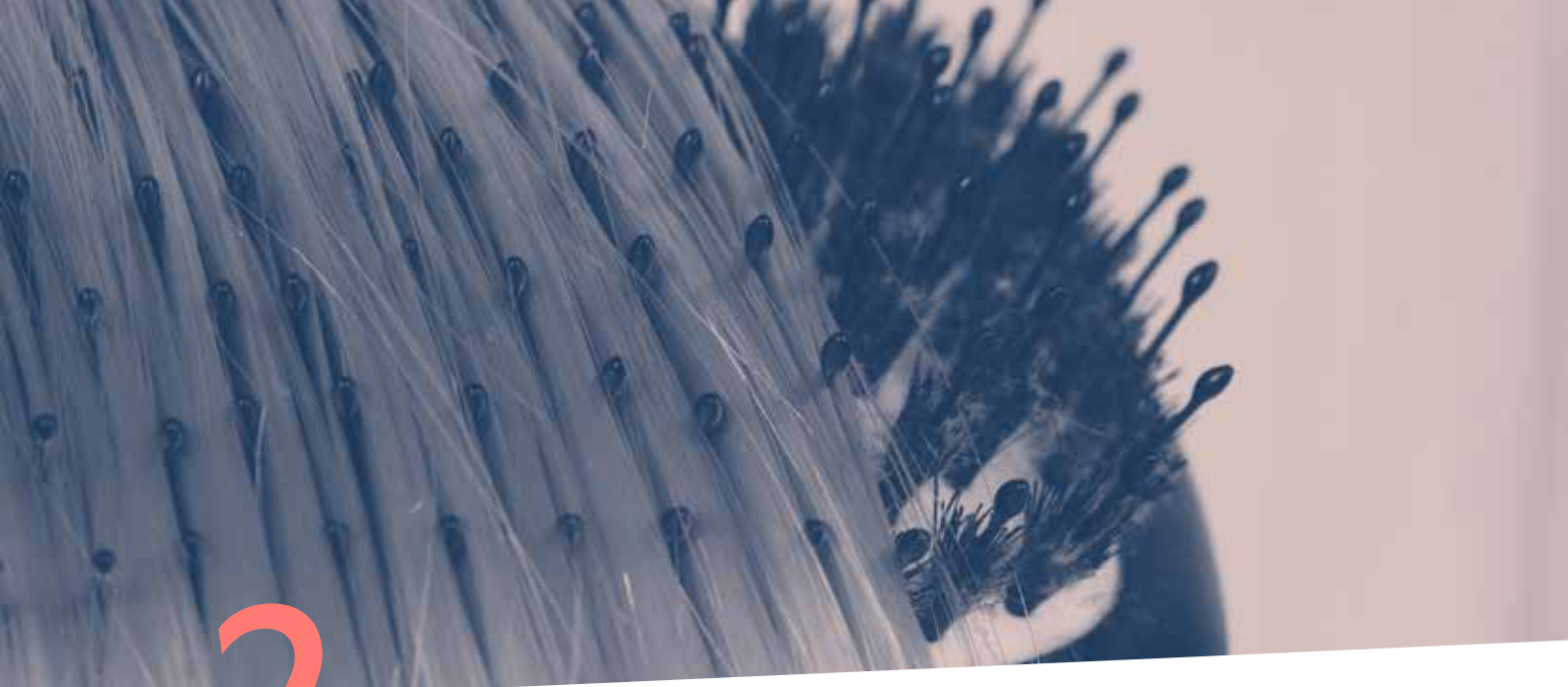


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Introduction

Have you noticed that your hair is thinning? Are you worried about the numbers of hairs you see coming out when you brush or comb your hair? Have you noticed excessive hairs on your pillow in the morning or when you shampoo? Or do you have a receding hairline or bald patches?

Dermatologists are the medical specialists trained in the diagnosis and management of hair problems and here is some key advice about hair loss from The London Dermatologist.



