Alopecia in the Primary Care Setting

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Typical Patient Presentation

- A middle aged woman
- Anxious and upset regarding hair loss, sometimes holding a bag of hair
- Has noticed hair loss including comments from her stylist, increased hair in the brush or sink, a decreased diameter in the pony tail
- Anterior hairline is intact
- Loss may or may not be more prominent on the crown and vertex scalp
- Hair loss may or may not be obvious to the physician
Thorough History is Key

- How long has this been occurring?
- Is there a family history of hair loss?
- Are there other health problems, particularly cancer?
- In the past year have there been surgeries, fevers, pregnancies, or extreme emotional stressors?
- Are there any nail changes?
- Is there a history of menstrual irregularity or infertility?
- What is your diet? What did you eat yesterday?
- Are you taking any medications (especially new medications) or supplements?
- What are your styling practices? Have you worn braids?
Physical Exam

- Examine the part width
  - Compare part width on crown and sides
  - Androgenetic Alopecia (Male or Female pattern alopecia)
- Look for signs of scalp inflammation (redness or scaling)
  - Seborrheic dermatitis, psoriasis
  - Lupus
- Examine for scarring
  - Central Centrifugal Cicatricial Alopecia
  - Lupus or Lichen Planus
- Gentle hair pull
  - Telogen effluvium
- Signs of breakage, brittle hair or regrowth
Differential Diagnosis

- Androgenetic Alopecia (Female pattern hair loss)
  - No recession of the hairline except possibly the triangles
  - Wider than expected part width on the crown
  - May proceed menopause
- Telogen Effluvium
  - Trigger is not always identified
  - May be surgical, medical or emotional
- Endocrine or nutritionally induced
  - Thyroid (hyper or hypoactive)
  - Protein or Iron deficiency
- Medication Induced
Androgenetic Alopecia

- Female pattern hair loss in women affects numbers equal to men
- Often a family history of alopecia
- When seen in premenopausal women, may be associated with PCOS
- May be associated with hirsutism elsewhere
- May be “unmasked” by telogen effluvium or other hair loss making the androgenetic alopecia more noticeable
Telogen Effluvium

- Telogen is the resting phase of hair that precedes a loss of hair
- A stressor triggers a disproportionate number of hairs into the telogen phase, after which a larger than expected number of hairs fall out
- Telogen generally lasts 2-6 months
- Stressor can be surgery, fever, diarrheal illness, childbirth or emotional in nature
- When the patient is seen in the active phase, the hair pull test will be positive (often dramatically)
- May have associated nail changes.
Central Centrifugal Cicatricial Alopecia

- Common form of alopecia in African American Women
- Also known as Follicular Degeneration Syndrome or Hot Comb Alopecia
- Exact cause is unknown but prevailing theory is that it is caused by distinct styling practices
- May be caused by traction from heavy extensions or tight braids or from chemical processing
- Presents with scarring alopecia starting on the crown of the scalp and can be progressive
- Most commonly treated with intralesional or topical steroids
Laboratory Work-up

- Most Patients:
  - Thyroid tests
  - Iron, TIBC and Ferritin
  - Vitamin D
- When Indicated:
  - Complete Blood Counts
  - Comprehensive metabolic panel
  - Free and total testosterone, DHEAS
  - ANA, Sjogren’s antibodies
Interventions

- Remove offending medications when able
  - Hormones
  - Beta blockers
  - Statins (Crestor is reportedly the best for hair loss)
  - Warfarin
  - Anti-seizure medications
  - Steroids
  - Vitamin A
Treatment

- Healthy lifestyle choices
  - 60-80mg of protein daily
  - Plenty of iron rich foods
  - Stress reducers

- Supplements
  - Women’s formula multi-vitamin including 800 IU vitamin D
  - Watch Vitamin A (no more than 100% RDA)
  - Omega-3 supplements (1000mg daily)
  - ?Biotin
Medical Treatment

- Minoxidil 5% Foam
  - Apply $\frac{1}{2}$ capful over the scalp twice daily
- Spironolactone in women
  - 50-200mg daily
  - Helps with acne
  - Unless otherwise indicated, routine follow up labs are not necessary
- Finasteride in men
  - Teratogenic and low yield in women
  - May reduce prostate cancer risk, but may increase risk for aggressive tumors
  - Decreased libido is possible
Other Treatments

- Platelet Rich Protein injections
  - Only small trials so far
- Laser treatments
  - Low dose laser combs, wands and caps
- Hair transplant
- Targeted treatment for inflammatory or scarring hair loss