Medicine for Managers

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Alopecia

Alopecia is a medical term for hair loss. The word was originally used by physicians including Hippocrates and derived from the Greek for a fox (*alopex*) because foxes often become ill with a highly contagious disease called *mange,* caused by a mite which burrows into the skin and results in hair loss. Alopecia is not generally something about which to worry and it is normal to lose hair.

Hair has a normal cycle of growth for some years, resting, being shed and followed by regrowth. It is normal to lose between 30 and 100 or more hairs a day as part of that natural process and the total number of hairs stay the same. At the extremes, many people retain their hair well into old age whilst others start losing hair at the end of their teenage years. There are a number of reasons for this.

1. ***Genetics.*** Most commonly patterns of developing baldness are familial both in men and women.

2. ***Illness and Stress*** (***Telogen effluvium***)
    a. ***Hormonal changes***, such as in thyroid disease, pregnancy and childbirth and polycystic ovarian syndrome.
    b. ***Chemotherapy*** with cancer treatment
    c. ***Fungal infections*** such as tinea capitis causing itching and bald patches
    d. ***Stress***, where more hairs are pushed into the resting and shedding phases. In situations of severe stress, such as severe illness or major surgery, much of the hair may be pushed into the resting phases with large amounts subsequently falling out.
    e. ***Rapid weight loss***
    f. ***Iron deficiency***

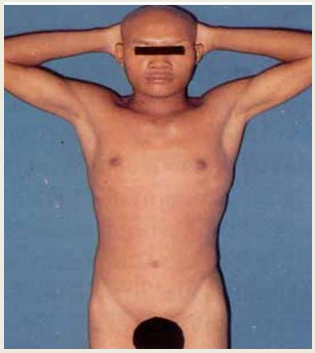
In one in three cases, no cause can be found for telogen effluvium. It commonly recovers after three to six months though sometimes it displays a more chronic path.

3. ***Alopecia Areata*** is an autoimmune disease and occurs when the body's own defence mechanism attacks the hair follicles. It may cause patchy hair loss anywhere in the body but most commonly it affects the scalp, normally as smooth round bald areas. As with other disorders causing hair loss, it too

is associated with family history or with family members with an autoimmune disease.

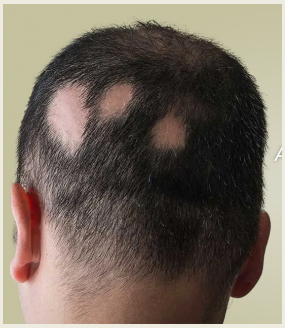
The classification of the condition depends on the location of the hair loss and its severity. Principal groups include:

- ***Diffuse alopecia areata*** – hair thinning rather than loss in patches
- ***Alopecia areata totalis*** – loss of all the scalp hair
- ***Alopecia areata universalis*** – loss of all body hair



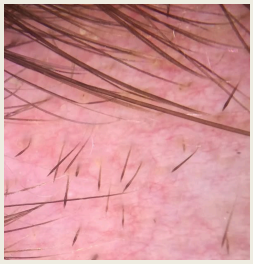
Alopecia Universalis

The most common presentation is for the hair to fall out in patches, often about the size of a ten pence piece, although the patches may vary.



A characteristic feature in some people is the development of short broken hairs , thin at the base and thicker at the top, which are characteristic of alopecia areata and are called ***exclamation mark hairs*** because of their appearance.

Exclamation Mark Hairs



Diagnosis of Alopecia Areata

This is normally reached by a GP or dermatologist examining the area and identifying the characteristic appearance of any skin patches. Examination of the nails may also reveal pitting which occurs in a proportion of cases. On occasion, diagnosis is confirmed by biopsy.

Treatment of Apolpecia Areata

Alopecia areata does not resolve spontaneously or indeed with treatment. Various treatments may help with the management of the condition. The totalis and universalis forms of the disorder rarely respond well to treatment.

Treatments include:

- ***Corticosteroids*** may be administered into the affected areas by injection or ointment, or by tablet. Some success may be achieved but it is slow.
- ***Minoxidil*** (trade name ***Regaine***) may be applied topically (to the area) and does encourage hair growth. It is important to remember that, after cessation, the hair growth may regress.
- ***Phototherapy***. The use of ultraviolet lamps, often combined with a drug called ***psoralen***, may help with the regrowth process.
- ***Immunotherapy***, applied to the affected area, may provoke an allergic reaction which stimulates hair growth.

The treatments may be variably successful. Depending on the area and location of the patches, it may be possible to conceal them by growing the remaining hair longer or altering the styling to cover the deficit areas.

Alternatively the use of hair weaving or of a wig may be the most effective method of concealment.

What is the outlook for alopecia areata?
The disorder is a difficult condition to predict. In some people, the hair regrows after a period but, in a proportion, the hair may subsequently fall out again.

It is not possible to predict at the outset which, if either, outcome will occur and some people may have episodes of relapse and remission throughout life.

On rare occasions, the regrowth hair will be a different colour from the existing hair. Alopecia totalis and universalis are less likely to respond to any treatments than more localised alopecia areata.

Overall, for many people troubled by alopecia, the episodes, and recovery from them, are unpredictable, and variable.

A range of therapies and cosmetic treatments are available, for many the symptoms are intermittent and for some they do resolve.

For most people troubled by it, they manage it to minimise symptoms and cope with it with skill and fortitude.

Gary Shandling, Actor, Comedian and Director, said;

"It is not the hair on your head that matters. It is the kind of hair you have inside"

Finally, an unknown quote:

"The beauty of baldness is in the strength it reveals, not the hair it conceals"

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