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Hair Shedding

Everybody's hair goes through a cycle. In fact, each hair follicle spends time producing a growing hair (the anagen phase), and then switches for a while into the inactive phase when the hair is made ready for shedding (the telogen phase). If we look at all the hair on someone's head, at any one time about 90% of the hairs are growing and 10% are ready to shed.

Every day we shed about 50-100 hairs, quite normally. However sometimes the hairs can go into the same phase of the cycle, meaning that many of the hair follicles enter the telogen phase at the same time.

When this happens, increased and sometimes dramatic hair shedding can occur, called telogen effluvium, where the hair loosens, sheds and thins significantly.

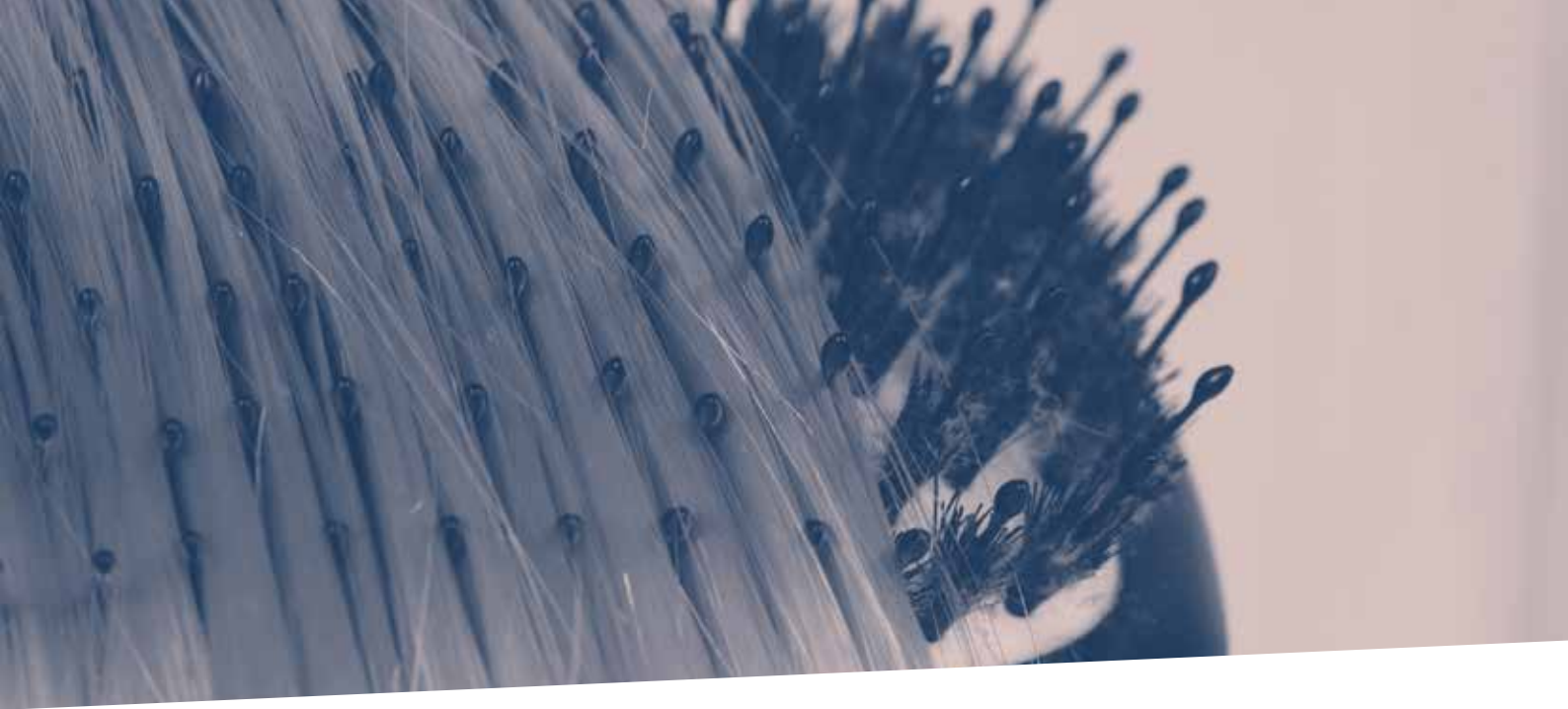


Hair shedding is often triggered by an event, such as:

