



Jeff Donovan MD PhD FRCPC

Dermatologist, specializing in hair loss

750 West Broadway Suite 905 - Vancouver BC V5Z 1H8

Phone: 604.283.9299 Fax: 604.648.9003

Email: vancouveroffice@donovanmedical.com Web: www.donovanmedical.com

15 Frequently Asked Questions about Alopecia Areata

Alopecia areata is a type of hair loss that affects individuals of all ages, and backgrounds. Here, we focus on some of the most commonly asked questions.

1. What is the cause of alopecia areata?

Alopecia areata is a type of autoimmune condition whereby the body's own immune system becomes activated and causes inflammation under the skin around hair follicles. In the presence of inflammation, hair follicles don't grow properly ... and many end up falling out.

If the inflammation can be stopped, hair follicles can grow back. Alopecia areata is therefore said to be one of the so called non scarring alopecias. This simply means the potential exists for hair to come back.

2. How common is alopecia areata?

About 1.7 % of the world's population will be affected by this condition at some point during their lifetime. Both children and adults are affected. Individuals of every ethnic background are affected.

3. What are the different types of alopecia areata?

There are many different types of alopecia areata. Most individuals lose hair in circles or patches, which is called alopecia areata. Individuals who lose hair all the scalp but retain hair elsewhere on the body are said to have alopecia totalis. Individuals with complete loss of hair all over the body have alopecia universalis.

There are many other unique types of hair loss. The 'ophiasis' form of alopecia areata specifically lose hair from the back and sides of the scalp. Men with alopecia areata barbae lose hair from the facial hair containing areas (beard, moustache).

Frequently Asked Questions about Alopecia Areata

PAGE 2

4. Is my alopecia a sign of an underlying disease?

Most individuals with alopecia areata are very healthy. A small proportion have other autoimmune conditions as well, including skin rashes (called eczema or atopic dermatitis), autoimmune thyroid conditions (especially hypothyroidism) or autoimmune pigment loss in the skin (called vitiligo). Other autoimmune conditions are occasionally seen but it is quite rare.

5. Does stress cause alopecia?

Stress does not directly cause alopecia areata for most... but can certainly can affect the condition for a small minority of individuals. For example, some individuals have noticed a patch of hair loss after periods of extreme (high level) stress.

6. Do I need a scalp biopsy?

Most individuals with alopecia areata do not require a scalp biopsy. Alopecia areata is said to be a 'clinical diagnosis' which means the diagnosis comes about in most cases by closely examining the scalp of the individual with hair loss.

7. Will I pass in on to my children?

Alopecia areata develops partly from the inheritance of various genes. These genes can be passed on from one family member to the next. But the genetics of alopecia areata is not as simple as how one inherits their eye color or hair color. The chance of a parent passing on alopecia areata is quite low for most people. As more and more family members and relatives are affected, the chance of passing it on does increase. Most individuals with alopecia areata do not have any other family members affected.

8. Is there a cure?

There is no cure for alopecia areata yet, but there are several treatments to stop the immune system from causing inflammation around the hairs. Sometimes various treatments are needed for the short term until a time that the hairs can start growing fully on their own. Other times, the treatments need to be used long term without stopping.

9. What treatments are available?

A variety of topical treatments, injection treatments and oral treatments are available. Topical steroids and steroid injections are frequently used as a first step and sometimes with topical minoxidil as well. Steroid injections are also very common, especially for those over 10-12 years of age. Patients with greater amounts of hair loss or who do not respond to these first group of treatments may then start treatments such as diphencyprone or anthralin which are topical or immunosuppressant pills such as prednisone, methotrexate, sulfasalazine or tofacitinib.

Frequently Asked Questions about Alopecia Areata

PAGE 3

10. What treatment should I start?

There is quite a bit of variation as to how physicians approach this question. The treatments that are available will depend on the diagnosis and generally include topical, oral and injection based treatments. Most physicians start with topical and/or injection based treatments and considering adding other treatments to the overall plan if things get worse.

11. Should I be doing steroid injections or not?

Steroid injections are helpful for many patients with discrete 'patches' of alopecia areata. Individuals with widespread hair loss (more than 50 % of the scalp hair is lost) will find steroid injections to be less helpful.

12. Will I need to use the treatments forever, or just short term?

This varies from patient to patient. For some individuals with alopecia areata, the treatments are short term. Once the hair grows back fully, the treatments are stopped. If hair loss occurs again the treatments are restarted. For other individuals, treatments must be continued long term to keep the hair growing. These individuals notice hair loss anytime the treatment is stopped.

13. Is their research currently being conducted?

A great deal of research is currently being conducted in this field. New findings are constantly emerging which provide us with a better understanding of the condition and how best to treat it.

14. What supplements should I be using?

The key supplements are those that replace any deficiencies. If one is deficient in iron or vitamin D, these should be replaced. There is no great evidence for a role of other supplements at this time.

15. Are patient support groups available?

A variety of support groups are available, both in person and online. Individuals with alopecia areata may wish to familiarize themselves with the Canadian Alopecia Areata Foundation (CaNAAF – www.canaaf.org) as well the National Alopecia Areata Foundation (NAAF – www.naaf.org). These non-profit organizations have annual meetings and hold frequently support groups across the country.