Alopecia Areata

WHAT IS ALOPECIA AREATA?
Alopecia areata is an autoimmune disease that causes hair loss in both children and adults. It often begins with a few bald spots 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 can also lose facial hair that causes patches of bare skin in the beard area.

WHY DO PEOPLE LOSE THEIR HAIR?
This disease causes your 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.

WILL MY 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 will lose their hair only once and never have more hair loss. The amount of hair involved also varies. Some people develop a few bald patches, while others may lose most of their hair.
When the hair starts to regrow, it may grow in white or blond in color, and finer than before. This is usually temporary. With time, your 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 discomfort 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 sexes get alopecia areata. About one-fifth of the people who get alopecia areata have a blood relative who has the disease.

**HOW DOES A DERMATOLOGIST DIAGNOSE THIS DISEASE?**

A dermatologist can often diagnose this disease by looking at the areas with hair loss. Sometimes, your 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. Your dermatologist may also look at your scalp using a dermatoscope.

This will help in visualizing the affected hair follicles and in confirming the diagnosis. If your dermatologist suspects you might have another autoimmune disease, additional testing may be necessary.

There are three types of hair loss you can be diagnosed with:

- **ALOPECIA AREATA**
  Patches of hair loss anywhere on the skin

- **ALOPECIA TOTALIS**
  loss of all hair on the scalp and face, including eyebrows and eyelashes

- **ALOPECIA UNIVERSALIS**
  loss of all hair on the body (very rare)
WHAT TREATMENT IS AVAILABLE?

Many people find that their hair regrows without treatment. Hair regrowth can be slow, though. You may not see the hair regrowth you expect.

Dermatologists can treat patients affected by alopecia areata. Patients often get more than one treatment at a time. Combining treatments often boosts success.

- **CORTICOSTEROIDS**
  This medicine calms the immune system, which can prevent it from attacking the hair follicles. When treating alopecia areata in adults, your dermatologist may begin with shots of a corticosteroid injected into the places with hair loss. Your dermatologist may also prescribe topical corticosteroids that can be applied to the bare spots. Topical corticosteroids are usually the first treatment for children with alopecia areata.
  If you receive injections of corticosteroids, you will need several shots every three to six weeks. When effective, you may see signs of hair regrowth about four weeks after receiving the last injection. 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.
  Research has shown that a combination of topical and injectable corticosteroids can be effective for hair regrowth. Your dermatologist may prescribe an oral (taken by mouth) corticosteroid pill if you have 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.

- **MINOXIDIL**
  People use this popular treatment to regrow hair. Topical minoxidil comes in various strengths with the 5 percent foam being most effective in alopecia areata. 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, diphenycprone, or dinitrochlorobenzene, 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 treatment. This could include methotrexate, cyclosporine or other immunomodulators. These medications may have serious side effects that you should discuss with your dermatologist.
ON THE HORIZON

New treatment options that are being researched for the treatment of alopecia areata include Janus kinase inhibitors, or JAK inhibitors. Recent studies suggest that these medications can disrupt the immune response that fuels alopecia areata. This treatment is also being studied for eczema and vitiligo.

ALTERNATIVES TO MEDICINE

Some people want to avoid medicine. Others have trouble coping with 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 local support group can help restore self-esteem. Many people feel inspired when they connect with others. You also can follow national alopecia areata awareness groups on social media or subscribe to their electronic newsletter.

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 or call toll free (888) 462-DERM (3376) to find a board-certified dermatologist in your area.

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