- Pregnancy and giving birth
- Medication (such as isotretinoin-Roaccutane for acne)
- Low iron levels (more common in vegetarians)
- Dramatic sudden weight loss
- Significant illness (e.g. glandular fever)
- Stopping oral contraceptive pills
- Thyroid problems

A dermatologist should be able to identify telogen effluvium through talking to you, examination and investigations, including blood tests and sometimes a scalp biopsy, where a circle of skin about 4mm in diameter is taken from the scalp to look at the follicles under the microscope.

If telogen effluvium is confirmed it is usually reassuring news. Hair loss is likely to completely recover, although it may take up to a year for this to happen.



What can you do to improve the appearance of thinned hair?

- Use volumising shampoos, which contain ingredients such as protein that add body and lift
- Use shampoos formulated for fine hair
- Avoid combined shampoo/ conditioners or intensive conditioners which can make hair quite heavy and flat
- Use conditioners mainly on the ends of your hair and avoid application close to the scalp, which will tend to weigh hair down
- Ask your hairdresser's advice about trying a new haircut—some styles will make your hair look fuller



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Female-Pattern Hair Loss

Female-pattern hair loss (FPHL) is the commonest type of hair loss in women and tends to occur gradually from the age of 40-50 onwards, however in some women it can occur earlier and can progress more rapidly.

FPHL is also known as androgenetic alopecia. Typically, an even pattern of thinning occurs on the top and front of the scalp, often leading to a wider and more visible parting line.

Women with FPHL do not lose all their hair, however without treatment the condition continues to progress and unfortunately there is no cure. However, there are excellent treatments which can lead to hair regrowth, but these are best to be used regularly, early and continuously.

Before starting treatments, it is sensible see a dermatologist to confirm the diagnosis and to exclude other causes of hair loss that might need different therapy.



Treatments for Female-Pattern Hair Loss include:

- Minoxidil 2 (or 5% under supervision) applied to the scalp every night is a great way of reversing FPHL. It can produce increased hair shedding for a few weeks at the start of treatment, but this settles. It should not be used during pregnancy and should not be used on the face to avoid increased hair on the forehead. Washing the face after application is helpful.
- Spironolactone tablets can be taken daily. Spironolactone is a diuretic that can reverse hormone and age-related thinning. It should not be used during pregnancy.
- Some oral contraceptives that block the effect of the 'male' hormone testosterone on the hair follicle such as Dianette or Yasmin.
- Finasteride is another anti-hormone medication which is occasionally used under close supervision by a dermatologist.



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Male-Pattern Hair Loss

Most men will experience male-pattern hair loss (MPHL) from their mid-twenties onwards. It is usually a gradual process and typically occurs in a symmetrical way, affecting the frontal scalp at the sides (bitemporal area) and the crown. Some men experience a more general thinning of the front of the scalp.

Like FPHL it also known as androgenetic alopecia. Some men will develop this much earlier than others, which can be very distressing. Once again there is no cure for MPHL, but with treatment, preferably as early as possible, hair can regrow and hair loss stabilise.

A dermatologist will be able to undertake investigations to exclude other causes of hair loss, including blood tests and sometimes a biopsy.



Treatments include the following:

- Topical minoxidil 5% often works well, but needs to be continued and used regularly, preferably nightly. It is available as lotions or foams which are massaged into the scalp before bed. Reversible hair shedding may occur at the start of treatment. If minoxidil is effective hair should thicken within 4-12 months.
- Finasteride tablets are anti-hormonal treatments licensed for treatment of MPHL in the UK, but are not available on NHS prescription. They are taken daily and can be used in combination with topical minoxidil or by themselves. They should be taken under supervision. A dermatologist will be able to discuss possible side effects with you before you start. Dutasteride is a similar treatment that may be recommended.
- Other treatments including laser therapy, platelet-rich plasma injections and biotin are sometimes used, although evidence for benefit is limited and long-term effects are unknown.
- Hair transplantation techniques have advanced substantially in the last 20 years, so that now individual follicular units are taken from areas of higher hair density, usually the back of the scalp, and inserted under local anaesthetic into the thinner areas.



