

HAIR LOSS IN WOMEN

Although it's very common for men to lose hair as they age, many women will experience some degree of hair loss during their lifetime as well.

Hair loss (formally known as "alopecia") generally falls into two categories scarring and nonscarring alopecia. Scarring alopecia is so named because it's created when inflammation within and around the hair causes the follicle to "scar over". A few examples of this type of alopecia would include that seen in Lupus, a condition called Lichen Planus, and certain deep hair follicle infections. The bad news with scarring alopecia is that the scarring can permanently destroy the follicle and prevent regrowth of the affected hair. The good news, though, is that the 'scarring' alopecias are less common. Even when they do occur, further scarring (and permanent hair loss) can be prevented if properly diagnosed and treated early into its course.

There are a number of so-called nonscarring alopecias. As the name implies, they are not associated with scarring and therefore do not permanently destroy the hair follicle. In other words, the hair is physically capable of regrowing. The two most common examples of nonscarring alopecia are androgenetic alopecia and telogen effluvium.

Androgenetic alopecia results when an individual's hormones (androgens) cause certain follicles to shrink and eventually shed their hair. Exactly which follicles become sensitive to the effect of these hormones is determined by the genetics of the individual hence the name androgenetic alopecia. This is essentially the "female version" of hair loss that men tend to experience. Although such hair loss is usually less pronounced in women, it tends to be more diffuse. Generally speaking, the "female pattern" of androgenetic hair loss is seen as mild to moderate thinning throughout the entire top of the scalp. In contrast to the alopecia which occurs in men, it very rarely causes the front hairline to recede.

Telogen effluvium is the second most common cause of hair loss in women and its underlying cause is very unique. What happens in telogen effluvium is that hair growth is suspended when our body senses that we are experiencing significant stress. This stress can take the form of significant psychological stress (new job, death in the family, etc.) or even physiological stress (surgery, pregnancy, etc.). Remember that our body senses 'stress' as a threat to our survival. With telogen effluvium, hair production is halted in response to stress because the body feels that the resources normally devoted to hair growth are better utilized elsewhere. Usually only 10-15% of hairs are in the dormant ('telogen' phase), but when significant stress occurs, as much as 70% of hairs can quit growing. The affected hairs will then gradually shed over the following months.

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When dermatologists evaluate hair loss in a female, the first priority is to rule out the 'scarring' type of alopecia. This can often be done on visual examination alone, though sometimes a biopsy is necessary. Once it's clear that a patient is suffering from the 'nonscarring' variety, the next challenge is to determine which additional diagnostic or treatment steps are necessary. The answer depends on the suspected diagnosis.

For some patients with general, nonspecific hair loss, it's as simple as correcting underlying anemia or even thyroid dysfunction. Blood tests may be ordered which can show these deficiencies and, once corrected, the hair loss should stop. For suspected androgenetic alopecia, the primary question is whether the loss is due to abnormal/excessive hormone production or whether it's due to genetic predisposition. Signs that a woman might be experiencing excessive hormone production would include irregular menstrual cycles or even excessive hair growth (elsewhere on the face, chest, or arms). On the other hand, if a patient tells us that other women in the family have experienced similar hair loss, then genetics are likely to blame. It's important to keep in mind that such predispositions can skip generations, so even if no other related females are known to have hair loss, it still may very well be a genetic problem.

The treatment of androgenetic alopecia in females is difficult. Sometimes hormoneblocking pills can be used, but their effectiveness isn't as consistent as that seen in men. Minoxidil (name brand Rogaine) is a liquid medication that can be applied daily to the scalp. It's fairly effective (if used consistently), though users should expect to wait at least 4-6 months before results can be seen.

Diagnosis of telogen effluvium is of course more likely in those that have a history of significant recent or ongoing stress. The nice thing about telogen effluvium is that it usually completely resolves (and the hair grows back) once the stressful event has passed. In fact, for many patients with telogen effluvium, a sudden increase in hair loss is actually caused by new hair growth "pushing out" the older dormant hairs. The downside to telogen effluvium is that, rarely, some patients will have a chronic form of the condition especially if stress or other health issues are ongoing. For these patients, hormoneblocking medications won't help since hormones aren't the underlying cause of the problem. Minoxidil can be effective if used regularly. However, most patients with telogen effluvium will see regrowth once the stress has passed even if no treatment is initiated.