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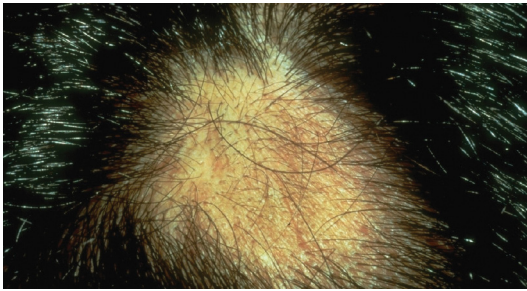
## Dermatology Patient Education

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# Alopecia Areata

### WHAT IS ALOPECIA AREATA?

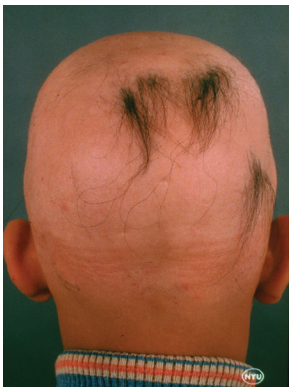
Alopecia areata is an autoimmune disease that causes hair loss in children, women, and men. It usually begins with a few bald spots (areas) on the scalp. It is possible to lose hair anywhere on your body, though. Some people have noticeable hair loss on their eyebrows and/or eyelashes. Men also can have noticeable loss of facial hair that causes patches of bare skin in the beard area.



Alopecia areata

### WHY DO PEOPLE LOSE THEIR HAIR?

This disease causes the person's immune system to mistakenly attack the body's hair follicles, as it would germs. This causes the hair in those follicles to fall out and stop growing.



Alopecia areata

### DOES THE HAIR GROW BACK?

This varies from person to person. It is likely that your hair will regrow, but it also may fall out again. This cycle of hair loss and regrowth is unpredictable. Some people develop a few bald patches. After their hair regrows, they never have more hair loss. Others may lose most of their hair.

No matter how much hair a person loses, hair regrowth is usually possible. When the hair regrows, it may grow in white or blond and finer than before. This is usually temporary. With time, the person's natural hair color and texture often return.

## ARE THERE OTHER SIGNS AND SYMPTOMS?

Aside from hair loss, people with alopecia areata also may notice:

- Nail changes: Dents, white spots, roughness, thinning, splitting
- Itching or other minor discomfort on skin where hair loss will soon begin or has already occurred
- Sinus or eye irritation if eyebrows or eyelashes are lost

## IS ALOPECIA AREATA A SIGN OF SOMETHING SERIOUS?

Most people who develop this autoimmune skin disease are otherwise healthy and do not develop other autoimmune diseases.

Having one autoimmune disease, though, may increase the risk of developing another one, such as thyroid disease or vitiligo, a condition in which patients lose pigmentation of their skin. People who have alopecia areata also may have a higher risk of developing an allergic condition such as eczema, asthma, or nasal allergies.

## WHO GETS ALOPECIA AREATA?

It is estimated that more than 6.5 million people in the United States have alopecia areata. This disease usually begins in children and young adults, but it can start at any age. People of all races and both sexes get alopecia areata. About one-fifth of the people who get alopecia areata have a blood relative who has alopecia areata.



Alopecia areata

## HOW DOES A DERMATOLOGIST DIAGNOSE THIS DISEASE?

A dermatologist can often diagnose this disease by looking at the areas with hair loss. Sometimes, the dermatologist will need to remove a few hairs or perform a biopsy of the bald area. To perform a biopsy, your dermatologist will remove some skin and examine it under a microscope.

If the dermatologist suspects you might have another autoimmune disease, additional testing may be necessary.