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Alopecia Areata

Alopecia (ah-low-pee-sha) is simply the medical term for hair loss. Alopecia Areata (AA) is a very particular and common type of hair loss that usually causes circular patches of complete hair loss leaving clear patches of skin in the scalp.

It is an autoimmune condition, in which the body's immune system malfunctions and attacks the body's own hair follicles. In most cases, the follicles remain intact and often complete recovery of their growth occurs, although this is not always the case.

In about 1 in 20 people hair loss can progress and involve the whole scalp, which is described as alopecia totalis. Sometimes nails may also be affected, with tiny pits or thinning. Occasionally Alopecia Areata may cause more general thinning of the hair without individual patches.

A dermatologist should be able to diagnose AA. Although there is currently no cure, hair will often regrow spontaneously and treatments may help the hair regrow more quickly.



Treatments include:

- **Steroids**
These can be given as a lotion, but probably work more effectively when injected about every 6 weeks into the part of the skin where the hair follicles are located. Regrowth may occur within a month, but can take longer. Occasionally steroid tablets may be used, but these are not a long-term option because of side effects.
- **Minoxidil**
Normally a treatment for male or female pattern hair loss, minoxidil 5% (Regaine) may help hair regrow in alopecia areata. It can be applied twice a day and may take 3 months to start working.
- **Diphencyprone**
This is a medicine which is used to deliberately cause an allergic reaction on the bald patches of skin, producing red and slightly itchy areas resembling eczema. This alters the immune response in the skin and often causing new hair growth to occur. Hair regrowth may take 3 months.

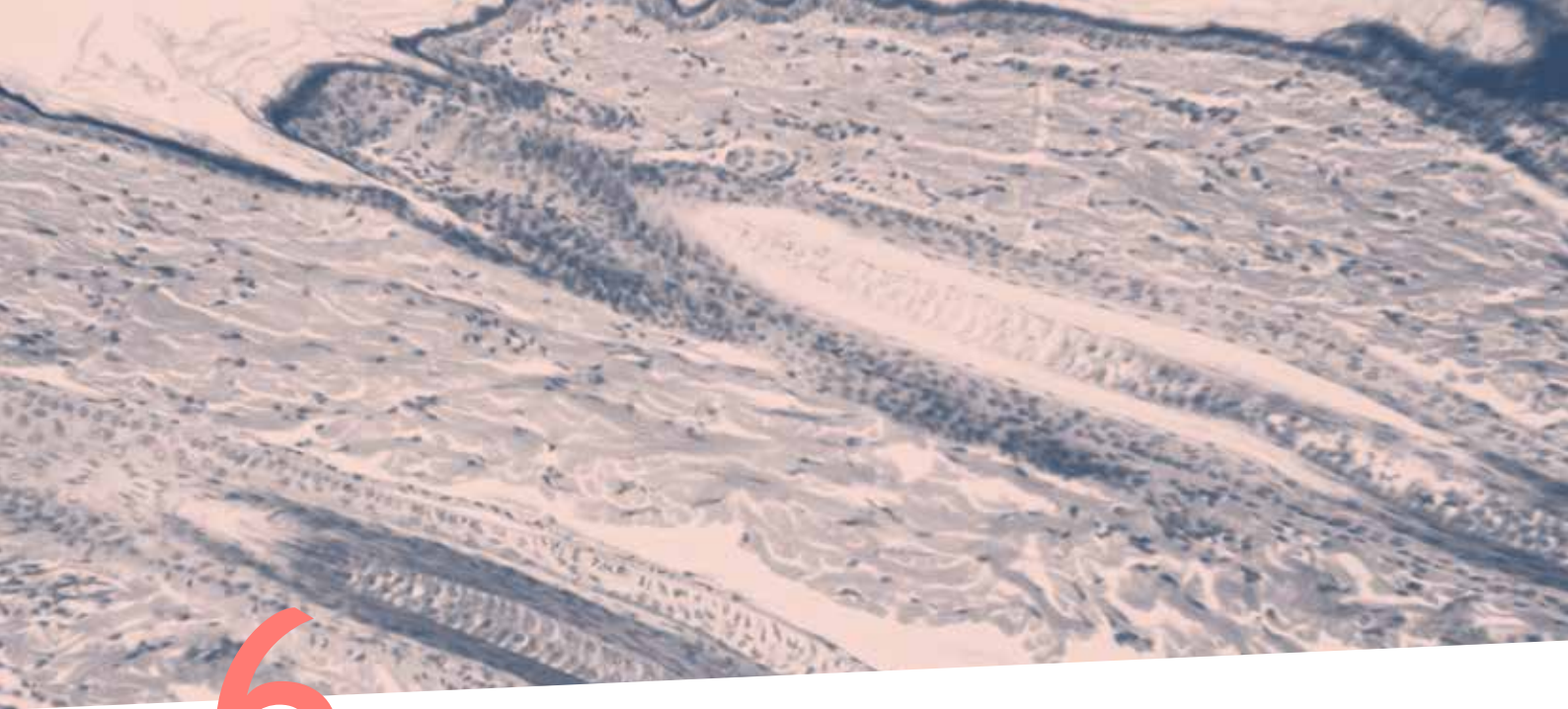


- **Jak inhibitors**
Although they are not yet available outside clinical trials, these exciting and completely new treatments for alopecia areata have been identified in the last 2 years. Jak inhibitors interfere with a communication pathway inside immune cells that are known to be involved in alopecia areata. So far two oral medicines (tofacitinib and ruxolitinib) have been tested in small clinical trials. Substantial hair regrowth occurred although this was better in patients without complete hair loss. Larger studies are now underway. It is also possible that these medicines might be used in future to treat male and female-pattern hair loss.

The outlook for alopecia areata is usually good. In patchy AA, hair growth often recovers, perhaps initially with white hair or thinner hair than before, although other new areas may appear.

Four out of 5 people with limited patches recover completely within 1 year without any treatment. Often recovery may occur with the condition coming back at some stage in the future. People with more than half of the scalp involved have a 1 in 10 chance of full recovery.

Those with involvement of the hairline at the back, sides or front of the scalp are less likely to fully regrow. In general, children with AA show less hair recovery than adults.



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Scarring Alopecias

Scarring alopecias occur when the hair-bearing scalp skin is replaced by permanent scar tissue. In this case hair loss cannot recover, because the follicles have been lost. The absolute key is to treat these conditions as early as possible by obtaining an accurate diagnosis and starting medication to control the cause.

There are many causes of scarring alopecia. The commonest are:

- Frontal Fibrosing Alopecia or FFA.
This causes permanent receding of the frontal hairline in women after the menopause. Unlike Female-Pattern Hair Loss, FFA causes slight reddening and inflammation of the hair follicles and hair loss that cannot be reversed. After diagnosis by a dermatologist, treatments may include topical steroids, and oral medications, for example hydroxychloroquine, and hormones that inhibit the effect of testosterone on the hair follicles (5- α reductase inhibitors or flutaminde/ dutasteride).



- **Lichen Planopilaris**
A condition that causes hair follicle inflammation which is related to a common skin condition called lichen planus. In the scalp it can cause hair follicle reddening, inflammation and destruction leading to general and potentially permanent thinning of the hair. Treatment with topical steroids and tablets such as hydroxychloroquine is often effective.
- **Centrifugal Cicatricial Alopecia (CCA)**
The commonest cause of hair loss in black women, however it can occur in all races and hair types. It is thought to be caused by hair care practices including hot combing, and use of chemical relaxers, braiding and tight extensions, however other factors such as bacterial or fungal infections may also play a role. In CCA, hair loss occurs centrally, producing a shiny scalp with loss of follicular openings, which slowly extends outwards. Discontinuation or minimisation of the damaging hair practices is key.

Do you need specialist advice?

[see a dermatologist ›](#)

[who is the london dermatologist ›](#)