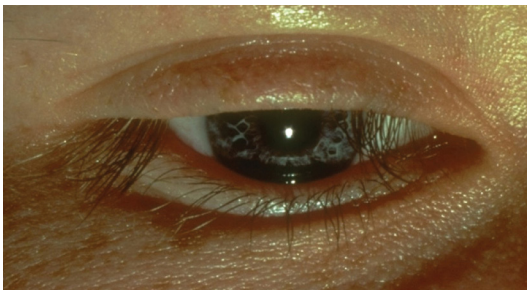
For people with this type of hair loss, three diagnoses are possible. This is what each of the diagnoses means:

**Alopecia areata:** Patches of hair loss anywhere on the skin

**Alopecia totalis:** Loss of all hair on the scalp

**Alopecia universalis:** Loss of all hair on the body (very rare)

When your dermatologist talks to you about hair loss, he or she may call the hair that is lost, “terminal hair.” Terminal hair has pigment (color) and is able to grow to any length. Though you may be experiencing hair loss, you may still see hair on your body. Your dermatologist may call that hair “vellus hair.” This type of hair is like slight fuzz, which will not grow to any great length.



Alopecia areata of the eyelash

## WHAT TREATMENT IS AVAILABLE?

Many people find that their hair regrows without treatment. Hair regrowth can be slow, though. Some people do not see the hair regrowth they expect.

Dermatologists can treat patients affected by alopecia areata. If a patient has patches of hair loss on the scalp or elsewhere, the treatment plan may include one or more of the following treatments:

**Corticosteroids:** This medicine calms the immune system, which can prevent the immune system from attacking the hair follicles. When treating alopecia areata, a dermatologist will either prescribe a topical steroid to apply to the skin or will inject the corticosteroid into the bald area.

If you are prescribed topical steroids, the steroids need to be applied daily to the areas of hair loss. Hair regrowth may begin after three to four months of treatment. If you receive injections of corticosteroids, you will need several shots every three to six weeks. When effective, patients usually see signs of hair regrowth about four weeks after receiving the first injection.

A dermatologist may prescribe an oral (taken by mouth) corticosteroid pill if a patient has extensive hair loss. Not every patient with extensive hair loss receives this treatment. The risks and benefits should be considered carefully before starting oral corticosteroids particularly in children.

**Minoxidil:** People use this popular treatment to regrow hair. Your dermatologist may prescribe topical minoxidil as an agent that can help hair growth in many hair loss conditions, including alopecia areata. Topical minoxidil comes in various strengths with the 5 percent form most effective in alopecia areata. Minoxidil must be applied twice a day to areas where you want to see hair regrowth. When effective, you will see signs of hair growth in about 12 weeks.

**Anthralin:** This tar-like substance calms the immune system. Patients apply anthralin daily to areas where they want to see hair regrowth. It is left on the skin for 15-20 minutes. Patients can add more time if the treatment is not irritating to the skin. When effective, a patient usually sees some hair growth in the treated areas in three to four months.

### When a patient has extensive hair loss, a treatment plan may include:

**Topical Immunotherapy:** These are chemicals, such as squaric acid dibutyl ester or diphencyprone, which when applied to the skin, cause what looks like an allergic reaction. The skin will appear red, may swell and can itch. This allergic reaction causes the body to trigger the hair follicles awake, oftentimes resulting in hair regrowth. If hair regrowth occurs, it can take three months. As with other topical treatments for alopecia areata, patients need to continue applying the medicine until the disease stops causing hair loss.

**Oral treatments:** Your dermatologist may recommend an oral (taken by mouth) treatment. This could include methotrexate, cyclosporine or other immunomodulators. These medications have serious side effects that you should discuss with your dermatologist.



Alopecia areata

## ALTERNATIVES TO MEDICINE

Some people want to avoid medicine. Others have trouble coping with the hair loss while treatment is ongoing or if treatment has failed. For these people, the following options can be helpful:

**Wig, hat, or scarf:** Covering your head does not interfere with hair regrowth. This option may help some people feel more comfortable in public, at work, or at school.

**Support group:** Coping with hair loss can be difficult. Joining a support group can help restore self-esteem. Many people feel inspired when they connect with others.

A board-certified dermatologist is a medical doctor who specializes in treating the medical, surgical, and cosmetic conditions of the skin, hair, and nails. To learn more about alopecia areata, visit [aad.org](http://aad.org) or call toll free (888) 462-DERM (3376) to find a board-certified dermatologist in your area.

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